

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF CHRONIC DISEASE PREVENTION AND CONTROL
ADULT TOBACCO SURVEY 2005
SCREENER**

S1. HELLO, I'm calling for the Illinois Department of Public Health and the Centers for Disease Control and Prevention.

My name is ____ (name) ____.

We're gathering information on the health of Illinois residents.

Your phone number has been chosen randomly, and I'd like to ask some questions about health and tobacco.

S1a. Do not read:

Completed introduction.

1. Yes → **Skip to S2**
2. No

S1b. Do not read:

Number of sentences completed in introduction (0-3).

- 0-3. → **Assign disposition code**
7. Don't know/Not sure

S2. Is this (phone number) ?

Do not read:

1. Yes
2. No (**Read:** 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.) → **Assign disposition code**
7. Don't know/Not sure (Ask to speak to someone else)
9. Refused (Including hang-up)

S3. Is this a private residence?

Do not read:

1. Yes
2. No (**Read:** Thank you very much, but we are only interviewing private residences.) → **Assign disposition code**
7. Don't know/Not sure (Ask to speak to someone else)
9. Refused (Including hang-up)

S4. I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

Do not read:

- 1-76. Number of adults **If >1 → Skip to S9**
77. Don't know/Not sure (Ask to speak to someone else)
99. Refused (Including hang-up) → **Assign disposition code**

S5. Are you the adult?

Do not read:

1. Yes (**Read:** Then you are the person I need to speak with.)
2. No. → **Skip to S7**
7. Don't know/Not sure (Ask to speak to someone else)
9. Refused (Including hang-up) → **Assign disposition code**

S6. Are you male or female? (Ask only if necessary)

Do not read:

1. Male → **Skip to S14 [CATI programmer: Enter 1 for S9 and 0 for S10]**
2. Female → **Skip to S14 [CATI programmer: Enter 0 for S9 and 1 for S10]**
7. Don't know/Not sure → **Assign disposition code**
9. Refused (Including hang-up) → **Assign disposition code**

S7. Is the adult a man or a woman?

Do not read:

1. A man [**CATI programmer: Enter 1 for S9 and 0 for S10**]
2. A woman [**CATI programmer: Enter 0 for S9 and 1 for S10**]
7. Don't know/Not sure (Ask to speak to someone else)
9. Refused (Including hang-up) → **Assign disposition code**

S8. May I speak with [fill in **him/her** from previous question]?

Do not read:

1. Yes → **Skip to S13**
2. No (Try to schedule an appointment)
7. Don't know/Not sure (Ask to speak to someone else)
9. Refused (Including hang-up) → **Assign disposition code**

S9. How many of these adults are men?

Do not read:

- 1-76. Number of men
77. Don't know/Not sure (Ask to speak to someone else)
99. Refused (Including hang-up) → **Assign disposition code**

S10. How many are women?

Do not read:

- 1-76. Number of women
77. Don't know/Not sure (Ask to speak to someone else)
99. Refused (Including hang-up) → **Assign disposition code**

S11. The person in your household that I need to speak with is the (State age rank and gender of selected respondent).

[CATI Programmer: Enter code for selected respondent.]

101. Oldest male
102. Second oldest male
103. Third oldest male
- ...
199. Ninety-ninth oldest male

201. Oldest female
202. Second oldest female
203. Third oldest female
- ...
299. Ninety-ninth oldest female

S12. **(Do not read.)** Is the selected respondent on the phone?

1. Yes (**Read:** Then you are the person I need to speak with) → **Skip to S14)**
2. No.
7. Don't know/Not sure (Ask to speak to someone else)
9. Refused (Including hang-up) → **Assign disposition code**

S13. HELLO, I'm calling for Illinois Department of Public Health.

My name is (name) .

We're gathering information on the health of Illinois residents.

Your phone number has been chosen randomly, and I'd like to ask some questions about health and tobacco.

S13a. Do not read:

Completed introduction.

1. Yes → **Skip to S14**
2. No

S13b. Do not read:

Number of sentences completed in introduction (0-3).

- 0-3. Yes → **Assign disposition code**
7. Don't know/Not sure → **Assign disposition code**

Confidentiality statement: S14. I won't ask for your name, address, or other personal information that can identify you.

You don't have to answer any question you don't want to, and you can end the interview at any time.

The interview takes only about 12 minutes and any information you give me will be confidential.

If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

S14a. Do not read:

Completed confidentiality statement.

1. Yes → **Skip to Q1**
2. No → **Assign disposition code**

S14b. Do not read:

Number of sentences completed in confidentiality statement.(0-3).

0-3. Yes → **Assign disposition code**

7. Don't know/Not sure → **Assign disposition code**

This call may be monitored for quality assurance purposes.

CORE SURVEY

1. Would you say that in general your health is:

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

//Michael- 6 questions will be added here//

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

- | | | |
|-----|----------------------|---------------------|
| 01. | /Skip to Q3/ | YES |
| 02. | /Skip to Q20/ | NO |
| 77. | /Skip to Q20/ | DON'T KNOW/NOT SURE |
| 99. | /Skip to Q20/ | REFUSED |

3. Do you now smoke cigarettes everyday, some days, or not at all?

- | | | |
|-----|----------------------|------------|
| 01. | /Skip to Q4/ | EVERYDAY |
| 02. | /Skip to Q5/ | SOME DAYS |
| 03. | /Skip to Q8/ | NOT AT ALL |
| 99. | /Skip to Q20/ | REFUSED |

4. On the average, about how many cigarettes a day do you now smoke?
[NOTE TO INTERVIEWER: 1 PACK=20 CIGARETTES]

- | | | |
|-------|---------------------|---|
| — — — | /Skip to Q7/ | NUMBER OF CIGARETTES /range 1-180, confirm if >60/ |
|-------|---------------------|---|

666. /Skip to Q7/ LESS THAN 1CIGARETTE/DAY
777. /Skip to Q7/ DON'T KNOW/NOT SURE
999. /Skip to Q7/ REFUSED

5. During the past 30 days, on how many days did you smoke cigarettes?

___ /Skip to Q6 / NUMBER OF DAYS /range 1-30/
88. /Skip to Q7/ NONE
77. /Skip to Q7/ DON'T KNOW/NOT SURE
99. /Skip to Q7/ REFUSED

6. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[NOTE TO INTERVIEWER: 1 PACK=20 CIGARETTES]

___ /Skip to Q7/ NUMBER OF CIGARETTES
/range 1-180, confirm if >60/

666. /Skip to Q7/ LESS THAN ONCE CIGARETTE PER DAY
777. /Skip to Q7/ DON'T KNOW/NOT SURE
999. /Skip to Q7/ REFUSED

7. How soon after you wake up do you have your first cigarette?

01. Within 5 minutes
02. 6-30 minutes
03. 31-60 minutes
04. After 60 minutes
77. DON'T KNOW/NOT SURE
99. REFUSED

/Ask if FORMER SMOKER [Q2 =01 “YES” and Q3 = 03 "Not at all"]/

8. About how long has it been since you last smoked cigarettes regularly?
- | | | |
|----|----------------------|---|
| 01 | /Skip to Q12/ | Within the past month (\leq 1 month ago) |
| 02 | /Skip to Q12/ | Within the past 3 months ($>$ 1 month but less than 3 months ago) |
| 03 | /Skip to Q12/ | Within the past 6 months ($>$ 3 months but less than 6 months ago) |
| 04 | /Skip to Q12/ | Within the past year ($>$ 6 months but less than 1 year ago) |
| 05 | /Skip to Q12/ | Within the past 5 years ($>$ 1 year but less than 5 years ago) |
| 06 | /Skip to Q20/ | Within the past 10 years ($>$ 5 years but less than 10 years ago) |
| 07 | /Skip to Q20/ | Over 10 years ago |
| 77 | /Skip to Q20/ | DON'T KNOW/NOT SURE |
| 99 | /Skip to Q20/ | REFUSED |

QUIT ATTEMPTS

**/Ask Q9 – Q11 of CURRENT SMOKERS [Q3 = 01 “Every day” or 02 “Some days”]
If recent quitter [Q8 = 01 – 05] skip to Q12
All else skip to Q20/**

9. During the **past 12 months** *that is since {datefill}*, have you stopped smoking for one day or longer because you were trying to quit smoking?
- | | | |
|-----|----------------------|---------------------|
| 01. | /Skip to Q11/ | YES |
| 02 | | NO |
| 77. | | DON'T KNOW/NOT SURE |
| 99. | | REFUSED |
10. Have you **ever** stopped smoking for one day or longer because you were trying to quit smoking?
- | | | |
|-----|--|---------------------|
| 01. | | YES |
| 02. | | NO |
| 77. | | DON'T KNOW/NOT SURE |
| 99. | | REFUSED |

INTEREST IN QUITTING

/Q11 for CURRENT SMOKERS Only [Q3 = 01 “Every day” or 02 “Some days”]/

11. If you decided to give up smoking altogether, how likely is it that you would use:

11a. A stop smoking clinic or class

01 YES

02 NO

77 DON'T KNOW/NOT SURE

99. REFUSED

11b. A telephone quit line

01 YES

02 NO

77 DON'T KNOW/NOT SURE

99. REFUSED

11c. One-on-one counseling from a doctor or nurse

01 YES

02 NO

77 DON'T KNOW/NOT SURE

99. REFUSED

11d. Self-help material, book or videos

01 YES

02 NO

77 DON'T KNOW/NOT SURE

99. REFUSED

11e. Acupuncture

01 YES

02 NO

77 DON'T KNOW/NOT SURE

99. REFUSED

- 11f. Hypnosis
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |
-
- 11g. Would you use anything else to help you quit?
- | | |
|-----|---------------------|
| 01 | YES Specify:_____ |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |

/Randomize 11a – 11f/

METHODS OF QUITTING

/ONLY Ask Q12, Q13, Q14, Q15, and Q16 of:

- (1) CURRENT SMOKERS who made a quit attempt in the past year (Q9 = 01 "YES") or
 (2) FORMER SMOKERS who quit in last 5 years (Q8 = 01 - 05)/**

12. **[FORMER SMOKERS:]** When you quit smoking...
[CURRENT SMOKERS:] The last time you tried to quit smoking...
- did you use the nicotine patch, nicotine gum, or any other medication to help you quit?
- | | | |
|-----|----------------------|---------------------|
| 01. | | YES |
| 02 | /Skip to Q14/ | NO |
| 77. | /Skip to Q14/ | DON'T KNOW/NOT SURE |
| 99. | /Skip to Q14/ | REFUSED |

/Ask if Q12 = 01 "YES"/

13. Did you use? :

/randomize 13a-13f/

- 13a. nicotine gum
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |
- 13b. A nicotine patch
- | | |
|----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99 | REFUSED |
- 13c. A nicotine nasal spray
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |
- 13d. A nicotine lozenge
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |
- 13e. A nicotine inhaler
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |
- 13f Bupropion , Wellbutrin, or Zyban
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |

- 13g. Anything else?
 01 YES Specify: _____
 02 NO
 77 DON'T KNOW/NOT SURE
 99. REFUSED

14. [FORMER SMOKERS:] When you quit smoking...
 [CURRENT SMOKERS:] The last time you tried to quit smoking...

did you use any other assistance such as classes or counseling?

- 01 /Skip to Q15/ YES
 02 /Skip to Q16/ NO
 77. /Skip to Q20/ DON'T KNOW/Not sure
 99. /Skip to Q20/ REFUSED

/Ask if Q14 = 01 "YES"; then Skip to Q20/

15. Did you use?
 / randomize 15a-15f/

- 15a. A stop smoking clinic or class
 01 YES
 02 NO
 77 DON'T KNOW/NOT SURE
 99. REFUSED

- 15b. A telephone quit line
 01 YES
 02 NO
 77 DON'T KNOW/NOT SURE
 99. REFUSED

- 15c. One-on-one counseling from a doctor or nurse
 01 YES
 02 NO
 77 DON'T KNOW/NOT SURE
 99. REFUSED

- 15d. Self help material, books or videos
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |
- 15e. Acupuncture
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |
- 15f. Hypnosis
- | | |
|-----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |
- 15g. Did you use anything else to help you quit?
- | | |
|-----|---------------------|
| 01 | YES Specify: _____ |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99. | REFUSED |

/Ask Only of Current Smokers when Q14 = 02 "no"/

16. Are you aware of assistance that might be available to help you quit smoking, such as telephone quitlines, local health clinic services, one-on-one counseling, self help material, acupuncture, or hypnosis?
- | | |
|-----|---------------------|
| 01. | YES |
| 02. | NO |
| 77. | DON'T KNOW/NOT SURE |
| 99. | REFUSED |

STAGES OF CHANGE FOR QUITTING

/Ask Q17, Q18 and Q19 of CURRENT SMOKERS only [Q3 = 01 "Every day" or 02 "Some days"]/

17. Are you seriously considering stopping smoking within the next six months?

- | | | |
|-----|----------------------|---------------------|
| 01. | | YES |
| 02. | /Skip to Q19/ | NO |
| 77. | /Skip to Q19/ | DON'T KNOW/NOT SURE |
| 99. | /Skip to Q19/ | REFUSED |

18. Are you planning to stop smoking within the next 30 days?

- | | | |
|-----|----------------------|---------------------|
| 01. | /Skip to Q20/ | YES |
| 02. | /Skip to Q20/ | NO |
| 77. | /Skip to Q20/ | DON'T KNOW/NOT SURE |
| 99. | /Skip to Q20/ | REFUSED |

19. Do you ever plan to quit smoking?

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

Smokeless Tobacco Use

20. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- | | | |
|-----|----------------------|---------------------|
| 01 | | YES |
| 02 | /Skip to Q22/ | NO |
| 77. | /Skip to Q22/ | DON'T KNOW/NOT SURE |
| 99. | /Skip to Q22/ | REFUSED |

21. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- | | |
|-----|---------------------|
| 01. | EVERY DAY |
| 02. | SOME DAYS |
| 03. | NOT AT ALL |
| 77. | DON'T KNOW/NOT SURE |
| 99. | REFUSED |

Cigar Use

22. Have you ever smoked a cigar, even one or two puffs?

- | | |
|-----|--|
| 01. | YES |
| 02. | /Skip to Q24/ NO |
| 77. | /Skip to Q24/ DON'T KNOW/Not sure |
| 99. | /Skip to Q24/ REFUSED |

23. Do you now smoke cigars every day, some days, or not at all?

- | | |
|-----|---------------------|
| 01. | EVERY DAY |
| 02. | SOME DAYS |
| 03. | NOT AT ALL |
| 77. | DON'T KNOW/NOT SURE |
| 99. | REFUSED |

PHYSICIAN AND HEALTH PROFESSIONAL ADVICE

/Ask Q24 of All Respondents/

24. In the past 12 months, *that is since {datefill}*, have you seen a dentist to get any kind of care for yourself?

- | | |
|-----|--|
| 01. | YES |
| 02. | /Skip to Q27/ NO |
| 77. | /Skip to Q27/ DON'T KNOW/NOT SURE |
| 99. | /Skip to Q27/ REFUSED |

/Ask Q25 of Current Smokers [Q3 = 01 “Every day” or 02 “Some days”]/

25. In the past 12 months, *that is since {datefill}*, did a dentist advise you to quit smoking?

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

/Ask Q26 of Never Smokers [Q.2 = 02, 77, 99 or Q.3 = 99], of Former Smokers [Q3=03 “Not at all”] and of Current Smokers who were not advised to quit [Q25 = 02 “No”]/

26. In the past 12 months, *that is since {datefill}*, did a dentist ask if you smoked?

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

/Ask Q27 of All Respondents/

27. In the past 12 months, *that is since {datefill}*, have you seen a doctor or other health professional to get any kind of care for yourself?

- | | |
|-----|--|
| 01. | YES |
| 02. | /Skip to Q31/ NO |
| 77. | /Skip to Q31/ DON'T KNOW/NOT SURE |
| 99. | /Skip to Q31/ REFUSED |

/Ask Q28 of current smokers [Q3=”every day” or “some days”]/

28. During the past 12 months, did any doctor, nurse, or other health professional advise you not to smoke?

- | | |
|-----|--|
| 01. | /Skip to Q30/ YES |
| 02. | /Skip to Q29/ NO |
| 77. | /Skip to Q31/ DON'T KNOW/NOT SURE |
| 99. | /Skip to Q31/ REFUSED |

/Ask Q29 of never smokers [Q2=02, 77, 99 or Q3 = 99], of former smokers [Q3=03], and of smokers who were not advised to quit [Q28=02]/

29. During the past 12 months, did any doctor, or other health professional ask if you smoke?

- 01. /Skip to Q31/ YES
- 02. /Skip to Q31/ NO

- 77. /Skip to Q31/ DON'T KNOW/NOT SURE
- 99. /Skip to Q31/ REFUSED

30. In the past 12 months, when a doctor, or other health professional advised you to quit smoking, did they also do any of the following?

30a. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban?

- 01. YES
- 02. NO

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

30b. Suggest that you set a specific date to stop smoking?

- 01. YES
- 02. NO

- 77. DON'T KNOW
- 99. REFUSED

30c. Suggest that you use a smoking cessation class, program, quit line or counseling?

- 01. YES
- 02. NO

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

- 30d. Provide you with booklets, videos, or other materials to help you quit smoking on your own?
01. YES
02. NO
77. DON'T KNOW/NOT SURE
99. REFUSED

/Ask Q31. if number of adults in household (screener) >1/

31. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?
- ___ ___ /confirm with # of adults in screener/NUMBER OF ADULTS /range 1-76/
88 NONE
- 77 DON'T KNOW/NOT SURE
99 REFUSED
32. During the past 7 days, that is since {DATEFILL}, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?
- ___ /range 1-7/ DAYS
88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED
33. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.
- 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
77. DON'T KNOW/NOT SURE
99. REFUSED

WORKPLACE POLICY AND EXPOSURE

I am now going to ask you about some questions about workplace policies on smoking.

34. My first question is about your employment status. I am going to read a list of alternatives to you. Please choose the first that applies. Are you currently...
- | | | |
|-----|---------------|--|
| 01. | | A student and employed for wages part-time or full-time |
| 02. | /Skip to Q39/ | A student |
| 03. | | Employed for wages part-time or full-time |
| 04. | | Self-employed |
| 05. | /Skip to Q39/ | Out of work for more than 1 year |
| 06. | /Skip to Q39/ | Out of work for less than 1 year |
| 07. | /Skip to Q39/ | A homemaker |
| 08. | /Skip to Q39/ | Retired, or |
| 09. | /Skip to Q39/ | Unable to work |
| 77. | /Skip to Q39/ | DON'T KNOW/NOT SURE |
| 99. | /Skip to Q39/ | REFUSED |
35. While working at your job, are you indoors most of the time?
- | | | |
|-----|---------------|---------------------|
| 01 | | YES |
| 02 | /Skip to Q39/ | NO |
| 77. | /Skip to Q39/ | DON'T KNOW/NOT SURE |
| 99. | /Skip to Q39/ | REFUSED |
36. As far as you know, in the past seven days, that is since [DATE FILL], has anyone smoked in your work area?
- | | | |
|-----|--|---------------------|
| 01. | | YES |
| 02. | | NO |
| 77. | | DON'T KNOW/NOT SURE |
| 99. | | REFUSED |

37. Which of the following best describes your place of work's official smoking policy for work areas?

- 01. Not allowed in any work areas
- 02. Allowed in some work areas
- 03. Allowed in all work areas, or
- 04. No official policy

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

38. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms?

- 01. Not allowed in any public areas
- 02. Allowed in some public areas
- 03. Allowed in all public areas, or
- 04. No official policy

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

39. In indoor work areas, do you think smoking should be allowed in all areas, some areas or not at all?

- 01. ALLOWED IN ALL AREAS
- 02. ALLOWED IN SOME AREAS
- 03. NOT ALLOWED AT ALL

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

/Ask Q40 if Q34 = 01 "A student and employed for wages part-time or full-time", 03 "Employed for wages part-time or full-time" or 04 "Self-employed"/

40. Within the past 12 months, that is since [date fill], has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

- 01. YES
- 02. NO

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

EXPOSURE IN A CAR

41. In the past seven days, that is since {DATEFILL}, have you been in a car with someone who was smoking?
01. YES
02. NO
77. DON'T KNOW/NOT SURE
99. REFUSED

ATTITUDES ABOUT CLEAN INDOOR AIR RULES

42. In the indoor dining area of restaurants, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?
01. ALLOWED IN ALL AREAS
02. ALLOWED IN SOME AREAS
03. NOT ALLOWED AT ALL
77. DON'T KNOW/NOT SURE
99. REFUSED
43. In indoor shopping malls, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?
01. ALLOWED IN ALL AREAS
02. ALLOWED IN SOME AREAS
03. NOT ALLOWED AT ALL
77. DON'T KNOW/NOT SURE
99. REFUSED
44. In bars and cocktail lounges, do you think smoking should be allowed in all areas, some areas or not at all?
01. ALLOWED IN ALL AREAS
02. ALLOWED IN SOME AREAS
03. NOT ALLOWED AT ALL
77. DON'T KNOW/NOT SURE
99. REFUSED

45. In all other buildings, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

- 01. ALLOWED IN ALL AREAS
- 02. ALLOWED IN SOME AREAS
- 03. NOT ALLOWED AT ALL

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

BEHAVIOR REGARDING CLEAN INDOOR AIR

46. About how often do you eat out at a restaurant? Would you say: More than once per week, about once a week, about once or twice a month, less than once a month, or never?

- 01. MORE THAN ONCE PER WEEK
- 02. ABOUT ONCE A WEEK
- 03. ABOUT ONCE OR TWICE A MONTH
- 04. LESS THAN ONCE A MONTH
- 05. NEVER

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

47. Some cities and towns are considering laws that would make restaurants smoke-free; that is eliminating all tobacco smoke from restaurants. Would you support such a law in your community?

- 01. YES
- 02. NO

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

48. If there were a total ban on smoking in restaurants, would you eat out more, less, or would it make no difference?

- 01. MORE
- 02. LESS
- 03. NO DIFFERENCE

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

49. In the past 12 months **that is since {datefill}**, have you ever asked a stranger not to smoke around you, in order to avoid exposure to their tobacco smoke?

01. YES
02. NO

03. I HAVE NOT BEEN AROUND A STRANGER WHO
WAS SMOKING IN THE PAST 12 MONTHS

77. DON'T KNOW/NOT SURE

99. REFUSED

RISK PERCEPTION

/Ask all respondents/

I am going to read a statement. I want you to tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

50. If a person has smoked a pack of cigarettes a day for more than 20 years, there is little health benefit to quitting smoking.

01. STRONGLY AGREE
02. AGREE
03. DISAGREE
04. STRONGLY DISAGREE

77. DON'T KNOW/NOT SURE

99. REFUSED

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

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

01. Very harmful to one's health
02. Somewhat harmful to one's health
03. Not very harmful to one's health
04. Not harmful at all to one's health

77. DON'T KNOW/NOT SURE

99. REFUSED

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

/RANDOMIZE 52a – 52e/

52a. Lung cancer in adults

01. YES

02. NO

77. DON'T KNOW

99 REFUSED

52b. Heart disease in adults

01. YES

02. NO

77. DON'T KNOW

99 REFUSED

52c. Colon cancer in adults

01. YES

02. NO

77. DON'T KNOW

99 REFUSED

52d. Respiratory problems in children

01. YES

02. NO

77. DON'T KNOW

99 REFUSED

52e. Sudden infant death syndrome

01. YES

02. NO

77. DON'T KNOW

99 REFUSED

POLICY ISSUES

53. How important is it that communities keep stores from selling tobacco products to teenagers? Would you say it is:

- | | |
|-----|----------------------|
| 01. | Very important |
| 02. | Somewhat important |
| 03. | Not very important |
| 04. | Not important at all |
| 77. | DON'T KNOW/NOT SURE |
| 99. | REFUSED |

54. How strongly do you agree or disagree with the following statement:

Storeowners should be required to have a license to sell tobacco products, similar to alcohol, so that teens can't buy tobacco products.

- | | |
|-----|---------------------|
| 01. | Strongly Agree |
| 02. | Agree |
| 03. | Disagree |
| 04. | Strongly Disagree |
| 77. | DON'T KNOW/NOT SURE |
| 99. | REFUSED |

BACKGROUND VARIABLES

55. What is your age?

__ __ /range 18 -99/ CODE AGE IN YEARS [Interviewer note: 99 = 99 years of age or older]

- | | |
|-----|---------------------|
| 777 | DON'T KNOW/NOT SURE |
| 999 | REFUSED |

56a. How many children aged 17 or younger live in your household?

0 – 15. NUMBER OF CHILDREN (15=15+)

99REFUSED

56b. What are the ages of the children from oldest to youngest?

56b.1 101-136 AGE OF OLDEST CHILD IN MONTHS

201-217 AGE OF OLDEST CHILD IN YEARS

777 DON'T KNOW/NOT SURE

999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56b.2 101-136 AGE OF SECOND OLDEST CHILD IN MONTHS

201-217 AGE OF SECOND OLDEST CHILD IN YEARS

777 DON'T KNOW/NOT SURE

999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.3 101-136 AGE OF THIRD OLDEST CHILD IN MONTHS

201-217 AGE OF THIRD OLDEST CHILD IN YEARS

777 DON'T KNOW/NOT SURE

999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.4 101-136 AGE OF FOURTH OLDEST CHILD IN MONTHS

201-217 AGE OF FOURTH OLDEST CHILD IN YEARS

777 DON'T KNOW/NOT SURE

999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.5 101-136 AGE OF FIFTH OLDEST CHILD IN MONTHS

201-217 AGE OF FIFTH OLDEST CHILD IN YEARS

777 DON'T KNOW/NOT SURE

999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.6 101-136 AGE OF SIXTH OLDEST CHILD IN MONTHS

201-217 AGE OF SIXTH OLDEST CHILD IN YEARS

777 DON'T KNOW/NOT SURE

999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.7 101-136 AGE OF SEVENTH OLDEST CHILD IN MONTHS

201-217 AGE OF SEVENTH OLDEST CHILD IN YEARS

777 DON'T KNOW/NOT SURE
999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.8 101-136 AGE OF EIGHTH OLDEST CHILD IN MONTHS
201-217 AGE OF EIGHTH OLDEST CHILD IN YEARS
777 DON'T KNOW/NOT SURE
999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.9 101-136 AGE OF NINTH OLDEST CHILD IN MONTHS
201-217 AGE OF NINTH OLDEST CHILD IN YEARS
777 DON'T KNOW/NOT SURE
999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.10 101-136 AGE OF TENTH OLDEST CHILD IN MONTHS
201-217 AGE OF TENTH OLDEST CHILD IN YEARS
777 DON'T KNOW/NOT SURE
999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.11 101-136 AGE OF ELEVENTH OLDEST CHILD IN MONTHS
201-217 AGE OF ELEVENTH OLDEST CHILD IN YEARS
777 DON'T KNOW/NOT SURE
999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.12 101-136 AGE OF TWELFTH OLDEST CHILD IN MONTHS
201-217 AGE OF TWELFTH OLDEST CHILD IN YEARS
777 DON'T KNOW/NOT SURE
999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.13 101-136 AGE OF THIRTEENTH OLDEST CHILD IN MONTHS
201-217 AGE OF THIRTEENTH OLDEST CHILD IN YEARS
777 DON'T KNOW/NOT SURE
999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

56B.14 101-136 AGE OF FOURTEENTH OLDEST CHILD IN MONTHS
201-217 AGE OF FOURTEENTH OLDEST CHILD IN YEARS
777 DON'T KNOW/NOT SURE
999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

- 56B.15 101-136 AGE OF FIFTEENTH OLDEST CHILD IN MONTHS
- 201-217 AGE OF FIFTEENTH OLDEST CHILD IN YEARS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

IF NO MORE CHILDREN, THEN → **SKIP TO Q57.**

57. Are you Hispanic or Latino?

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

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

- 01. White
- 02. Black or African American
- 03. Asian
- 04. Native Hawaiian or Other Pacific Islander
- 05. American Indian, Alaska Native, or
- 06. Other [**specify:**] _____

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

/If more than one response to Q58, (or Q58 = 06, 07, or 08) continue to Q59. Otherwise, Skip to Q60./

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

//Insert responses from Q58//

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

60. Are you:

- 01. Married
- 02. Divorced
- 03. Widowed
- 04. Separated
- 05. Never married or
- 06. A member of an unmarried couple

- 77. DON'T KNOW
- 99. REFUSED

61. What is the highest level of school you completed or the highest degree you received?

- 01 Never attended school or only attended kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 (High school graduate)
- 05 GED
- 06 Some College, no degree
- 07 AA, Technical/vocational
- 08 AA, Academic
- 09 BA, BS (college graduate)
- 10 Some graduate or professional school
- 11 Graduate or professional degree

- 77. DON'T KNOW
- 99. REFUSED

62. Is your annual household income from all sources:

- 04 /If "no," ask 05; if "YES," ask 03/ Less than \$25,000
(\$20,000 to less than \$25,000)
- 03 /If "no," code 04; if "YES," ask 02/ Less than \$20,000
(\$15,000 to less than \$20,000)
- 02 /If "no," code 03; if "YES," ask 01/ Less than \$15,000
(\$10,000 to less than \$15,000)
- 01 /If "no," code 02/ Less than \$10,000
- 05 /If "no," ask 06/ Less than \$35,000
(\$25,000 to less than \$35,000)
- 06 /If "no," ask 07/ Less than \$50,000
(\$35,000 to less than \$50,000)
- 07 /If "no," code 08/ Less than \$75,000
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

63. Indicate sex of respondent. **Ask only if necessary**

- 01. MALE
- 02. FEMALE

REQUIRED FOR WEIGHTING

64. 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. /SKIP TO VT14_1/ NO
- 77. /SKIP TO VT14_1/ DON'T KNOW/NOT SURE
- 99. /SKIP TO VT14_1/ REFUSED

65. How many of these are residential numbers?

- ___ /RANGE: 0-6/ Residential telephone numbers [**6=6 or more**]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

The last question is about sexual orientation.

66. Which of the following best describes how you think of yourself . . .
1. Straight or heterosexual
 2. Gay or lesbian
 3. Bisexual

 7. Don't know/Not sure
 8. Refused
 9. Hang-up (Refused)

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about tobacco use in Illinois. Thank you very much for your time and cooperation.