



Arizona Department of Health Services

Adult Tobacco Survey 2002

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EXECUTIVE SUMMARY

- The estimated overall prevalence of cigarette smoking among adult Arizonans in 2002 was 20.1%.
- There is no statistically significant difference in smoking prevalence between men and women.
- The largest increase in smoking prevalence in a single demographic group between 1999 and 2002 was among 18 to 24 year olds. Prevalence among this group increased from 21.4% in 1999 to 28.5% in 2002.
- 27.7% of smokers purchased cigarettes in neighboring states and 31.8% purchased cigarettes on Indian reservations during the past year. Less than 1% of smokers purchased cigarettes on the Internet.
- 42.5% of current smokers tried to quit during the past year. Of those attempting to quit, 23.0% used a pharmaceutical quit aid and 7.2% used classes, counseling, or some other type of non-medicinal quit aid.
- 62.9% of respondents who saw a medical provider in the year prior to the survey reported being asked about their tobacco use. 60.1% of current tobacco users who had seen a medical provider indicate that a medical professional recommended quitting.
- Among non-smoking households, the percentage completely banning smoking inside the home increased from 85.6% in 1999 to 88.8% in 2002. A decrease in household smoking bans was seen among smokers' households, from 60.0% in 1999 to 50.6% in 2002.
- 71.9% of respondents recognize the health benefits of quitting smoking, and 92.4% recognize that second-hand tobacco smoke is "harmful" or "very harmful" to one's health.
- Increases were seen between 1999 and 2002 in support for smoking bans in public areas. Among people who support smoking laws, the largest increase was in support for bans of smoking in "public buildings". These support levels increased from 72.1% to 86.7% between 1999 and 2002.

Arizona Adult Tobacco Survey 2002

The Arizona Adult Tobacco Survey (ATS) was initiated in 1996 by the Arizona Department of Health Services (ADHS) to collect detailed surveillance of adult tobacco use and attitudes. The survey has since been repeated in 1999 and 2002 to provide evaluation data for the Tobacco Education and Prevention Program (TEPP) through continual monitoring of tobacco use among Arizona adults. This report details the results of the 2002 ATS in the context of the prior years' findings.

METHODS

The 2002 Adult Tobacco Survey represents the first year in which fielding was performed by the Social Research Laboratory at Northern Arizona University. The first two fieldings of the survey (1996 and 1999) were performed by the ADHS Telephone Survey Center within the Office of Epidemiology and Statistics. The Telephone Survey Center was disbanded shortly after completing the 1999 ATS.

The Social Research Laboratory uses computer-assisted telephone interviewing (CATI) to deliver the survey and collect data. The sample for 2002, purchased from Genesys Marketing Systems Group, was a disproportionate stratified sample (DSS) of Arizona households stratified to over-represent rural areas according to criteria set by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFS).

The geographic locations (county identifiers) of households in the dataset were used to divide the state into five regions as defined by ADHS. These five regions are: Maricopa County (Region 1), Pima County (Region 2), Coconino, Navajo, and Apache Counties (Region 3), Gila, La Paz, Mohave, and Yavapai Counties (Region 4), and Cochise, Graham, Greenlee, Pinal, Santa Cruz, and Yuma Counties (Region 5).

To qualify for the interview, contacted individuals must have been Arizona residents, at least 18 years of age or older, English speaking, and residing in households with telephones. Active duty military personnel living in dormitories, institutionalized populations and residential college students were excluded from the eligible population. In prior years, ATS surveys were administered in both English and Spanish. For the 2002 fielding, interviews were conducted only in English. A larger Spanish-language survey is planned for 2003. Based on these selection criteria, 6,020 adult Arizonans were included in the 2002 ATS.

The ADHS Adult Tobacco questionnaire utilizes several standardized measures of tobacco use and attitudes towards tobacco developed by the CDC. In general, the survey assesses tobacco use and attitudes, including: Smoking Prevalence and Tobacco Use History, Purchase Patterns, Quitting Behavior, Interactions with a Medical or Dental Provider, Exposure to Environmental Tobacco Smoke, Attitudes toward Smoking and Tobacco Restrictions, Perception of Health Risks, Exposure to Media Sources, and Attitudes toward Tobacco Industry Practices.

In addition to these broad areas, the 2002 ATS included an in-depth series of questions for users of smokeless tobacco, an additional section to assess household exposure to cigarette smoke, and several items to assess support for a proposed revision of Arizona's tobacco tax laws. Fielding of the survey began April 15, 2002 and was completed August 5, 2002¹. The survey took an average of 16 minutes of the respondent's time to complete.

For this survey, a final completion rate was calculated. Completion rates are calculated to indicate the percentage of contacted respondents completing the survey. This formula specifically computes the percentage of contacted respondents who agreed to take the survey. Final study calculations indicate a 67% completion rate.

All survey research statistics are subject to sampling error as well as non-sampling error such as survey design flaws, reporting errors, data processing mistakes, and undercoverage. The Social Research Laboratory has taken steps to minimize errors by implementing quality control and edit procedures to reduce errors made by respondents, interviewers, and coders.

Additionally, the SRL uses several techniques to ensure data quality, such as extensive refusal prevention and refusal conversion techniques, supervisor monitoring of interviews, and supervisor call backs of a sample of interviews. Ratio-estimation to independent age-gender-race-ethnicity-education population controls partially corrects for bias attributable to survey undercoverage. However, biases in the estimates are unavoidable when missed people have characteristics different from those of interviewed people in the same age-gender-race-ethnicity-education group.

Descriptive data analysis was performed by the SRL using Statistical Package for the Social Sciences (SPSS) statistical software. The analysis included a demographic profile of the sample. Computation of the prevalence of 2002 tobacco use by age, gender, education, race and ethnicity for the statewide population and comparisons of these estimates to the 1996 and 1999 surveys were completed. Frequencies of the responses to additional items were compiled, and selected comparisons were made to prior years' data.

To measure smoking prevalence, the ATS utilizes the two standard screening measures developed by the CDC. These measures categorize respondents as current smokers, former smokers, or never-smokers. To qualify as a current smoker, respondents have to indicate that they have smoked at least 100 cigarettes in their lives and smoke "everyday" or "some days" at the time of the interview. Former smokers are defined as having smoked 100 lifetime cigarettes, but smoke "not at all" at the time of the interview. Never-smokers are defined by having smoked fewer than 100 cigarettes in their lifetime.

¹ It is important to note that the survey was completed prior to the November 2002 passage of Proposition 303, a referendum to increase the Arizona state tobacco tax by \$0.60 per pack.

The survey produced sample estimates on statewide prevalence that is precise to $\pm 1.3\%$. The margin of error associated with regional estimates ranges from $\pm 1.6\%$ to $\pm 5.4\%$. Estimates within age, race and gender groupings vary by group but most are precise to within $\pm 4\%$. The table below details the estimated margins of error associated with the 2002 ATS for statewide and regional data. Additional details on methodology may be found in Appendix A.

Margin of Error for ATS 2002 Estimates; Statewide and Regional			
Geographic Area	Number of ATS 2002 Respondents	2000 Census Adult Population	Margin of Error (at 95% Confidence Interval)
Entire State			
	6020	3,763,685	+/- 1.3%
ADHS Region			
1-Maricopa County	3603	2,244,146	+/- 1.6%
2-Pima County	984	635,850	+/- 3.1%
3-Coconino, Apache and Navajo Counties	329	188,530	+/- 5.4%
4-Gila, La Paz, Mohave, Yavapai Counties	464	305,287	+/- 4.6%
5-Cochise, Graham, Greenlee, Pinal, Santa Cruz, Yuma Counties	628	389,872	+/- 3.9%

RESULTS

Table 1 demonstrates that the samples for the last three fieldings of the survey are representative of the population of Arizona with respect to common socio-demographic variables.

Table 1. Demographic Profile of Arizona Population and ATS Survey Samples

Attribute	1996 Weighted Sample Percent	1999 Weighted Sample Percent	Population Percent 2000 Census Data*	2002 Weighted Sample Percent**
Male	45.5%	48.1%	49.4%	49.0%
Female	54.5%	51.9%	50.6%	51.0%
18-24 years	13.3%	12.7%	13.7%	13.7%
25-34 years	21.6%	19.1%	19.7%	19.6%
35-44 years	22.0%	21.5%	20.4%	20.4%
45-54 years	16.9%	18.4%	16.7%	16.7%
55-64 years	11.3%	11.2%	11.8%	11.8%
65 years and older	14.9%	17.1%	17.7%	17.8%
White	79.7%	78.9%	79.0%	75.6%
Black	2.1%	1.9%	2.9%	3.1%
American Indian	3.2%	2.5%	4.1%	4.8%
Other Race	13.3%	14.5%	14.0%	16.6%
Hispanic	18.7%	17.9%	21.3%	21.0%
Non-Hispanic	80.7%	81.1%	78.7%	79.0%
Less than High School	9.8%	8.2%	19.0%	19.0%
High School Graduate	28.0%	28.5%	24.3%	24.0%
1-3 years of College	34.0%	32.0%	33.1%	33.0%
College Graduate	27.4%	29.7%	23.5%	24.0%

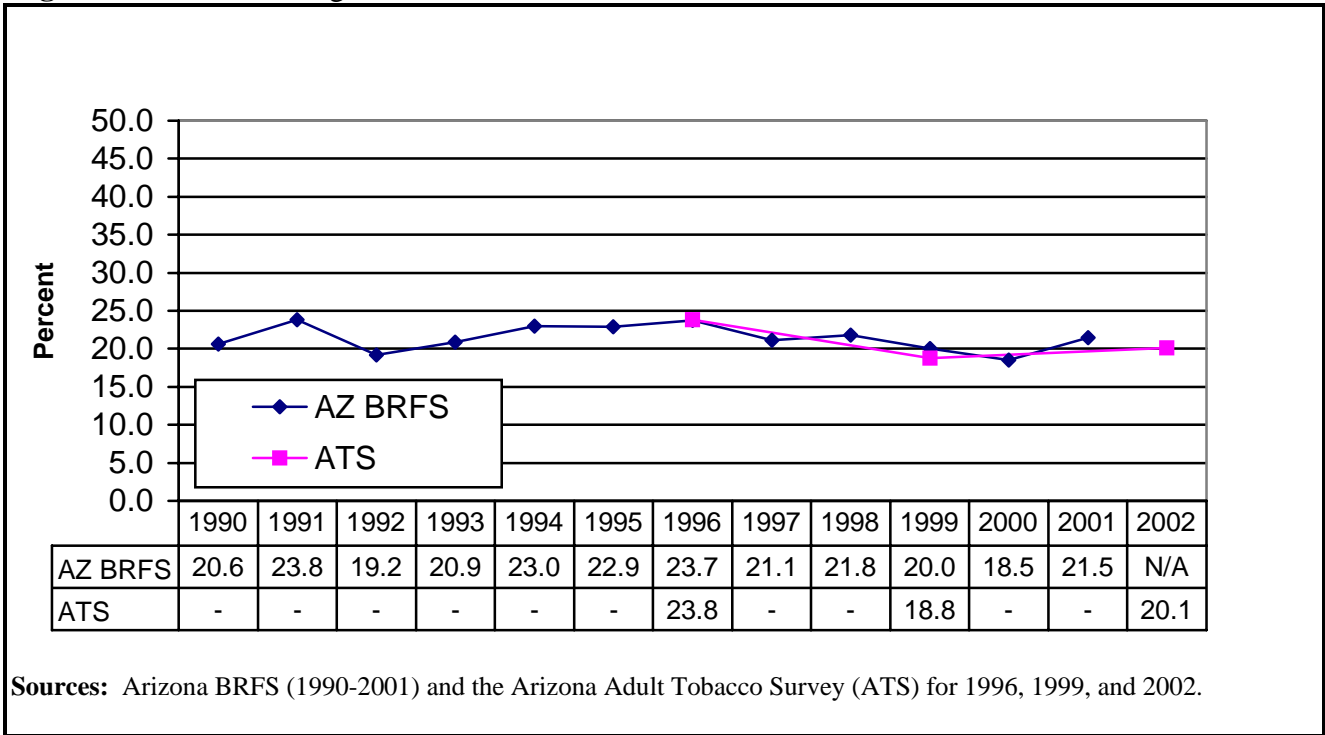
KEY to Demographic Table

*The census data used for 1996 and 1999 sample weighting were not available in prior reports. Provided here for comparison is the demographic data used to weight the 2002 ATS sample. This data was taken from 2000 Census tabulations, as summarized by the Arizona Dept. of Economic Security at: <http://www.de.state.az.us/links/economic/webpage/page2.html>

**For weighting purposes, age, sex and race/ethnicity group percentages are based on total adult population of 3,763,785 individuals over 18 living in Arizona. Educational data is based on a population of 3,256,184 adults 25 years and older.

SMOKING PREVALENCE

Figure 1. Adult Smoking Prevalence, Arizona: 1990-2002



Sources: Arizona BRFS (1990-2001) and the Arizona Adult Tobacco Survey (ATS) for 1996, 1999, and 2002.

Tobacco Prevalence in Arizona

Using the standardized CDC definition of current smokers to define prevalence, the 2002 ATS estimates the prevalence of cigarette smoking among adults in Arizona 2002 at 20.1%.

There are two primary sources for monitoring smoking prevalence in Arizona: Behavioral Risk Factor Survey (BRFS) and the Arizona Adult Tobacco Survey (ATS) (performed every three years since 1996). The BRFS is administered continuously within each state, with data compiled by the CDC for nationwide prevalence estimates. Reports are generated by each state, and by the CDC for nationwide data. When one examines Arizona’s current smoking rate in the context of prevalence trends seen in the recent years, one sees stability in smoking prevalence during the past decade (see Figure 1, above).

Prevalence by ADHS Region of Residence

Figure 2 illustrates smoking prevalence rates by region. Only two regions saw noteworthy changes in smoking prevalence. Region 2 (Pima County) saw a 5.6% increase in smoking prevalence between 1999 and 2002. This places the prevalence rate in this region near the baseline level (21.3%) of 1996. The other item of note is the decrease in prevalence in Region 4 (Gila, La Paz, Mohave, and Yavapai Counties) from 27.9% in 1999 to 24.4% in 2002. The other three regions saw changes of 1% or less.

Figure 2. Current Smoking Prevalence by Region, 1996, 1999 & 2002

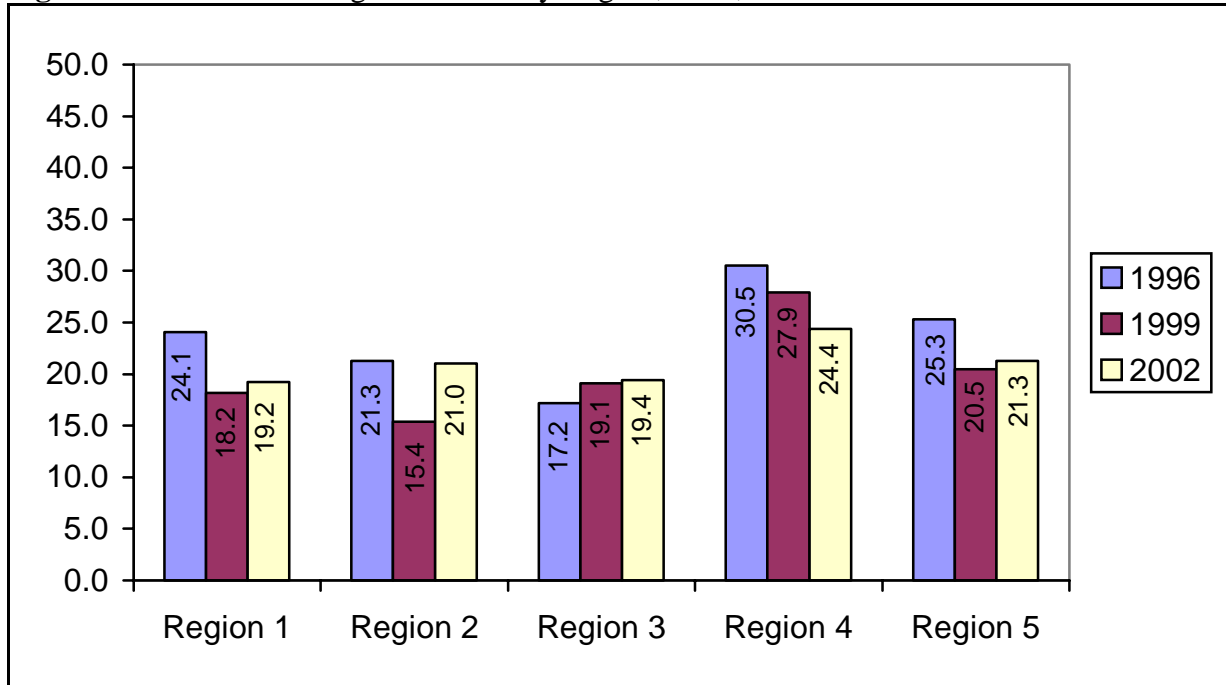


Table 2. Frequency Table of Current Smoking Prevalence by Region, ATS 2002

Region of Residence	Smoking Prevalence (%)	Number of Smokers	Total Respondents
Region 1: Maricopa	19.2	690	3603
Region 2: Pima	21.0	207	985
Region 3: Coconino, Navajo, & Apache	19.4	64	330
Region 4: Gila, La Paz, Mohave, Yavapai	24.4	113	464
Region 5: Cochise, Graham, Greenlee, Pinal, Santa Cruz, & Yuma	21.3	134	628
Total	20.1	1208	6010

Prevalence by Sex

The current ATS data shows changes to the historical trend of females smoking less frequently than males. Although females have shown consistently lower smoking prevalence rates than males in prior years, this gap has narrowed over time. When the first ATS was performed, in 1996, prevalence among females was nearly 4 percentage points lower than the male smoking rate. By 1999 the prevalence gap had narrowed to just under 3 percentage points. In the 2002 ATS, the prevalence gap has continued this trend, and now indicates fewer than 2 percentage points separating males and females. This difference falls within the margin of error, and thus indicates that there is no statistically reliable difference between the smoking prevalence rates of males and females.

Figure 3. Current Smokers by Sex for Arizona Adults, 1996, 1999 & 2002

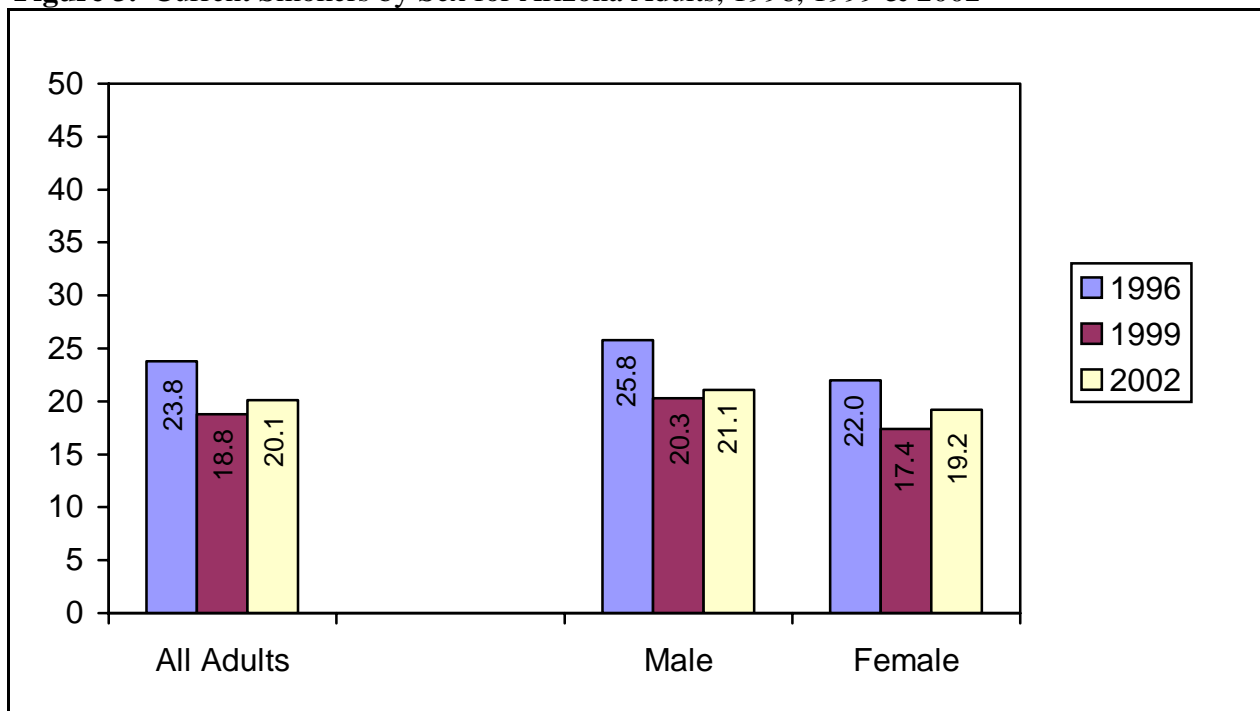


Table 3. Frequency Table of Current Smokers by Sex for Arizona Adults, ATS 2002

Sex of Respondent	Smoking Prevalence (%)	Number of Smokers	Total Respondents
Male	21.1	618	2932
Female	19.2	587	3055
Total	20.1	1205	5987

Prevalence by Age

The 2002 ATS shows a continuation of the pattern whereby smoking prevalence declines as age increases. The 18 to 24 year old population experienced an increase in smoking prevalence, from 21.4% in 1999 to 28.5% in 2002. This increase places smoking prevalence in this age group more than 2 percentage points higher than the baseline measurement of 26.1% from the 1996 ATS. Changes in prevalence for all other age groups are statistically insignificant

Within the 18-24 year old age group, there is a significant difference between prevalence rates for men and women. Among this age group, a difference of 10 percentage points exists between the smoking prevalence rates of men (32.8%) and women (22.8%). This gap in prevalence rates narrows as age increases.

Figure 4. Current Smokers by age group for Arizona Adults, 1996, 1999 & 2002

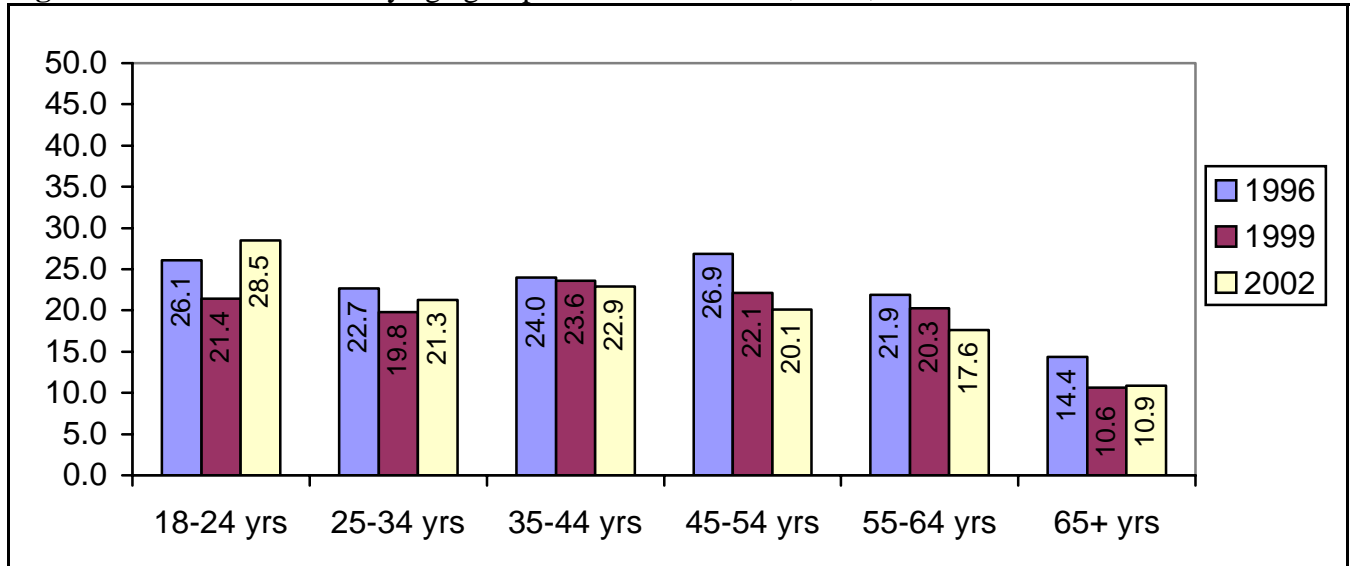


Table 4. Frequency Table of Current Smokers by age group for Arizona Adults, ATS 2002

Age of Respondent	Male Smoking Prevalence (%)	Female Smoking Prevalence (%)	Total Respondents
18-24 years old	32.8	22.8	815
25-34 years old	18.6	23.8	1168
35-44 years old	23.1	22.9	1216
45-54 years old	22.4	17.9	999
55-64 years old	17.1	17.9	705
65 or more years old	12.4	9.7	1063
Total	21.1	19.2	5966

Prevalence by Ethnicity and Race

When examining prevalence rates by ethnicity, the ATS shows Hispanic respondents, to have a smoking prevalence of 13.2%. This represents a slight (and statistically insignificant) reduction of 1.4 percentage points from the 1999 ATS.

Among racial subgroups, the highest smoking rates are seen among White respondents (22.3%), followed by Black (20.8%), American Indian (15.3%), and “Other” respondents (12.0%). Prevalence rates are flat between 1999 and 2002 with the exception of a notable decline in prevalence among respondents who identify as Black or African American (from 24.1% in 1999 to 20.8% in 2002). This finding should be interpreted cautiously, however, because of the small number of African Americans surveyed. Overall, the 2002 ATS data shows a continuing trend of higher smoking rates among Whites and African Americans, and lower prevalence rates for Hispanics and American Indians.

Figure 5. Current Smokers by Race and Ethnicity for Arizona Adults, 1996, 1999 & 2002

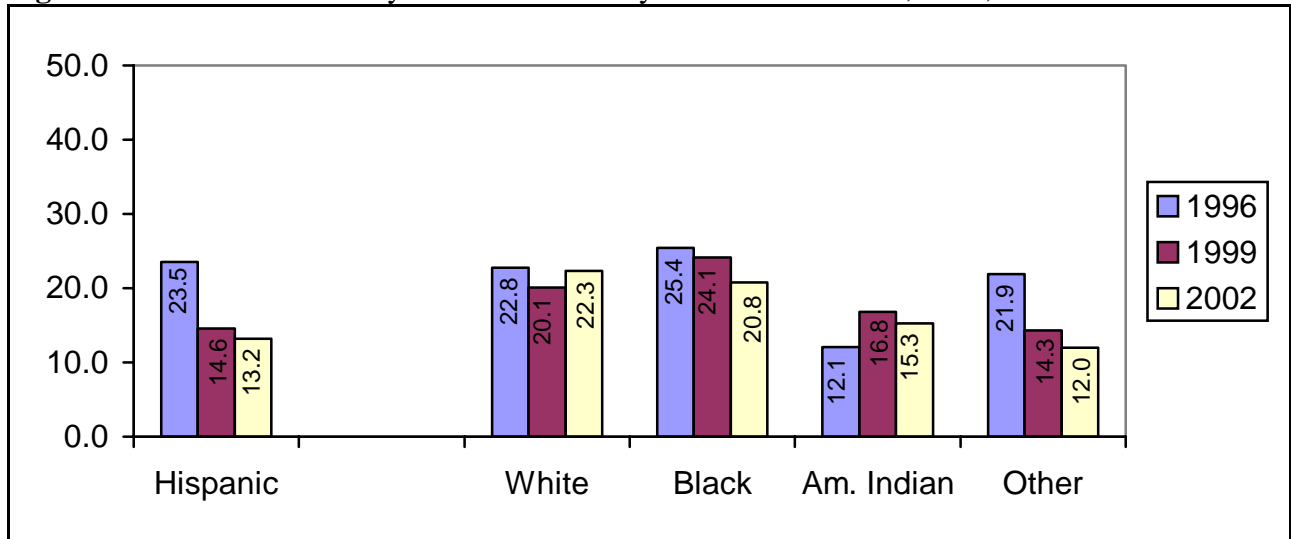


Table 5a. Frequency Table of Current Smokers by Ethnicity for Arizona Adults, ATS 2002

Ethnicity of Respondent	Smoking Prevalence (%)	Number of Smokers	Total Respondents
Hispanic	13.2	164	1246
Non-Hispanic	22.0	1033	4688
Total	20.2	1197	5934

Table 5b. Frequency Table of Current Smokers by Race for Arizona Adults, ATS 2002

Race of Respondent*	Smoking Prevalence (%)	Number of Smokers	Total Respondents
White	22.3	991	4453
Black or African American	20.8	38	183
American Indian	15.3	43	281
Other	12.0	117	977
Total	20.2	1189	5894

*Ethnicity and Race are not mutually exclusive.

Prevalence by Education

2002 ATS data demonstrate a consistent relationship between educational attainment and smoking prevalence. Increased educational attainment is associated with lower prevalence rates. Prevalence rates showed little change between 1999 and 2002 relative to educational attainment. The only sub-group to experience a decrease in smoking prevalence between 1999 and 2002 was individuals with 1-3 years of college education (from 22.4% to 18.7%).

Figure 6. Current Smokers by Education for Arizona Adults, 1996, 1999 & 2002

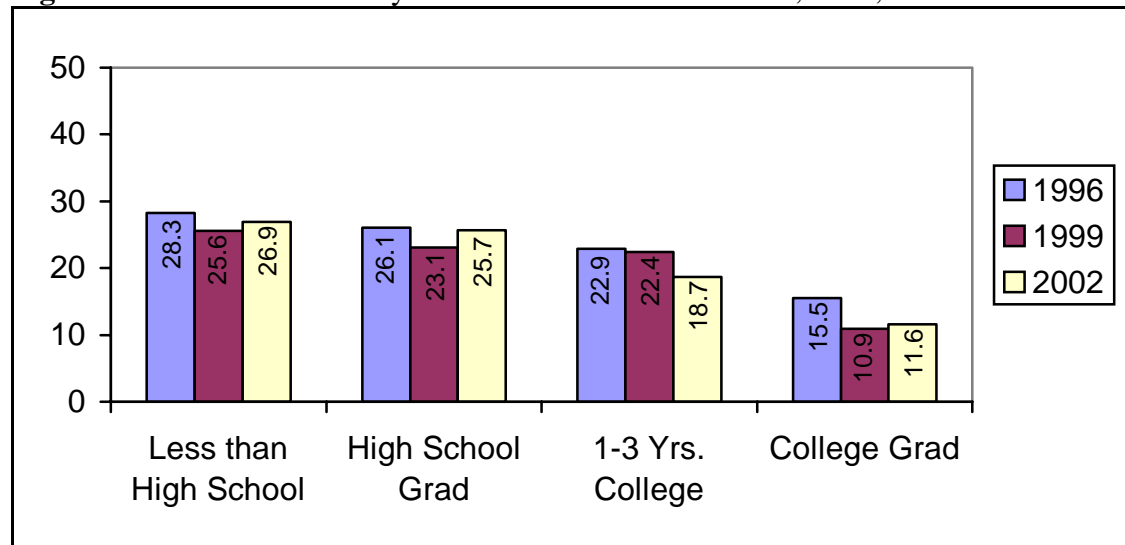


Table 6. Frequency Table of Current Smokers by Education for Arizona Adults, ATS 2002

Level of Education of Respondent	Male Smoking Prevalence (%)	Female Smoking Prevalence (%)	Total Respondents
Less than High School	24.6	29.0	1128
High School Graduate (or GED)	30.3	21.2	1430
1-3 years of College	18.3	19.1	1960
College Graduate	13.9	9.1	1424
Total	21.1	19.2	5942

SMOKING BEHAVIOR

A number of questions were asked of only those who indicated they are daily or occasional smokers. These questions are used to gather detailed information about the behavior of Arizonans who smoke, and include information about the age at which respondents began smoking, cigarette consumption patterns, cigarette brand preferences, and purchase patterns. Each of these subsections is discussed below.

Age of Cigarette Experimentation and Smoking Initiation

Current smokers were asked about the age at which they first smoked a cigarette (age of experimentation), and when they began smoking regularly (age of initiation). When asked about their age at initial experimentation with cigarettes, male responses ranged from 4 to 55 years, with a mean response of 13.8 years. Female responses ranged from 3 to 52 years, with a mean of 14.5 years for age at first experimentation.

Table 7a. Age of First Cigarette by Sex, ATS 2002

How old were you when you first smoked a cigarette? [Current Smokers, All Ages]	Mean Response (<i>Standard Deviation</i>)	Number of Responses
Male	13.8 (4.9) years	610
Female	14.5 (4.5) years	574
Total	14.2 (4.7) years	1184

Current Smokers were also asked when they first started smoking cigarettes regularly to assess age of initiation. Male responses ranged from 5 to 55 years, with a mean age of 17.3 years, while female responses ranged from 7 to 72 years, with a mean age of 17.8 years for initiation of regular cigarette smoking¹.

Table 7b. Age at Which Respondents Began Smoking Regularly, ATS 2002

How old were you when you first started smoking cigarettes regularly? [Current Smokers, All Ages]	Mean Response (<i>Standard Deviation</i>)	Number of Responses
Male	17.3 (5.1) years	616
Female	17.8 (6.1) years	584
Total	18.12 (5.6) years	1200

¹ Despite the upper outliers of 55 and 72 years for age for initiation of regular smoking by men and women (respectively), the median age for both groups is 16 years.

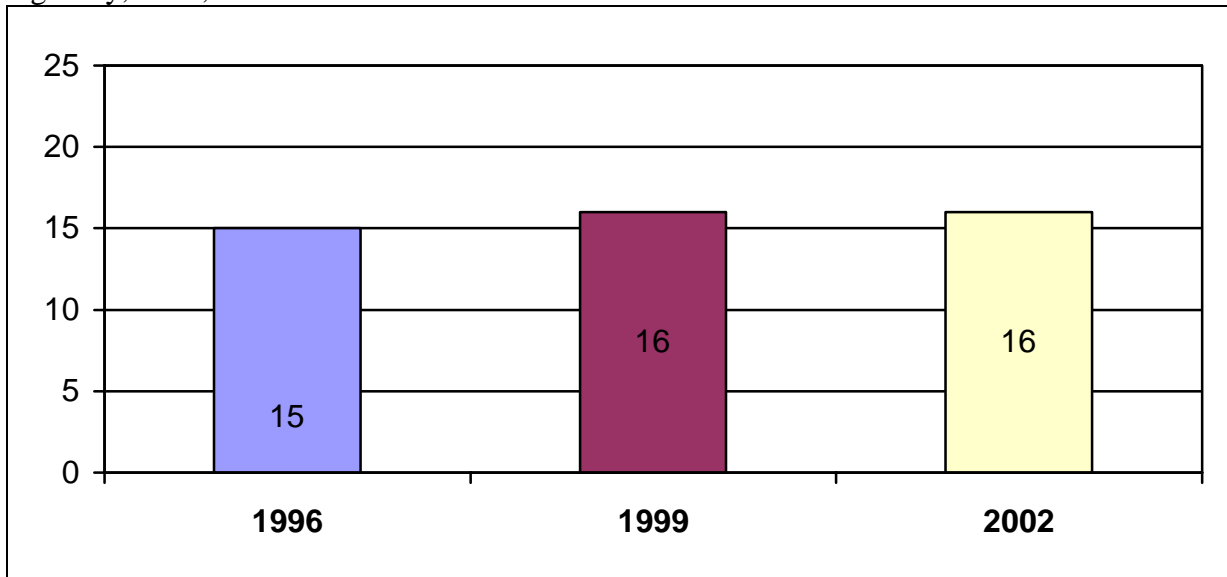
Increasing the age at which first regular use of tobacco occurs is a goal of comprehensive tobacco control programs. As such, it is important to also examine age of experimentation and smoking initiation among younger respondents (18-24 years). When examining the less than 25 age group, the mean age of experimentation among 2002 ATS respondents was about 15.5 years for both males and females (Table 7c).

The 1999 ATS reported that the median age of initiation among 18-24 year olds had increased by one year (from 15 to 16 years) between 1996 and 1999 (no means were reported). The median age of initiation for 2002 respondents between 18 and 24 years old was also 16 years (Figure 7).

Table 7c. Age at Which Younger Respondents Began Smoking Regularly, ATS 2002

How old were you when you first started smoking cigarettes regularly? [Current Smokers, 18-24 years of age]	Mean Response (<i>Standard Deviation</i>)	Number of Responses
Male	15.4 (2.4) years	150
Female	15.5 (3.4) years	81
Total	15.5 (2.8) years	231

Figure 7. Median age (in years) at which respondents 18 to 25 years of age began smoking regularly, 1996, 1999 & 2002



Cigarette Consumption

The number of cigarettes smoked per day is related to the negative health effects of tobacco use. All current smokers were asked to estimate the average number of cigarettes smoked each day during the last 30 days. Among smokers in Arizona, approximately 20% smoked a pack of cigarettes or more per day during the past 30 days. Overall, the average number of cigarettes smoked per day has remained the same between 1996 and 2002¹.

There are no significant differences in the average number of cigarettes smoked for men and women in 2002 (see table 8a).

Figure 8. Average Number of Cigarettes Smoked Daily, by Sex, 1996, 1999 & 2002

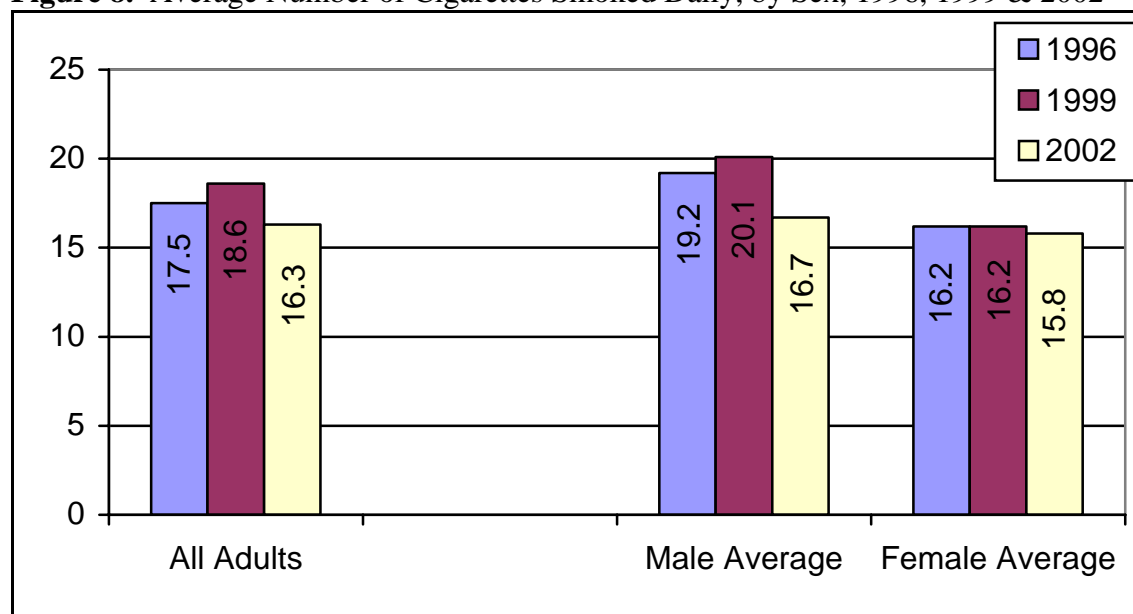


Table 8a. Number of Days in Last 30 Days That Respondent smoked, by Sex, ATS 2002

On how many of the past 30 days did you smoke cigarettes? [All Current Smokers]	Mean Response	Number of Responses
Male	27.8	616
Female	27.4	584
Total	27.6	1200

¹ The 2002 data in Figure 8 relate to the number of cigarettes smoked daily by all current smokers, including both those who indicated smoking “some days” and “every day”. The 1996 and 1999 reports do not clarify whether data is from all smokers or just “every day” smokers.

Table 8b. Cigarettes per Day during Last 30 Days for Current Smokers, ATS 2002

On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day? [All Current Smokers]	Mean Response	Number of Responses
Male	16.7	616
Female	15.8	584
Total	16.3	1200

In addition to questions asked of all smokers, the 2002 ATS asked “every day” smokers to assess the number of cigarettes smoked daily. As seen in Table 8c, the typical every day smoker is consuming just under one pack a day, with men and women smoking nearly the same number of cigarettes per day.

Table 8c. Cigarettes Smoked per Day, Current “Every Day” Smokers, ATS 2002

On the average, about how many cigarettes a day do you now smoke? [All Current “Every Day” Smokers]	Mean Response	Standard Deviation	Number of Responses
Male	19.9	12.9	489
Female	18.2	12.9	490
Total	19.0	12.9	979

Current “every day” smokers were asked about how soon after waking they had their first cigarette of the day. The percentage of smokers who have their first cigarette within 5 minutes decreased slightly between 1999 and 2002, (from 32.3% to 29.5%) while the percentage of smokers having their first cigarette between 6 and 30 minutes increased (from 26.6% to 30.5% between 1999 and 2002), as seen in Figure 9. The magnitude of both of these changes, however, falls within the margin of error, and should be interpreted with caution. Other groups saw very minimal and statistically insignificant changes.

Figure 9. Length of Time Before First Cigarette of Day; Current Smokers, 1996, 1999 & 2002

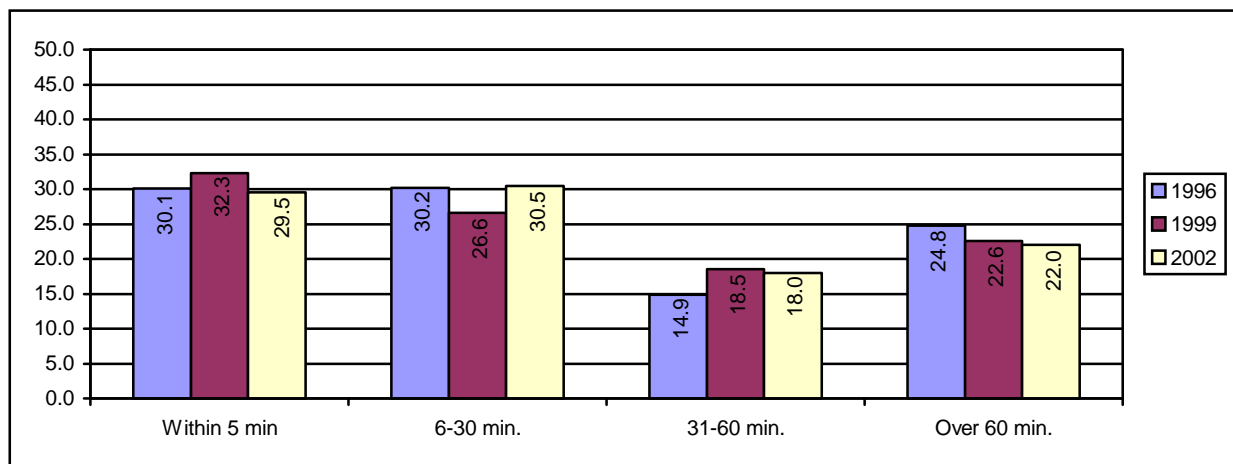


Table 9. Elapsed Time Between Waking and First Cigarette of Day, ATS 2002

How soon after you wake up do you have your first cigarette? [Everyday Smokers]	Percent of Responses	Number of Responses
Within 5 minutes	29.5	286
6-30 minutes	30.5	296
31-60 minutes	18.0	174
Over 60 minutes	22.0	214
Total	100	970

Brand and Type of Cigarettes

The 2002 Adult Tobacco Survey asked current smokers several questions about the brand and type of cigarettes they typically smoke. In terms of brand preferences, there were few differences between men and women. Among all current smokers, the most preferred name-brand cigarettes were “Marlboro” (41.8%) and “Camel” (11.3%). An additional 19.4% of smokers purchase generic cigarettes. A full breakdown of brand preference by smokers in Arizona is found in Table 10a, below.

Figure 10. Cigarette Brand Most Often Smoked by Current Smokers, ATS 2002

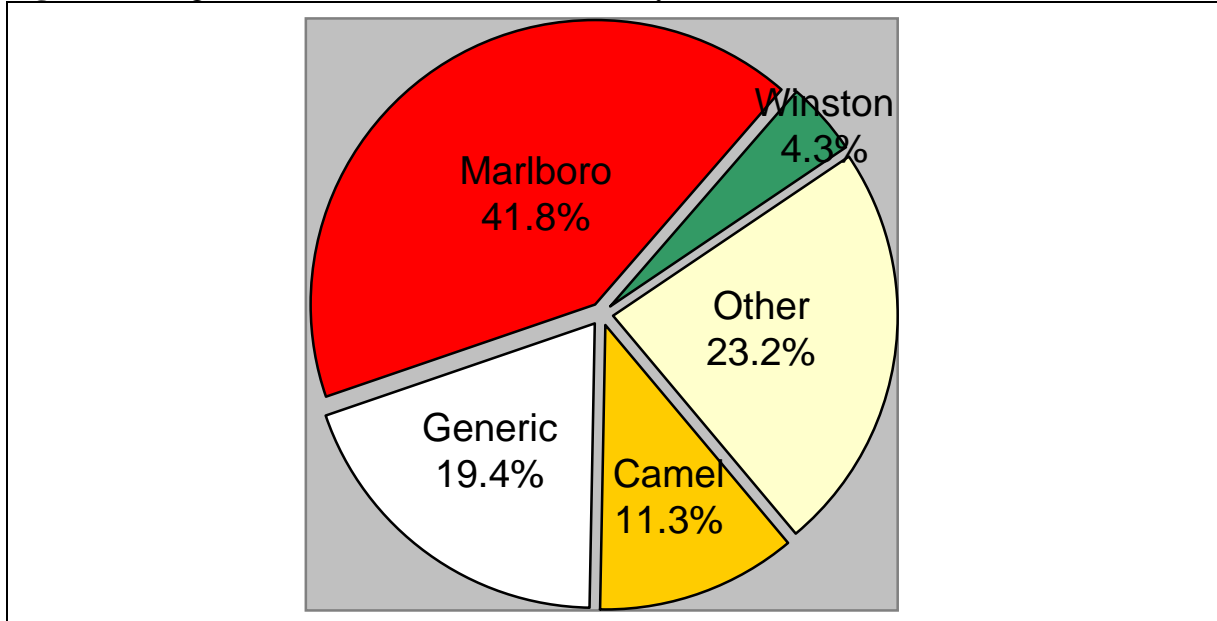


Table 10a. Brand of Cigarettes Smoked, ATS 2002

What brand of cigarettes do you smoke most often?	Percent of Responses	Number of Responses
Benson & Hedges	.7	8
Camel	11.3	135
Carlton	.3	4
Generic	19.4	232
Kool	1.3	15
Marlboro	41.8	499
Merit	.6	7
Newport	3.3	40
Pall Mall	.3	4
Salem	.8	9
Virginia Slims	3.2	38
Winston	4.3	52
Some Other Brand	12.7	148
Total	100	1194

In addition to brand preference, current smokers were asked about the type of cigarettes they usually smoke. 79.1% of smoking respondents smoke “plain” cigarettes, while the remaining 20.9% smoke “menthol” cigarettes. 71.1% of smoking respondents smoke “regularly priced” or “premium” cigarettes, while the remaining 28.9% smoke discount cigarettes. 45.7% of smokers smoke regular cigarettes, 40.2% of smokers smoke “light” cigarettes, and 14.1% smoke “ultra light” cigarettes. Full breakdowns of these items are summarized in Tables 10b, 10c, and 10d.

Table 10b. Type of Cigarettes Smoked by Smokers- Menthol or Plain, ATS 2002

What type of cigarettes do you smoke? Are they menthol or plain?	Percent of Responses	Number of Responses
Menthol	20.9	249
Plain	79.1	943
Total	100	1192

Table 10c. Type of Cigarettes Smoked by Smokers- Regular or Discount, ATS 2002

Do you smoke discount or full priced cigarettes?	Percent of Responses	Number of Responses
Discount or Generic	28.9	339
Regularly Priced or Premium	71.1	835
Total	100	1174

Table 10d. Type of Cigarettes Smoked by Smokers- Regular or Lights, ATS 2002

Are the cigarettes you usually smoke regular, lights, or ultra lights?	Percent of Responses	Number of Responses
Regular	45.7	542
Lights	40.2	477
Ultra Lights	14.1	167
Total	100	1186

Purchase Patterns

In addition to brand preference questions, several items were added to the 2002 ATS to track the purchase patterns of Arizona smokers. Current smokers were asked whether they purchased their cigarettes in “packs” or “cartons,” and how much they paid for each. A majority (56.1%) of smokers purchased their cigarettes by the pack rather than in cartons, and paid an average of \$3.71 per pack (see tables 11a, and 11b). Carton purchasers paid just under \$27 per carton, on average. Again, it is important to note that the price of tobacco in Arizona has likely risen since the fielding of this survey, due to the implementation of a \$0.60 per pack increase in the tobacco tax that was approved in a referendum in November of 2002.

Table 11a. Percentage of Smokers who Purchase Cigarettes by Pack or Carton, ATS 2002

Do you usually buy cigarettes by the pack or the carton?	Percent of Responses	Number of Responses
Pack	56.1	661
Carton	43.9	517
Total	100	1178

Table 11b. Amount Paid for Cigarettes by Smokers, ATS 2002

Question:	Mean Response	Number of Responses
How much do you usually pay for a pack of cigarettes?	\$3.71	661
How much do you usually pay for a carton of cigarettes?	\$26.74	517

Current smokers were asked if they purchase cigarettes from emerging and alternative cigarette retail locations, such as neighboring states, Indian reservations, the Internet, and locations in Mexico. In the past year, 31.8% of current smokers purchased cigarettes on Indian reservations and nearly 27.7% purchased cigarettes in neighboring states. A smaller proportion (11.3%) of smokers indicated purchasing cigarettes in Mexico, while a negligible proportion of smokers (0.7%) purchased cigarettes on the Internet.

Figure 11. Percent of Current Smokers to Purchase Cigarettes in Alternative Outlets, ATS 2002

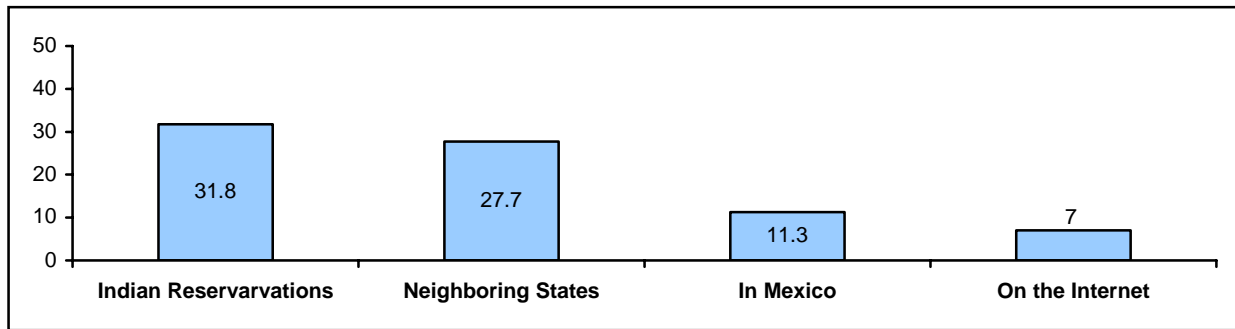


Table 11c. Location of Cigarette Purchases, ATS 2002

In the last 12 months have you ever bought cigarettes*	Percent of "YES" Responses	Number of "YES" Responses	Total Responses
On Indian Reservations	31.8	382	1199
In Neighboring States	27.7	333	1201
In Mexico	11.3	136	1205
On the Internet	0.7	9	1205

*Multiple response items; respondents could choose all that applied. Data in table is the percent of respondents to endorse each option.

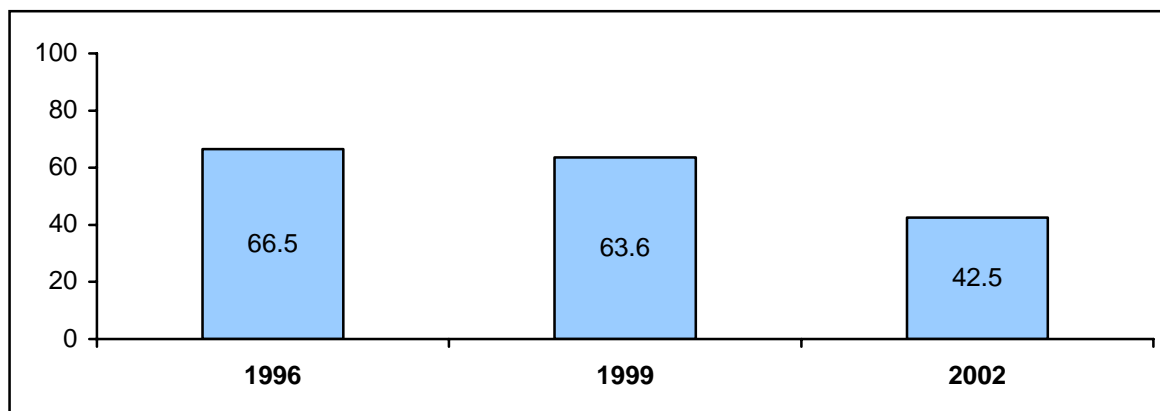
SMOKING CESSATION

Respondents to the 2002 ATS were asked several questions about attempts to quit smoking over the previous 12 months and what brought them back to smoking if they were unable to remain abstinent. In the year before being interviewed, 42.5% of current and former smokers had made at least one quit attempt (Table 12), a figure that is substantially lower than in previous years (Figure 12).

Table 12. Percentage of Smokers Who Stopped Smoking for a Day or Longer in the Last 12 Months, ATS 2002

Question:	Percent of “YES” Responses	Number of Responses	Total Responses
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? <i>[Current Smokers]</i>	42.5	510	1199

Figure 12. Percentage of Current / Former Smokers Who Have Made a Quit Attempt in Prior 12 Months (ATS 1996, 1999 & 2002)



Methods of Quitting

Among smokers who attempted to quit during the last year and former smokers who quit in the past five years, 23% used a pharmacological quit aid and 7.3% used some form of counseling, literature, or other non-medical quit aid in their most recent (or final and effective) quit attempt. The most popular pharmacological quit aid was the “nicotine patch” (used by 64.7% of those who made a quit attempt) followed by nicotine gum (27.8%) and Zyban, (27.2%).

Table 13a. Percentage of Smokers to Use Pharmaceutical Aid in a Quit Attempt, ATS 2002

When you quit smoking for good (or “The last time you tried to quit smoking”) did you use the nicotine patch, nicotine gum, or any other medication to help you quit?	Percent of Responses	Number of Responses
Yes	23.0	221
No	77.0	739
Total	100	960

Figure 13. Percentage of Smokers to Use Each Type of Pharmaceutical Aid in a Quit Attempt in the Last Year (n=221), ATS 2002

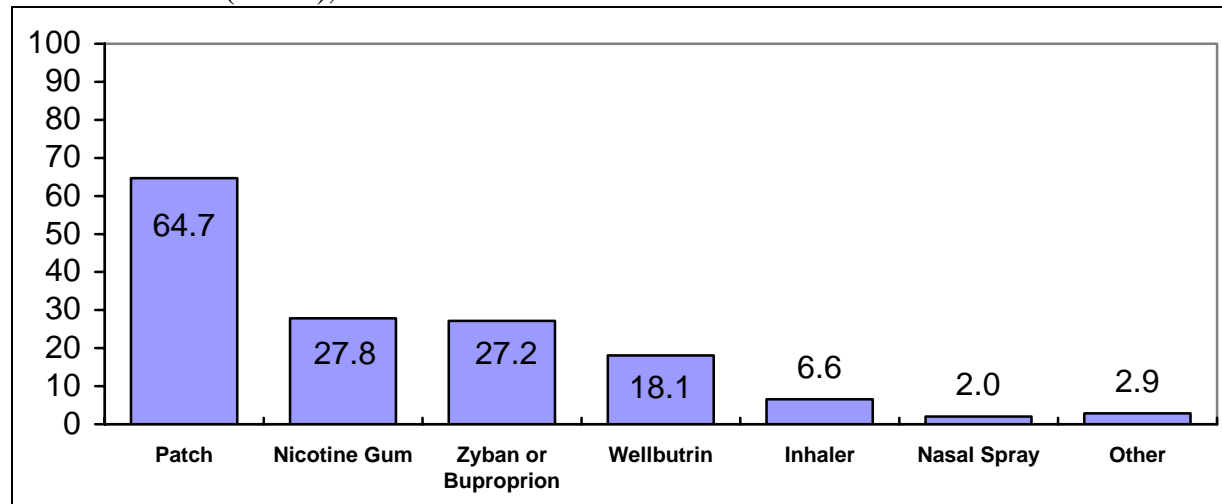


Table 13b. Percentage of Smokers to Use Each Type of Pharmaceutical Aid in a Quit Attempt, ATS 2002

Did you use:	Percent Endorsed	Number of Responses
[N=221 “yes” respondents to above question]:*		
A patch	64.7	143
A nicotine gum	27.8	61
Zyban or Bupropion	27.2	60
Wellbutrin	18.1	40
An inhaler	6.6	15
A nasal spray	2.0	4
Other	2.9	6

*Multiple response items; respondents could choose all options that applied. Data in table is the percent of respondents to endorse each option.

Former Smokers and respondents who had made a quit attempt in the previous year were also asked if they had used any forms of non-pharmaceutical assistance, such as classes or counseling. Only 7.2% had used such assistance in their last quit attempt (Table 14a). Among those that did use non-pharmaceutical assistance, the most commonly used forms were “class or clinic” (62.8%) and “self-help materials” (47.1%, see Figure 14).

Table 14a. Percentage of Current and Former Smokers to Use Other Forms of Assistance in a Quit Attempt, ATS 2002

When you quit smoking for good... (or “The last time you tried to quit smoking” for Current Smokers) Did you use any other assistance such as classes or counseling?	Percent of Responses	Number of Responses
Yes	7.2	69
No	92.8	891
Total	100	960

Figure 14. Percentage of Smokers to Use each Type of Assistance in a Quit Attempt in the Previous Year (n=69), ATS 2002

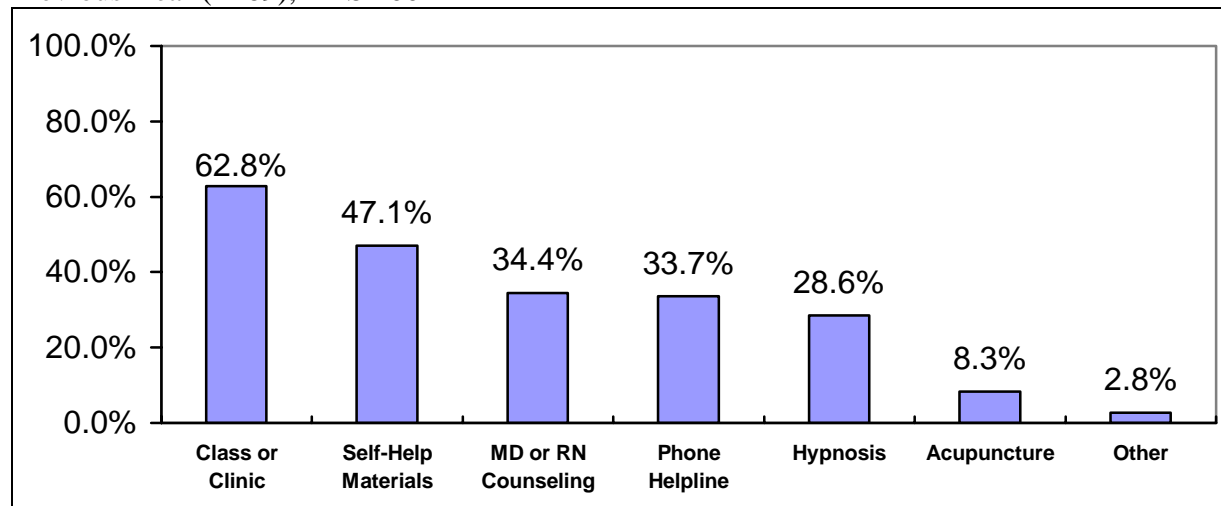


Table 14b. Percentage of Current and Former Smokers to Use Each Type of Assistance in a Quit Attempt in the Last Year, ATS 2002

Did you use: * [N=69 “yes” responses to prior question]	Percent Endorsed	Number of Responses
A stop smoking clinic or class	62.8	43
Self help material, books or videos	47.1	32
One-on-one counseling from a doctor or nurse	34.4	24
A telephone help line	33.7	23
Hypnosis	28.6	20
Acupuncture	8.3	6
Other	2.8	2

*Multiple response items; respondents could choose all options that applied. Data in table is the percent of respondents to endorse each option.

Reasons for Cessation

Among the respondents who made a quit attempt, the most prevalent reason they offered for trying to quit was “for my own health,” followed by “for my family” (see Table 15a).

Table 15a. Reason for Last Quit Attempt, ATS 2002

Thinking about your last quit attempt, what were the most important reasons why you decided to quit?	Percent of Responses	Number of Responses
For my own health	64.5	619
For my family	18.0	173
It was getting too expensive	13.0	125
For self-satisfaction, to be in control	8.3	80
A doctor told me to	2.3	22
Someone I know got sick from smoking	.9	9

Among those who returned to smoking following a quit attempt, the most common situation in which they resumed their smoking behavior was during a “stressful time,” (45%) or “in social situations” (12.8%, see Table 15b).

Table 15b. Situation Surrounding Respondent’s Return to Smoking After Last Quit Attempt, ATS 2002

Thinking about your last quit attempt, or before you quit for good, in what situation did you return to smoking?	Percent of Responses, 2002	Number of Responses, 2002	Percent 1996 (N=1012)	Percent 1999 (N=419)
A stressful situation	45.0	309	40.4	42.7
In a social situation	12.8	88	6.2	15.3
Because of irritability due to smoking withdrawal	5.5	38	5.3	1.4
For enjoyment	5.2	36	14.9	12.6
When alcohol was served	4.7	32	3.8	3.3
The aroma of cigarette smoke	2.8	19	4.2	1.4
A death or tragedy	1.7	12	2.6	2.4
Because of marital problems	1.3	9	1.5	1.9
While driving	.3	2	.6	0
Other reason	20.6	142	20.6	18.9
Total	100	686	100	100

There are relatively few changes in the situations in which respondents returned to smoking following a quit attempt between 1996, 1999, and 2002. The reason endorsed by most respondents in all three years was “a stressful situation.” The second most endorsed category changed between 1996 and 1999 from “for enjoyment” to “in a social situation,” but this option was consistently mentioned second since 1999. Additionally, the “other” category has continually received a large number of endorsements each year (20.6%), indicating that many reasons for returning to smoking may not be completely captured by the given response categories. (See Appendix C for a full listing)

MEDICAL AND DENTAL PROVIDER COUNSELING

Respondents to the 2002 ATS were asked several questions about their interactions with medical and dental providers. The first of these questions addressed general medical history, and asked if respondents had ever been diagnosed with a respiratory disorder, diabetes, or heart disease. 26.3% of respondents reported being diagnosed with “asthma, bronchitis or emphysema”, while prior diagnoses of “diabetes” and “heart disease” were both reported by just over 7% of respondents (see Table 16).

Table 16. Percentage of Respondents with Respiratory Disorder, Diabetes or Heart Disease, ATS 2002

Have you ever been told by a doctor or other health professional that you have: *	Percent of “YES” Responses	Number of “YES” Responses	Total Responses
Asthma, bronchitis or emphysema	26.3	1515	5988
Diabetes	7.2	433	5984
Heart disease	7.1	424	5974
*Multiple response items; respondents could choose all options that applied. Data in table is the percent of respondents to endorse each option.			

Respondents were also asked about the tobacco counseling practices of their medical and dental providers. Of those 4,349 (72.4% of all respondents, see Table 17a) who saw medical professionals in the previous year, 62.9% indicated that a medical provider had inquired about tobacco use (a substantial increase from prior years, see Figure 15). Just over 60.1% of those who reported being asked about tobacco use by their medical providers (and who did use tobacco) were advised to stop. This represents a substantial decrease from previous years.

Table 17a. Percentage of Respondents Reporting Seeing a Medical Professional in the Last 12 Months, ATS 2002

In the past 12 months, have you seen a doctor or other health professional (not including dentist / dental professionals) to get health care for yourself?	Percent of Responses	Number of Responses
Yes	72.4	4349
No	27.6	1654
Total	100	6003

Table 17b. Percentage of Respondents Reporting Being Asked By a Medical Professional about Tobacco Use, ATS 2002

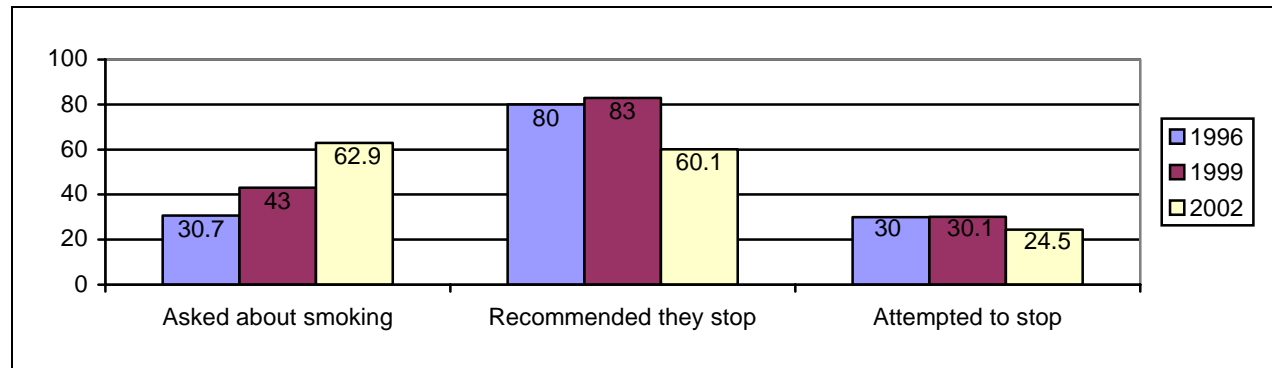
During the past 12 months, did any doctor, nurse, or other physician assistant ask if you use tobacco (smoke or chew)?	Percent of Responses	Number of Responses
Yes	62.9	2662
No	37.1	1571
Total	100	4233

Table 17c. Percentage of Respondents Reporting Being Advised to Stop Using Tobacco by Medical Professional, ATS 2002

During the past 12 months, did any doctor, nurse, or other physician assistant advise you to not use tobacco (smoke or chew)? [Current Tobacco Users who had seen a medical provider in previous 12 months]	Percent of Responses	Number of Responses
Yes	60.1	462
No	39.9	307
Total	100	770

In prior years, more quit attempts were made based on the advice of medical providers. Thirty percent reported making such attempts in 1996, and 30.1% in 1999 (Figure 15).

Figure 15. Reported Tobacco Counseling Practices by Medical Care Providers in Previous 12 Months



When making recommendations to stop using tobacco, respondents reported that medical professionals offered a number of different means of cessation assistance. Among the most commonly reported by 2002 ATS respondents were a prescription for a pharmaceutical quit aid (23.4%), a suggestion to set a “specific date to stop”(23.2%) and a suggestion to utilize a class, counselor, or helpline (21.8%), as seen in Table 17d.

Table 17d. Specific Cessation Assistance Provided by Medical Professionals, ATS 2002

In the past 12 months, when a doctor, nurse or other physician assistant advised you to not use tobacco (smoke or chew), did they also do any of the following? [Respondents who saw a doctor in previous 12 months]*	Percent of “YES” Responses	Number of “YES” Responses	Total Responses
Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban?	23.4	108	461
Suggest that you set a specific date to stop?	23.2	105	453
Suggest that you use a cessation class/program, helpline or counseling?	21.8	99	457
Provide you with booklets, videos, or other materials to help you quit on your own?	19.8	91	462
Other?	5.1	23	462

*Multiple response items; respondents could choose all options that applied. Data in table is the percent of respondents to endorse each option.

When advised to stop using tobacco, fewer respondents indicated they made a quit attempt in response to this advice in 2002 than in 1996 and 1999. Only 24.5% of respondents to the 2002 ATS indicated that they made a quit attempt following a medical provider's recommendation (Table 17e).

Table 17e. Percent of Respondents to Make a Quit Attempt Following Medical Advice, ATS 2002

Did you try to quit when a when a doctor, nurse or other physician assistant advised you to stop using tobacco (smoke or chew)?	Percent of Responses	Number of Responses
Yes	24.5	113
No	75.5	348
Total	100	461

Comparable counseling-related items were asked of 2002 ATS respondents to ascertain information about the counseling practices of dentists and dental providers. Almost 60% of all respondents report seeing a dental practitioner in 2002 and just over one-third (35.7%) of this group report that they were asked by their dental professional about tobacco use (Tables 18a and 18b). Overall, medical professionals inquire about tobacco use more often than dental professionals (62.9% to 35.7%). When these two groups of professionals do ask about tobacco use, however, dental professionals tend to recommend cessation of tobacco at about the same rate as medical practitioners (65.9% to 60.1%).

Table 18a. Percentage of Respondents Reporting Seeing a Dental Professional in the Last 12 Months, ATS 2002

In the past 12 months, have you seen a dentist or other dental professional to get dental care for yourself?	Percent of Responses	Number of Responses
Yes	59.4	3566
No	40.6	2439
Total	100	6005

Table 18b. Percentage of Respondents Reporting Being Asked by a Dental Professional about Tobacco Use, ATS 2002

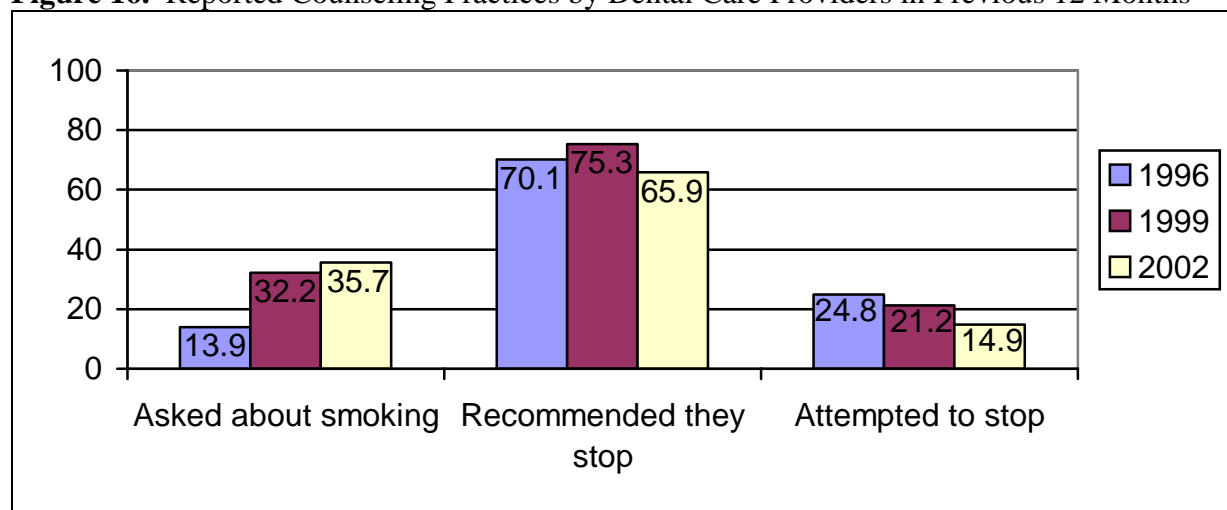
During the past 12 months, did any dentist, hygienist, or other dental professional ask if you use tobacco (smoke or chew)?	Percent of Responses	Number of Responses
Yes	35.7	1225
No	64.3	2204
Total	100	3429

Of those respondents to the 2002 ATS who report being asked by their dental practitioner about tobacco use, 65.9% of those who used tobacco report being advised to stop (Table 18c). This represents a decrease from 1999 data (Figure 16).

Table 18c. Percentage of Respondents Reporting Being Advised to Stop Using Tobacco by Dental Professional, ATS 2002

During the past 12 months, did any dentist, hygienist, or other dental professional advise you to not use tobacco (smoke or chew)? [Current Tobacco Users who had seen a medical provider in previous 12 months]	Percent of Responses	Number of Responses
Yes	65.9	177
No	34.1	92
Total	100	268

Figure 16. Reported Counseling Practices by Dental Care Providers in Previous 12 Months



Respondents who reported receiving a recommendation to quit from their dental practitioner were asked about the specific advice or assistance they were provided. Twelve percent indicated that they were given a prescription for a pharmaceutical quit aid, 11.2% were given a suggestion to “set a specific date to stop”, and 10.1% were given informational materials such as booklets or videos (Table 18d).

Table 18d. Specific Cessation Assistance Provided by Dental Professionals, ATS 2002

In the past 12 months, when a dentist, hygienist, or other dental professional advised you to not use tobacco (smoke or chew), did they also do any of the following	Percent of “YES” Responses	Number of “YES” Responses	Total Responses
Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban?	12.1	21	174
Suggest that you set a specific date to stop?	11.2	20	177
Suggest that you use a cessation class/program, helpline or counseling?	7.6	13	177
Provide you with booklets, videos, or other materials to help you quit on your own?	10.1	18	177
Other?	3.4	4	175

Of those 2002 ATS respondents who report receiving advice to stop using tobacco by a dental practitioner, 14.9% made a subsequent quit attempt (Table 18e). This percentage is lower than has been seen in both the 1996 and 1999 fieldings of the Adult Tobacco Survey (24.8% and 21.2%, respectively, as seen in Figure 16).

Table 18e. Percent of Respondents to Make a Quit Attempt Following Medical Advice, ATS 2002

Did you try to quit when a dentist, hygienist, or other dental professional advised you to stop using tobacco (smoke or chew)?	Percent of Responses	Number of Responses
Yes	14.9	26
No	85.1	150
Total	100	177

EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE

Respondents were asked several questions to determine exposure to environmental tobacco smoke (ETS) in both their homes and workplaces.

Household Exposure

The majority of respondents are not regularly exposed to ETS at home (80.1%). Of the 19.9% who indicated having someone smoke in their home more than one day in the previous seven, the average (mean) respondent is exposed to smoke 4.5 days of the week (see table 19a). Due to changes in the measurement methodology between 1999 and 2002, there are few comparisons that can be made between the 2002 data and data from prior years.

Table 19a. Number of Days during the Last Seven Days that Someone Smoked Inside Respondent's Home, ATS 2002

During the past 7 days, on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?	Percent of Response	Mean Response	Number of Responses
One day or less <i>[All Households]</i>	80.1	--	4787
More than one day <i>[All Households]</i>	19.9	4.5 days	1187
Total	100		5974

Among respondents who indicated that someone had smoked inside their home on 2 or more days in the past seven, there are differences in ETS exposure based on the number of smokers living in the household. When none of the household residents are current smokers, the average exposure is 2.6 days (Table 19b). When 1 smoker lives in the household, the average exposures are 6.0 days, with two smokers the average exposure is 6.1 days, and with 3 or more smokers in the household, the average is 5.5 days..

Table 19b. Average Number of Days that Someone Smoked Inside Respondent's Home by Number of Smokers in Household, ATS 2002

Mean Days Someone Smoked in Household, by Number of Smokers in Household	Mean Days	Number of Respondents
0 Smokers in Household	2.6 days	503
1 Smoker in Household	6.0 days	609
2 Smokers in Household	6.1 days	66
3 or More Smokers in Household	5.5 days	9

Respondents were also asked to identify the rules about smoking in their household. Overall in 2002, 79.8% of respondents live in households where smoking is not allowed.

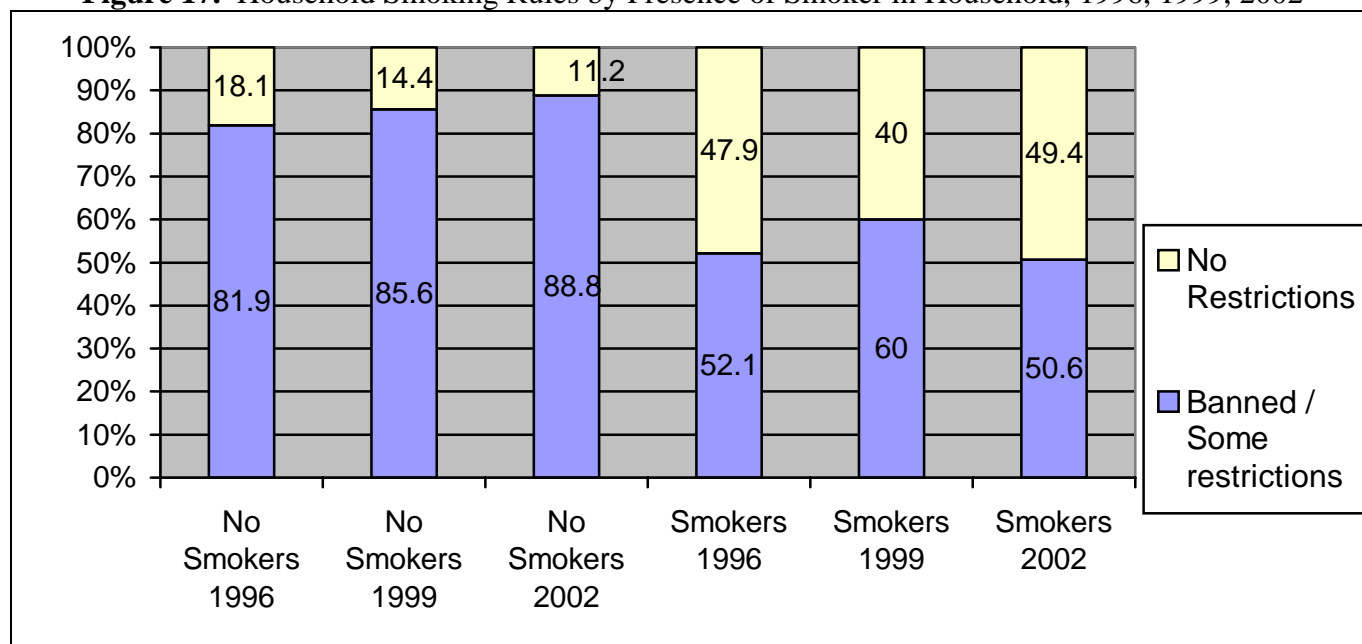
Table 19c. Percentage of Respondents with Household Rules about Smoking, ATS 2002

Which statement best describes the rules about smoking inside your home? [All Respondents]	Percent of Responses	Number of Responses
Smoking is not allowed anywhere inside the home	79.8	4769
Smoking is allowed in some places or at some times	8.4	500
Smoking is allowed anywhere inside the home	11.8	704
Total	100	5973

While 79.8% of all respondent households have banned smoking in 2002, there are differences in household smoking rules based on the presence of a smoker in the household. Nearly ninety-one percent (90.6%) of households with no smokers living in them ban smoking, while 55.2% of households with at least one smoker living in them have smoking bans (Figure 17).

When breaking out smoking bans by households with and without smokers, non-smoking households are more likely to report a household smoking ban (88.8%) than households with at least one smoker (50.6%). There has been a slight increase in household bans in non-smoking households with each fielding of the ATS (81.9% in 1996, 85.6% in 1999 and 88.8% in 2002). Bans in households with at least one smoker has fluctuated across the three fieldings (52.1% in 1996, 60.0% in 1999 and 50.6% in 2002; see Figure 17).

Figure 17. Household Smoking Rules by Presence of Smoker in Household, 1996, 1999, 2002



Two additional items were added to the 2002 ATS to assess other potential non-occupational exposure to ETS and tobacco use. Respondents were asked about exposure while in a car and how many of the respondent’s “friends use tobacco products.” Of all respondents, 24.9% indicated that they’d been exposed to tobacco smoke while in a car in the previous seven days (Table 20a).

Table 20a. Percentage of Respondents Exposed to ETS while in a Car by Respondent’s Smoking Status, ATS 2002

In the past seven days, have you been in a car with someone who was smoking?	Percent of “Yes” Responses	Number of “Yes” Responses
Current Smoker	70.6	458
Former Smoker	38.8	59
Never Smoker	38.8	149
All Respondents	56.2	

Table 20b. Number of Friends that Use Tobacco Products, ATS 2002

How many of your friends use any tobacco products?	Percent of Responses	Number of Responses
None	20.1	1201
A few	46.8	2792
Less than half	9.3	554
About half	12.6	755
Most or All	11.2	668
Total	100	5970

When asked about the tobacco use of their friends, most respondents indicated either “none” (20.1%) or “a few” (46.8%, see table 20b). There are substantial differences in the responses to this item based on the smoking status of respondents. Individuals who are current smokers are much more likely to indicate that “most or all” of their friends also smoke (33.6% compared to 7.5% among former smokers and 4.6% among never smokers, see Table 20c) and much less likely to report that “none” of their friends smoke (2.8% compared to 21.6% and 25.9% for former and never smokers, respectively).

Table 20c. Number of Friends that Use Tobacco Products, by Smoking Status of Respondent, ATS 2002

How many of your friends use any tobacco products?	Percent of Responses: Current Smokers (N=1198)	Percent of Responses: Former Smokers (N=1635)	Percent of Responses: Never Smokers (N=3137)
None	2.8	21.6	25.9
A few	24.8	50.5	53.2
Less than half	12.5	8.9	8.2
About half	26.3	11.5	8.0
Most or All	33.6	7.5	4.6
Total	100	100	100

Workplace Exposure

Respondents were asked a number of questions about workplace exposure to second-hand tobacco smoke. The majority of respondents (65.6%) are employed in large companies (50 or more employees) and spend the majority of their working hours indoors (78.4%). Of respondents who are “employed for wages” or “self-employed” and work indoors “most of the time,” 15.3% said they had been exposed to ETS in their work area in the 7 days prior to their interview.

Table 21a. Type of Employment, ATS 2002

In terms of employment, are you:	Percent of Responses	Number of Responses
Employed for wages	52.2	3126
Self-employed	8.1	487
Out of work for more than 1 year	1.8	108
Out of work for less than 1 year	3.1	182
A homemaker	8.2	489
A student	3.2	191
Retired	20.6	1234
Unable to work	2.8	168
Total	100	5985

Table 21b. Number of People at Place of Employment, ATS 2002

Do more than 50 people work for you/your employer?	Percent of Responses	Number of Responses
Yes	65.6	2364
No	34.4	1224
Total	100	3603

Table 21c. Type of Employment- Indoor or Outdoor, ATS 2002

While working at your job, are you indoors most of the time?	Percent of Responses	Number of Responses
Yes	78.4	2831
No	17.2	623
Both Indoors and Outdoors Equally	4.4	159
Total	100	3613

Table 21d. Smoking in Work Area- Past Seven Days, ATS 2002

As far as you know, in the past seven days, has anyone, including yourself, smoked in your work area?	Percent of Responses	Number of Responses
Yes	15.3	433
No	84.7	2393
Total	100	2827

Comparisons can be made in workplace smoking policies reported by ATS respondents over three years. Between 1999 and 2002, there appears to be a decrease in the percentage of respondents working under policies that ban smoking in all areas of the workplace, and a growth in the percentage of respondents whose workplace policies allow smoking in designated areas (see Figure 18). It should be noted, however, that the recoding of “other” responses to this question may have differed in the three years and comparisons should thus be interpreted with caution. In 2002, respondents who indicated that smoking was allowed “outdoors” were coded as having a policy to allow smoking in designated areas.

Figure 18. Type of Specific Workplace Smoking Policy in Respondents’ Workplace, ATS 1996, 1999 & 2002

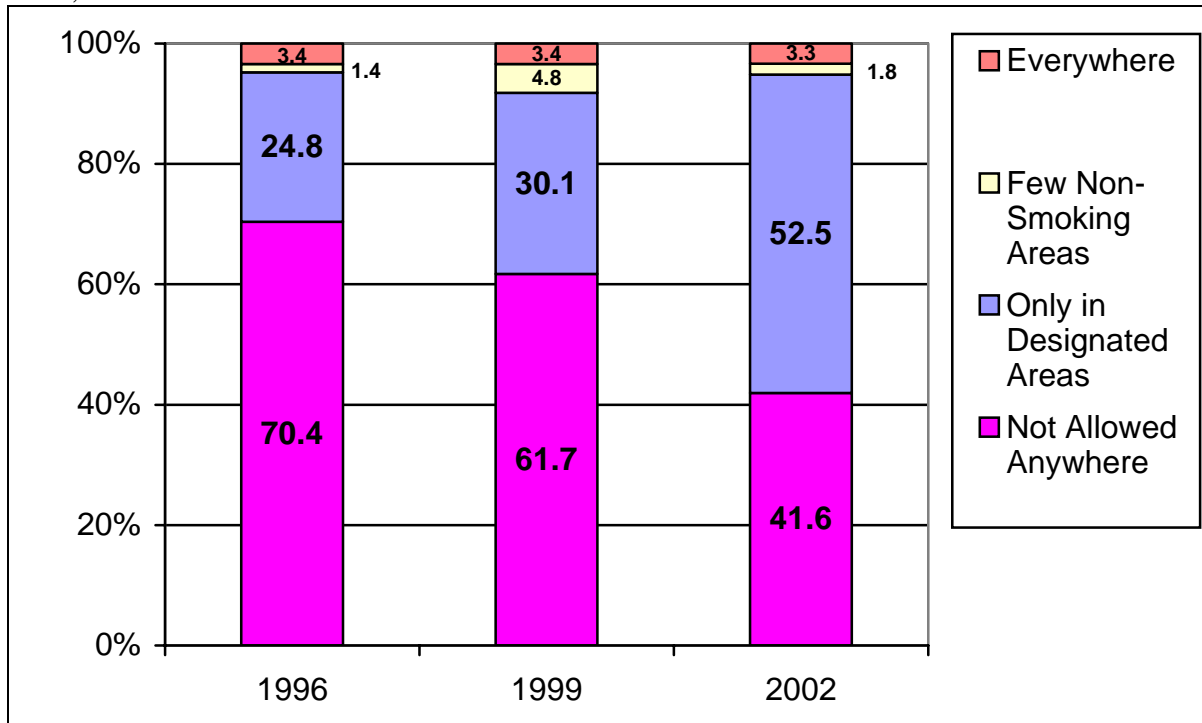


Table 22. Smoking Policy at Workplace, ATS 2002

What best describes the smoking policy at your workplace?	Percent of Responses	Number of Responses
Smoking is allowed everywhere	3.3	92
Smoking is allowed everywhere except for a few no smoking areas	1.8	52
Smoking is only allowed in a few designated smoking areas	52.5	1481
Smoking is not allowed anywhere	41.6	1173
Other	0.2	5
No specific policy	0.6	17
Total	100	2820

RISK PERCEPTIONS

Arizona residents are generally knowledgeable about the health risks of smoking and second-hand tobacco smoke. A majority of respondents (71.9%) recognized the health benefit of quitting smoking even for individuals who had smoked regularly for 20 years (see Table 23a). Additionally, 87.4% of respondents correctly identified that light cigarettes are not safer than regular cigarettes (see Table 23b).

Table 23a. Percent of Respondents Who Believe there is a Benefit to Quitting Smoking, ATS 2002

There is little health benefit to quitting smoking if a person has smoked 1 pack per day for 20 years	Percent of Response	Number of Responses
Strongly Agree	8.8	498
Agree	19.3	1099
Disagree	37.3	2121
Strongly Disagree	34.6	1966
Total	100	5684

Table 23b. Percent of Respondents Who Believe that Smoking Light Cigarettes is Safer than Smoking Regular Cigarettes, ATS 2002

Smoking light cigarettes is safer than regular cigarettes	Percent of Response	Number of Responses
Strongly Agree	1.7	93
Agree	10.8	576
Disagree	54.3	2885
Strongly Disagree	33.1	1758
Total	100	5311

When asked about the dangers of second-hand smoke, a large majority of respondents (92.4%) said that “breathing other’s cigarette smoke” was either “very” or “somewhat harmful to one’s health” (see Table 23c).

Table 23c. Harmfulness of Second-Hand Smoke, ATS 2002

How harmful is breathing other’s cigarette smoke?	Percent of Response	Number of Responses
Very harmful to one’s health	66.1	3899
Somewhat harmful to one’s health	26.3	1550
Not very harmful to one’s health	5.0	294
Not harmful at all to one’s health	2.6	152
Total	100	5895

Respondents were also asked to identify whether they knew about several conditions that may be caused by second-hand cigarette smoke. When asked “Other people’s cigarette smoke causes...” the majority of respondents indicated affirmative (“Yes”) responses to “Respiratory Problems in Children” (92.3%) “Lung Cancer in Adults” (81.7%), and “Heart Disease in Adults” (71.5%, see Table 23d). There is less certainty in the responses to inquiries about the link between second-hand smoke and “Colon Cancer” (with 29.7% indicating “Yes” and 47.8% responding that they “Don’t know”).

Table 23d. Effects of Second Hand Smoke, ATS 2002

Other people’s cigarette smoke causes:	Percent “Yes”	Percent “No”	Percent “Don’t Know”	Total Responses
Respiratory Problems in Children	92.3	3.9	3.8	6002
Lung Cancer in Adults	81.7	9.0	9.3	6002
Heart Disease in Adults	71.5	12.1	16.4	6001
Sudden Infant Death Syndrome	41.2	17.7	41.1	6001
Colon Cancer	29.7	22.5	47.8	6001

ATTITUDES TOWARD TOBACCO CONTROL

Data from the 2002 ATS shows a significant increase in support for smoking bans in public and private buildings. Compared to 1996 and 1999, increases in support for complete smoking bans in restaurants, public buildings, private buildings, and indoor sporting events and concerts were seen in 2002 (See Figure 19). The largest increases in support for indoor smoking bans were for “Public Buildings” (from 72.1% to 86.7%) and “Private Buildings” (from 56.9% to 63.7%). The only venue for which support of smoking bans diminished was outdoor sporting events.

Figure 19. Percentage of respondents supporting complete smoking bans, by type of location, 1996, 1999 & 2002

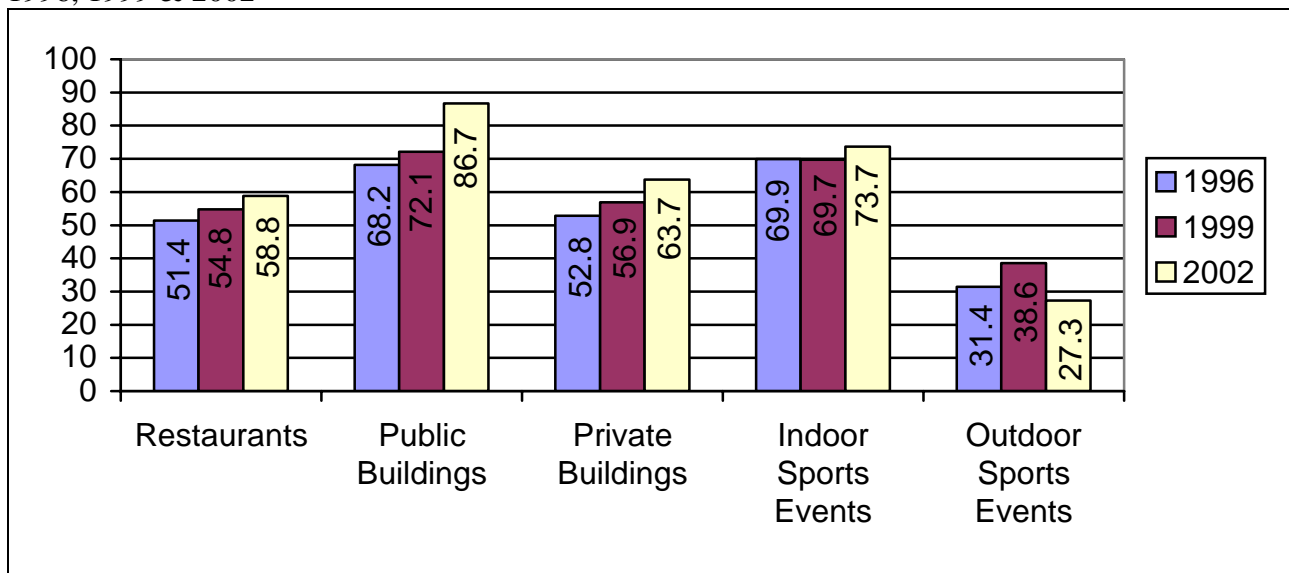


Table 24. Areas Smoking Should Be Allowed In, ATS 2002

Should smoking be allowed in:	Percent “Allowed in all areas”	Percent “Allowed in some areas”	Percent “Not Allowed at all”	Total Responses
Indoor Restaurants	1.2	40.0	58.8	5928
Public Buildings	1.2	12.1	86.7	5907
Private Office Buildings	2.8	33.5	63.7	56.5
Indoor Sports Events / Concerts	3.5	22.7	73.7	5895
Outdoor Sports Events / Concerts	23.6	49.0	27.3	5836
Bars / Lounges*	27.1	44.9	28.0	5409
Indoor Shopping Malls*	1.2	17.2	81.6	5878
Daycare Centers*	.5	1.8	97.7	5805

* New items asked on 2002 ATS. No 1996 or 1999 data is available for comparison.

In addition to items about smoking bans, respondents to the 2002 ATS were asked a number of questions about support for potential rules surrounding the sale of tobacco products. Almost all respondents (95.4%) either “agree” or “strongly agree” that stores should be kept from selling tobacco to minors (Table 25a). Additionally, 81.2% of respondents to the 2002 ATS think that storeowners should be required to have a license to sell tobacco products, similar to that required to sell alcohol (Table 25b).

Opinion is relatively split on whether tobacco companies should be allowed to sponsor concerts or sporting events, with 47.8% of respondents firmly opposed (“should ‘definitely not’ be allowed”) to these types of sponsorships and 32.5% firmly supporting them (“should ‘definitely’ be allowed,” Table 25c).

Table 25a. Importance of Keeping Stores from Selling Tobacco to Minors, ATS 2002

How important is it to keep stores from selling tobacco to minors?	Percent of Response	Number of Responses
Very important	86.8	5146
Somewhat important	8.6	508
Not very important	2.2	128
Not important at all	2.4	144
Total	100	5926

Table 25b. Storeowners Should Be Required to Have a License to Sell Tobacco, ATS 2002

Storeowners should be required to have a license to sell tobacco	Percent of Response	Number of Responses
Strongly Agree	48.4	2887
Agree	32.8	1956
Disagree	11.6	689
Strongly Disagree	5.2	312
No Opinion	2.0	118
Total	100	5962

Table 25c. Sponsorship of Sports Events by Tobacco Companies, ATS 2002

Should sponsorship of sports events / concerts by tobacco companies be allowed?	Percent of Response	Number of Responses
Definitely	32.5	1842
Maybe	19.8	1121
Definitely Not	47.8	2708
Total	100	5672

ANTI-TOBACCO MEDIA AND TOBACCO PROMOTION ITEMS

In 2002, as with prior years, respondents to the ATS were asked if they had seen anti-tobacco messages in the media within 30 days of being interviewed. There are decreases in exposure to anti-tobacco media messages in almost all categories (only “pamphlets” saw an increase in 2002, see Figure 20).

Figure 20. Percentage of Adult Respondents who have seen Anti-Tobacco Media Messages, 1996, 1999 & 2002

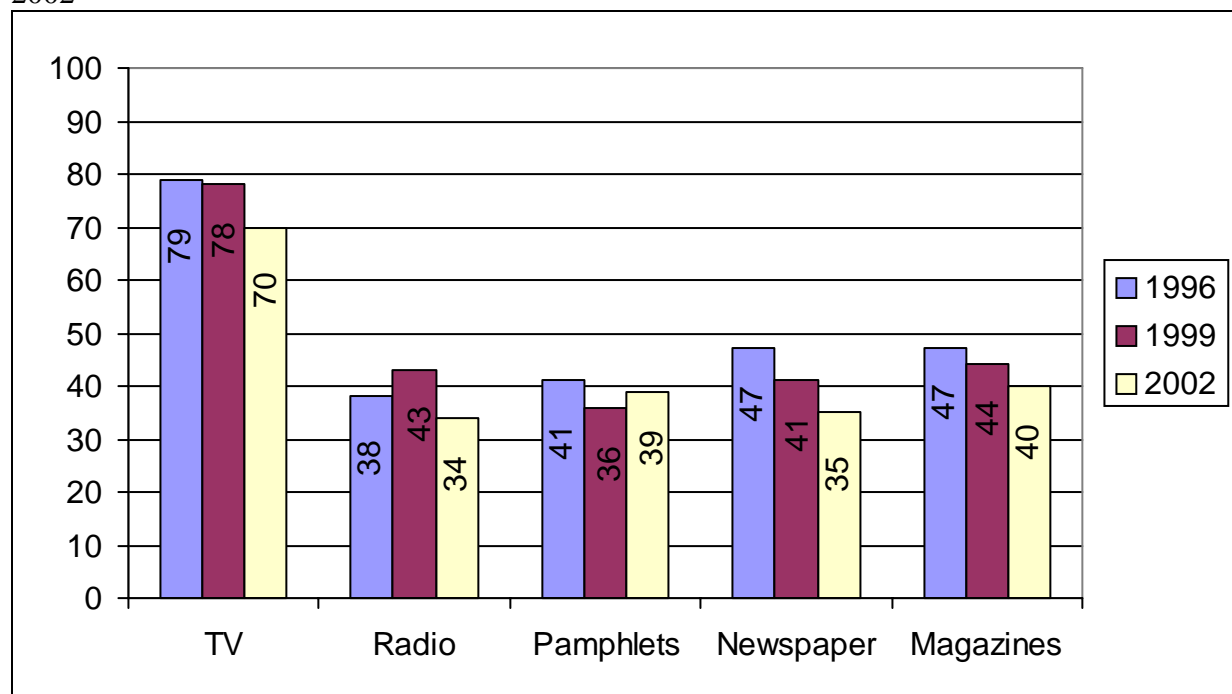


Table 26. Types of Tobacco-Related Interaction Experienced by Respondents in Past 30 Days, ATS 2002

In past 30 days, have you:	Percent “Yes”	Percent “No”	Total Responses
Seen anti-tobacco messages on TV?	70.0	30.0	5867
Heard anti-tobacco messages on the radio?	34.3	65.7	5751
Seen anti-tobacco posters or pamphlets?	39.0	61.0	5887
Seen anti-tobacco ads or articles in newspaper?	34.8	65.2	5779
Seen anti-tobacco ads or articles in magazines?	39.9	60.1	5802
Talked about the pros/cons of tobacco use?*	35.6	64.4	5986

* New items asked on 2002 ATS. No 1996 or 1999 data is available for comparison.

TOBACCO TAX

Respondents to the 2002 ATS were asked about support for possible increases in the statewide tobacco tax. A majority of respondents (68.5%) support some increase in the tobacco tax. Among those supporting a tax increase, 49.4% of respondents are in support of a tax increase of one dollar or more per pack of cigarettes or tin of smokeless tobacco. Nineteen point one percent of respondents support a tax increase of less than one dollar per pack or tin (Table 27).

Table 27. Support or Opposition to Tobacco Tax Increases, by Amount of Increase, ATS 2002

How much additional tobacco tax would you support if it went to prevention?	Percent of Responses	Number of Responses
Less than \$1.00 per pack/tin	19.1	1031
\$.25 per pack/tin		386
\$.50 per pack/tin		360
\$.75 per pack/tin		255
\$1.00 or more per pack/tin	49.4	2662
\$1.00 per pack/tin		723
\$1.50 per pack/tin		384
\$2.00 per pack/tin		748
\$3.00 per pack/tin		651
No tax increase	31.4	1692
Total	100	5385

Appendix A1: Detailed Methodology and Technical Report

BACKGROUND

The Arizona Department of Health Services (ADHS) Adult Tobacco Survey is a surveillance and evaluation study providing detailed information regarding adult tobacco use and attitudes. Following passage of the statewide Tobacco Tax and Health Care Act (Proposition 200) in 1994, ADHS initiated the Tobacco Education and Prevention Program (TEPP) as its statewide comprehensive tobacco control program. The first fielding of the Adult Tobacco Survey (ATS) was performed the following year (1996) to establish a baseline measurement of tobacco use in the state. The survey has since been repeated in 1999 and 2002 to provide evaluation data for TEPP through continual monitoring of tobacco use among Arizona adults.

The first two fieldings of the survey (1996 and 1999) were performed by the ADHS Telephone Survey Center within the Office of Epidemiology and Statistics. The Telephone Survey Center was disbanded shortly after the 1999 ATS. The Social Research Laboratory at Northern Arizona University administered fielding of the 2002 survey.

The Social Research Laboratory uses computer-assisted telephone interviewing (CATI) techniques to deliver the survey to individuals selected using a random digit dialing (RDD) sampling methodology. To qualify to complete the interview, contacted individuals must be Arizona residents, at least 18 years of age or older, speak English, and reside in households with telephones. In 1996, interviews were completed with 6,000 adults. In 1999 and 2002, the survey was completed with 4,868 and 6,020 respondents, respectively. In its initial year, 1996, the ATS was performed concurrently with a similar survey of adolescents to ascertain information about their smoking or tobacco use and attitudes.

DESIGN

Questionnaire

The AZDHS Adult Tobacco questionnaire is based on several standardized measures of tobacco-use and attitudes towards tobacco developed by the Centers for Disease Control and Prevention (CDC). In general, the survey assesses tobacco use and attitudes in several key areas that are repeated in each fielding. These areas are: Smoking Prevalence and Tobacco Use History, Purchase Patterns, Quitting Behavior, Interactions with a Medical or Dental Provider, Exposure to Environmental Tobacco Smoke, Attitudes toward Smoking and Tobacco Restrictions, Perception of Health Risk, Exposure to Media Sources, and Attitudes toward Tobacco Industry Practices.

In addition to these broad areas, the 2002 ATS included an in-depth series of questions for users of smokeless tobacco, an additional section to assess household exposure to cigarette smoke, and several items to assess support for a proposed revision of Arizona's tobacco tax laws.

The questionnaire begins with a household screening section that obtains the sex and age of each adult household member and information about the smoking status of those individuals (in 1996 and 1999, the screening also included items about race, ethnicity, and the number and ages of children residing in the household). Algorithms in the CATI program use these responses to select the individual within the household to be interviewed. This procedure, sometimes referred to as the Kish Method of Respondent Selection, eliminates biases caused by only interviewing the person who typically answers the phone in each household.

In addition to the survey itself, respondents are asked several demographic items so as to categorize their responses in the dataset. These items include age, children in household, ethnicity, race, marital status, education, employment status, household income, sexual orientation, religion, and household location (zip code). In general, the demographic items are asked at the end of the survey, with the exception of those already covered in the initial screening before the core survey instrument. Employment-related questions are included in the body of the core instrument.

In 1996 and 1999, the surveys were administered in Spanish to Spanish-speaking respondents, and keyed into the database in English. The 2002 administration of the ATS was performed only in English. A larger oversampling of Hispanic respondents is being planned and developed to more accurately collect data from Spanish-speaking residents of the state. Reference copies of the 1996/1999 and 2002 surveys are available in Appendix A.

Sample

In 1996 and 1999, the sample was provided by Maricopa Research and Reporting. The sample was generated by randomly creating numbers within each prefix in the state, directly proportionate to the population of that area. The 2002 fielding of the ATS used a different sampling technique, as the generation of phone numbers was based on a disproportionate stratification of the state's potential telephone numbers.

This type of disproportionate stratified sample has become the standardized sampling strategy of the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System because it results in an increased number of interviews completed in rural areas. This, in turn, facilitates accurate assessment of population groups in areas with low population density. It was chosen as the sampling strategy for the 2002 ATS so that rural areas of Arizona would be more accurately represented. For the 2002 fielding, the Social Research Laboratory purchased a sample of telephone numbers from Genesys Marketing Systems Group. Genesys Sampling System is used by major social science research organizations, federal agencies including the Centers for Disease Control, and commercial market research firms.

The use of this sampling technique necessitates weighting of the final dataset so that various population groups are proportionally reflected in the final sample. In 1996 and 1999, the dataset was weighted to adjust for differences in the regional distribution of the sample. In 2002, weighting was performed to adjust region, age, gender, race, ethnicity and education

prior to the analysis of data. Ratio-estimation to independent age-gender-race-ethnicity-education population controls partially corrects for bias attributable to survey undercoverage. However, biases in the estimates are unavoidable when missed people have characteristics different from those of interviewed people in the same age-gender-race-ethnicity-education group.

DATA COLLECTION

Interviewing Procedures

The 1996, 1999, and 2002 ATS surveys were conducted using computer-assisted telephone interview (CATI) software. The Social Research Laboratory at Northern Arizona University was contracted to administer data collection for the Adult Tobacco Survey in 2002. SRL employees programmed the questionnaire, and SRL supervisors conducted pre-testing and debugging before data collection began. Skip patterns, consistency edits, and response code range checks were incorporated into the CATI system to reduce interviewer errors, data entry errors, and skip pattern errors. During data collection, interviewers were regularly monitored by supervisors.

Interviewer Training

Interviewer training was conducted by the SRL. Training for SRL interviewers is based on the training developed for the Behavioral Risk Factors Surveillance Survey (BRFS). The training included:

I. Introduction

- Professional Ethics
- Respondent Bill of Rights
- Work Policies Statement
- SRL Mission and Goals
- Confidentiality Agreement
- Telephone Interviewer's Rights & Responsibilities

II. Telephone Surveying

- The Survey Process
- Types of Surveys
- Different Approaches
- Respondent Selection
- Kish Methodology
- Dialing (Accuracy, Speed, Double-checking)
- Quality Control and Monitoring

III. Interviewing

- The Job of Interviewing
- Interviewer's Role
- Engaging the Respondent / Pace and Tone of Voice
- The Survey Introduction and Addressing Respondents' Concerns
- Asking Survey Questions
- Survey Probing and Appropriate Feedback
- Avoiding Interviewer Bias
- Quality Control and Monitoring

IV. Computer Assisted Telephone Interviewing (CATI)

How to use a CATI system

Flow Chart

Entering Data

Pacing, Scrolling, and Skip Patterns

Data correction and checking

Practice Sessions using mock interviews

Quality Control and Monitoring

V. Understanding Sampling and Sample Management

General Theory of Sampling

Random Digit Dial (RDD) Samples

Disproportionate Stratified (DSS) Samples

Marketing Samples (MS)

Disposition Codes (AAPOR, CASRO, CMOR)

Correct dispositions of calls

Accuracy Checks

Disposition Reports

Calculation Charts

Response Rates

Refusal Rates

VI. Specific Survey Review

Survey Population

Review Survey Instrument

Understand Importance of Survey

How Data will be Used

Who to Contact for Questions and Information

Practice Sessions

VII. Advanced Refusal Avoidance and Refusal Conversion

Initial Refusal Avoidance Skills and Language

Response Refusals

Mid-terminate Refusals

Hang-Up Refusals

Not-Interested Refusals

Hostile Refusals

Refusal Conversion Skills and Training

Practice Sessions

VIII. Study Quality Control and Quality Assurance

Interviewer Productivity Report

Disposition Codes and Reports

Interviewer Monitoring form

Supervisor Data Collection Check

After all interviewers had completed an initial interviewer training that covered the basic components of successful interviewing, each interviewer worked a minimum of 20 hours prior to their involvement with the ATS project. After the general training, supervisors and interviewers completed an additional day of project specific training and pre-testing. Once fielding of the ATS began, all supervisors and interviewers continued to receive weekly updates and additional information on the project. Due to the increased refusal rates encountered with the Kish method of respondent selection, all supervisors and interviewers received continued training and support for refusal avoidance and refusal conversion.

Supervisors, interviewers and staff received the following documents throughout their training and briefing sessions:

- ❖ Adult Tobacco Background Briefing
- ❖ A paper and electronic version of the final survey instrument
- ❖ Detailed list of probes and explanations
- ❖ A list of reasons why this study was important to residents of Arizona
- ❖ Interviewing manual that provided refusal avoidance and refusal conversion techniques (this was also programmed into the CATI system and provided at the initial phase of the interview)
- ❖ Pronunciation key for any unusual or difficult terms or phrases
- ❖ Calling scripts for mid-terminations, refusals, and callbacks
- ❖ Incident report sheets for any unusual or difficult situations

Supervisor Training

All supervisors have extensive training and experience as interviewers before becoming a calling center supervisor. Additional training included:

- ❖ An applied practicum in social research
- ❖ Training of new and continuing interviewers
- ❖ Conferences and workshops in the area of survey research
- ❖ Interviewer monitoring and data quality checks
- ❖ Tracking interviewer productivity
- ❖ Completing disposition reports
- ❖ Data exporting, review and cleaning

FIELDING SUMMARY

Survey Set-up and Pre-testing

The SRL completed 10 in-house pretests of the survey instrument and 15 field pretests using Computer Assisted Telephone Interviewing (CATI) systems by Sawtooth Technology. CATI is a system in which computers are employed to increase the accuracy, flexibility, and efficiency of telephone surveys. The computer system maintains a database of phone numbers, engages the sampling procedures, schedules callbacks, and records the disposition of each call. Interviewers are trained on interviewing protocol and use of the CATI system prior to fielding of the survey. Interviewers view survey questions on the computer screen in a programmed sequence and record respondents' answers with use of a keyboard. Data entry errors are decreased using this system. The average length of time for the in-house survey was 14 minutes. The field pretests were timed at an average of 15 minutes. All efforts were made to reduce the length of interviewing in an effort to minimize respondent mid-terminates. The final average interviewing length was 16 minutes with the shortest survey timed at 9 minutes and the longest survey timed at 34 minutes. No adjustments were made to the survey instrument after fielding began.

Survey Fielding

Data collection was designed to run every day of the week from 9 a.m. to 9 p.m. Four-hour shifts were organized within this time period and calls were attempted according to their dispositions and refusal histories. A total of 16 weeks of fielding was necessary to complete 6012 interviews. Fielding of the survey began April 15, 2002 and was completed August 5, 2002. The survey took an average length of 16 minutes to complete. A total of 47 interviewers working on 20 stations contacted respondents and collected data for the study. The following table displays the number of completed surveys per 2-week period and month as well as shift averages based on 20 CATI stations.

Week	Dates	Completes	Avg/day	Avg/shift
1-2	4/15 – 4/28	703	50.2	17
3-4	4/29 – 5/12	871	62.2	21
5-6	5/13 – 5/26	881	62.9	21
7-8	5/27 – 6/9*	743	53.1	18
9-10	6/10 – 6/23*	670	47.9	16
11-12	6/24 – 7/7*	518	37.1	12
13-14	7/8 – 7/21	750	53.6	18
15-16	7/22 – 8/5	876	62.6	21
Total	16 weeks	6012	53	18

*Time period between the end of Spring semester and the beginning of summer school with fewer interviewers available.

Sample Management, Call Attempts and Call-backs

BRFS / CASRO (Council of American Survey Research Organizations) dispositions were used for this study. Sample records were released in replicate waves of 500. Waves were released once available sample records had been exhausted and all non-working numbers attempted a minimum of two times. Potential respondents were called a minimum of ten times and a maximum of 30 times. Sample records had an average of 7.3 attempts per record. In the final disposition, 9% of working sample records were in a qualified call-back cycle, 22% were in an answering machine/no-answer cycle, 8% were in a soft-refusal conversion cycle, and 4% of sample records had been coded as “hard refusal” and were not contacted again; 44% of the total sample numbers were “non-working,” “disconnected” or “not a private residence.” Remaining sample records were in a busy or no-contact cycle. Of the 6012 completed surveys, 72% were completed with no refusals, 18% were completed after one soft refusal and 7% completed after two soft refusals. A total of 772 records were coded as “Language Barrier.” Those records coded as Language Barrier reflect a combination of individual and household language barriers. A minimum of 5 attempts were made to households coded as language barrier in an effort to see if any member of that household could be reached who spoke English. No data was collected on these contacts as no survey was initiated. These numbers are calculated into the total non-response percent and serve to lower the total completion and response rates.

Completion Rate and CASRO Response Rate

For this survey, a final completion rate and response rate were calculated. Completion rates are calculated to indicate the percentage of contacted respondents completing the survey. This formula specifically computes the percentage of contacted respondents who agreed to take the survey. Current calculations indicate a 67% completion rate. Response rate, as defined by CASRO, is the number of complete interviews with reporting units divided by the number of eligible reporting units in the sample (see: www.aapor.org/survey_methods/standards). The final CASRO response rate is 41%.

Quality Control and Monitoring

A number of quality control mechanisms were put into place prior to fielding of the ATS to ensure the highest quality data collection.

All interviewers were monitored throughout the fielding of the ATS. Monitoring occurred via a silent cut-in line where supervisors are able to listen to an interview and track data entered on the CATI system.

Data was reviewed by the next shift supervisor. The next supervisor checked the entered responses and cleaned open-ended responses.

SRL Calling Center Supervisors performed a verification call-back on approximately 5% of completed interviewers (n=289). Over 80% of these callbacks were performed on respondents

who agreed to have a supervisor call them back and provided a name or initials (n=219). Just under 20% (n=70) were performed on respondents who did not provide this information but were contacted as a means of verifying all types of completes. These calls were performed to check for interviewer accuracy, feedback from the respondent on the interviewer's performance and to collect any other information for the study.

Frequent exports of the entire dataset were done to review collected data and to monitor for anomalies, to identify areas where mid-terminations were occurring and to calculate out the average time for completed surveys.

A monitoring report was filled out by supervisors for each interviewer monitored during their shift as well as an incident report for each shift.

DATA PROCESSING

Cleaning

Supervisors and staff regularly reviewed collected data to ensure accuracy and quality of data collection. A data dictionary and template was created during the fielding process. Upon completion of the data collection, data was cleaned and labeled. Open-ended responses were checked for spelling errors and clarity. Variables that provided a set of closed options as well as an open-ended option were checked to ensure that open responses matching existing options were recoded as such. Several variables were collapsed or recoded for clarity and to assist with weighting and analyses. Variables were excluded from the data set if they could be used to identify respondents (e.g., name and telephone number) or if they were purely technical fields generated by the CATI software.

Weighting

Data may be weighted for a number of reasons. The main reason is to ensure that the sample used for this study accurately reflects the general population of Arizona households. The chance of being selected for an interview varies among individuals in the sample. The unequal chances of selection require the use of post-stratification weights to adjust for non-random biases of the respondent population. There are three primary reasons for weighting the 2002 ATS:

1) A sample of adult Arizona residents was surveyed using telephone survey methodology to represent all households in Arizona. It is possible that completes obtained by this method are out of proportion to their distribution in the population of households. The Census 2000 reports 98% of the households in Arizona as having access to a working telephone number within the dwelling unit.

2) Due to sampling error, ratio-estimation model, post-collection weighting was applied because the composition of the final completed cases does not reflect the general population based upon 2000 Census data. Marginal weights for the adult Arizona residents were generated using, age, gender, race, ethnicity, and education.

In an effort to account for telephone sampling and other types of sampling error, ratio-estimation adjustments were made to the final dataset after fielding was completed. Populations of the counties vary, so ratio-estimation adjustments were also made to ensure that each county and region was proportionally represented in the total statewide dataset. For this study, data was examined for nonrandom sampling error using standard procedures. County data was adjusted to accurately reflect the age, gender, race, ethnic and education composition of the Census 2000 Arizona data and the Department of Economic Security 2000 of these AZDHS data regions. Regional-level data was also adjusted to accurately reflect the relative population of each county and region. A complete SPSS dataset was used for analysis.

Imputation

For this study, without information on previous imputation practices, a more conservative approach was taken and no imputation was conducted.

Sampling Error

“Sampling error” is a social science term that describes the probable difference between interviewing everyone in a given population and interviewing a sample drawn from that population. Survey research makes inferences from the sample population to the general population; therefore, the percentages obtained in telephone surveys such as these are estimates of what the percentage would be if the entire population had been surveyed. “Sampling error” reflects how close the sample data is to what is true for the population as a whole. Smaller sampling error means the sample data is closer to reflecting true information from a larger population. Larger sampling error means the sample data is not as close to reflecting true information from a larger population. The social science standard for a scientific survey is to have a sampling error that is no larger than +/- 5 percent.

The “sampling error” associated with a 6020 person sample drawn from a population of approximately 3.8 million adult Arizonans is +/- 1.29 percent at a 95 percent confidence level. Thus, for the state-level data, if 50 percent of those in the sample are found to agree with a particular statement, the actual percentage of agreement in the population from which the sample is drawn would be between 48.71 percent and 51.29 percent (50% +/- 1.29%). The 95 percent confidence level means that this +/- 1.29 percent margin of error would occur in 95 out of 100 samples of this size drawn in a similar manner from the state. This level of error meets professional standards for a reliable scientific survey. However, sampling error for analysis of subgroups such as gender, race, ethnicity, etc. is considerably larger and varies according to the total number of members in each group. Additionally, apparent differences within the margin of sampling error can not be taken as reliable or significant.

Survey Limitations

The goal of this study was to interview a representative sample of adult residents from households within the state of Arizona. However, despite the use of rigorous scientific methodology, all telephone sample studies face certain challenges and limitations. Only households that contain a working telephone were capable of participating in the study. Other types of survey methodologies were not used to reach residents who may not have a working telephone in the home. Random-digit dial or RDD telephone sampling generates telephone numbers that are both listed and unlisted. Since telephone companies’ boundaries for telephone exchange areas are not necessarily coterminous with geopolitical boundaries such as counties, telephone companies are not exact in assigning phone numbers within a defined geographical region. This survey was administered in English, as this is the single widest spoken language in the state, and was not provided in other languages. In an effort to account for DSS telephone sampling, non-English speaking respondents, and other types of sampling error, ratio-estimation adjustments were made to the final dataset after fielding was completed.

Populations of the counties vary, so ratio-estimation adjustments were also made to ensure that each county was proportionally represented in the regional dataset.

Due to the smaller numbers of non-White respondents, caution must be exercised when performing crosstabulations by race and ethnicity. As mentioned above, sampling error for subgroups is often much higher than that for the total sample and can vary widely.

For this study, an attempt was made to collect UPC codes from respondent cigarette packs. The intention was to later match these UPC codes with a cigarette UPC database that has been constructed by the Centers for Disease Control. However, because of the wide variability in respondent reporting of the numbers and data entry as well as the enormous number of UPC codes for cigarette packs, an effective match was not completed. It is hoped that a more efficient and effective means can be created in the future in order to allow for a match of UPC codes to provide detailed cigarette package information.

During the export of the completed survey data from the data collection software to the statistical management software, a mismatch of county codes to respondents occurred. This led to a subsequent mis-coding of respondents' regions and aberrant data output that did not follow previous findings. After much deliberation and investigation, this anomaly was discovered and a re-export of the data was completed. The mismatch was first discovered when a researcher noticed that the zip codes which were exported as well, did not match the county codes that were affixed. Upon deeper investigation, it became clear that the county codes which were exported in a process separate from the data had been attached to related data by respondent numbers rather than record numbers. SRL researchers were initially puzzled as to why the mismatch had occurred in the first place. It appears that while performing a main server upgrade, county codes that normally affixed to records numbers (which never change) became affixed to respondent numbers (which can change). After this mis-match was discovered, a simple command code was put into the programming which corrected the matching sequence. Several subsequent exports were completed to double check for accuracy. This led to the correct recoding of county data into correct regional categories. Subsequent data analyses were verified and follow trends seen in previous data collections.

Appendix A2: 2002 Adult Tobacco Survey Instrument

INTRODUCTION

Hello my name is [state first and last name] and I am calling from the Arizona Department of Health Services as a part of an important research team. The purpose of this research is to gather information about tobacco use and people's attitudes and beliefs towards tobacco use in Arizona. It is very important that we interview both smokers and nonsmokers, and get all different views and opinions on tobacco use. This interview will take just a few minutes. I want to assure you that all information you give me is strictly confidential, and none of it will be released in any way that would permit the identification of you or your family. Your help is voluntary, but your participation is important to the success of the study. If you wish you may decline to answer any question at any time.

SCREENING

Q: S1. Is this ? [read phone number]

1. Correct Number (Proceed to next question)
2. Qualified callback
7. Number not the same
8. Refusal (soft refusal)
9. Hostile refusal
10. No answer
11. Not a private residence
12. No respondent over 18 years of age
13. Language barrier
14. Busy
15. Physical/mental impairment

Q: S2 ***** Private Residence

C: All interviews with a value of 1 in S1 come here.

C: Only interviews with a value of 1 on S2 qualify.

Q: S2. Is this a private residence ?

1. Yes, continue
7. No, Non-Residential
- 8.

Q: NonRes ***** Non-Residential Number

Thank you very much, but we are only interviewing private residences.

Q: WrongNum ***** Wrong Number dialed

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.

Q: S3 *****

S3 Is there more than one phone number at this residence?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: S4 ***** Primary Phone Number

Is this the primary number?

1. Yes, continue
2. No, Not primary number

Q: NotNum ***** Not Primary Number

Thank you very much, but we are only interviewing primary numbers.

Q:S5 *****

S5 May I speak with a member of the household who is at least 18 years old?

1. Currently speaking
2. Available, coming to the phone
3. Not available, schedule a callback
4. No one in household 18 or over

7. Don't Know
9. Refused

<h2>KISH METHOD</h2>

-----Kish Method Here-----

Q: S7 *****Number of Members in Household

S7 Our study requires that we randomly select at least one member of your household to be interviewed. How many adult members are in your household, including yourself ?

Enter the number of members

Q: S8 *****Number of Men
How many of these adults are men ?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

Q: S9 *****Number of Women
How many of these adults are women ?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

Q: S9a *****Total Adults is inconsistent

I'm sorry, something is not right.

Number of Men -

Number of Women - +

Number of Adults -

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

Q: S10 ***** Adults in household ages

The adult in your household I need to speak with is the _____ .

Are you the _____ ?

1. Yes
2. No

Q: S18a ***** Check to see which respondent is on the phone

Q: S20 *****

S20 May I speak with the _____ ?

1. Currently speaking
2. Available
3. Not available, schedule a call back

7. Don't Know/Not Sure
9. Refused

Q: NonQAL *****Flag for interview that did not qualify and

-----End Kish Method-----

Q:S6 *****

S6. We are interviewing Arizona residents. Are you a resident of Arizona? (A resident lives in Arizona 6 months or more out of each year.)

7. Yes, continue
8. No, Non-Resident

Q: NotAZRes *****

Thank you very much, but we are only interviewing residents of Arizona.

QS6a. How long have you lived in Arizona?

__ years __ months

77. Don't know/Not sure
99. Refused

Q: S12 *****

S12 Are any of the members of your household current tobacco users?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

TOBACCO USE*

**The numbering of questions is not based on sequential ordering but the number they have been given from previous surveys. The information in brackets indicates the source of the question.*

Q1. Have you smoked at least 100 cigarettes in your entire life?

- 1. Yes → **Go to Q2 (Smoking Q's)****
- 2. No → **Skip to Q1c (Smokeless tobacco products Q's)**

- 7. Don't know/Not sure → **Skip to Q1c**
- 9. Refused → **Skip to Q1c**

[BRFSS; State ATS]

***Any respondent who has smoked 100 cigarettes in their life are not asked the chew questions, per TEPP.*

Q2. Do you now smoke cigarettes everyday, some days, or not at all?

- 1. Everyday → **Go to Q3**
- 2. Some days → **Go to Q5**
- 3. Not at all → **Go to Q9**

- 7. Don't know → **Skip to Q1c**
- 9. Refused → **Skip to Q1c**

[BRFSS; State ATS]

PREVALENCE

Q3. On the average, about how many cigarettes a day do you now smoke?

- 7. Number of cigarettes____
(Note to interviewer: 1 pack=20 cigarettes)

- 77. Don't know/Not sure
- 99. Refused

Q4. How soon after you wake up do you have your first cigarette?

- 1. Within 5 minutes
- 2. 6-30 minutes
- 3. 31-60 minutes
- 4. After 60 minutes

- 7. Don't know/Not sure
- 7. Refused

[State ATS]

<h2>AGE OF INITIATION</h2>

Q5. How old were you the first time you smoked a cigarette, even one or two puffs?

_____ years

- 77. Don't know/Not sure
- 99. Refused

[BRFSS; State ATS]

Q6. How old were you when you first started smoking cigarettes regularly?

_____ years

- 77. Don't know/Not sure
- 99. Refused

[BRFSS, State ATS]

Q7. Now I'd like you to think about the past 30 days, that is since [DATE FILL]. On how many of the past 30 days did you smoke cigarettes?

- 1. Number of Days ____ ____
- 2. None

- 77. Don't know/Not sure
- 99. Refused

[BFRSS; State ATS]

Q8. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

1. Number of cigarettes____
(Note to interviewer: 1 pack=20 cigarettes)

77. Don't know/Not sure

99. Refused

[BRFSS; State ATS]

Ask if FORMER SMOKERS [Q1 = 1 "yes" and Q2 = "Not at all"]

Q9. About how long has it been since you last smoked cigarettes regularly?

7. Within the past month (\leq 1 month ago)

8. Within the past 3 months ($>$ 1 month but less than 3 months ago)

9. Within the past 6 months ($>$ 3 months but less than 6 months ago)

10. Within the past year ($>$ 6 months but less than 1 year ago)

5. Within the past 5 years ($>$ 1 year but less than 5 years ago)

6. Within the past 10 years ($>$ 5 years but less than 10 years ago)

7. 10 or more years ago

77. Don't know/Not sure

99. Refused

FORMER SMOKERS SKIP to next section (Q15)

[BRFSS]

BRAND OF CIGARETTES

Ask of CURRENT SMOKERS only.

The next few questions are about the cigarette brand you usually smoke now.

Q10. Do you happen to have one of your cigarette packs handy?

1. Yes → **Go to Q11**
2. No → **Skip to Q12_2**

7. Don't know/Not sure → **Skip to Q12_2**
9. Refused → **Skip to Q12_2**

Q11. Please take a look at it. On its side, you will find a number, called a UPC code, which has vertical lines above it. Please tell me this number [include zero's at beginning].

_____ UPC Number

_____ (VERIFY CODE, GO TO ____)

Unknown UPC 999999 (GO TO ____)

Q12. At the end of the string of numbers there is a space and one single number. Can you tell me what that single number is?

_____ UPC Number

_____ (VERIFY CODE, GO TO ____)

Unknown UPC 999999 (GO TO ____)

Q12_2. What brand of cigarettes do you smoke most often?

(Do not read response categories, code only one)

- | | | |
|--------------------|--------------------|---------------------|
| 7. Benson & Hedges | 14. Merit | 22. Other (specify) |
| 8. Camel | 15. More | 77. Don't know |
| 9. Carlton | 16. Newport | 99. Refused |
| 10. Generic | 17. Pall Mall | |
| 11. Kent | 18. Salem | |
| 12. Kool | 19. Virginia Slims | |
| 13. Marlboro | 20. Winston | |
| | 21. Lucky Strike | |

Q12_3. What type of cigarettes do you smoke? Are they menthol or plain?

1. Menthol
2. Plain

7. Don't know/Not sure
9. Refused

Q12_4. Do you smoke discount or full priced cigarettes?

1. Discount or generic
2. Premium or full priced

7. Don't know/Not sure
9. Refused

Q12_5. Are they regular, lights, or ultra lights?

1. Regular
2. Lights
3. Ultra lights

7. Don't know/Not sure
9. Refused

<h2>PURCHASE PATTERNS</h2>

Q12_6. Do you usually buy cigarettes by the pack or the carton?

1. Pack → **Go to Q12_7**
2. Carton → **Go to Q12_8**

7. Don't know → **Skip to Q13**
9. Refused → **Skip to Q13**

Q12_7. How much do you usually pay for a pack of cigarettes?

1. \$____.____

7. Don't know/Not sure
9. Refused

Q12_8. How much do you usually pay for a carton of cigarettes?

1. Record: \$____.____

77. Don't know
99. Refused

Q13. In the last 12 months have you ever bought cigarettes:
 YES NO DK REF

READ:

- | | | | | | |
|---------------------------|---|---|---|---|---|
| 1. In Neighboring States | → | 1 | 2 | 7 | 9 |
| 2. On Indian Reservations | → | 1 | 2 | 7 | 9 |
| 3. On the Internet | → | 1 | 2 | 7 | 9 |
| 4. In Mexico | → | 1 | 2 | 7 | 9 |

QUIT ATTEMPTS

Ask Q14 – Q20 of **CURRENT SMOKERS** [Q2 = 1 “Every day” or 2 “Some days”]

Q14. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- | | | |
|----|---------------------|-------------|
| 1. | Yes | |
| 2. | No | → Go to Q21 |
| 7. | Don't know/Not sure | → Go to Q21 |
| 9. | Refused | → Go to Q21 |

[BRFSS]

METHODS OF QUITTING

Ask Q15 – Q20 of:

(7) **CURRENT SMOKERS** who made a quit attempt in the past year (Q14 = 1 "yes") or

(8) **FORMER SMOKERS** who quit in last 5 years (Q9 = 1 - 5)

Q15. [FORMER SMOKERS:] When you quit smoking for good...
 [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?

- | | | | |
|----|---------------------|---|------------------|
| 1. | Yes | → | Go to Q16 |
| 7. | No | → | Go to Q17 |
| 7. | Don't know/Not sure | → | Go to Q17 |
| 9. | Refused | → | Go to Q17 |

Ask if Q15: "The last time you tried to quit smoking, did you use the nicotine patch, nicotine gum, or any other medication to help you quit?" = 'yes'

Q16. Did you use? (SELECT ALL THAT APPLY):

		YES	NO	DK	REF
1.	A nicotine gum	1	2	7	9
2.	A patch	1	2	7	9
3.	A nasal spray	1	2	7	9
4.	An inhaler	1	2	7	9
5.	Zyban or Bupropion	1	2	7	9
6.	Wellbutrin	1	2	7	9
7.	Other?	1	2	7	9

Specify: _____

Q17. [FORMER SMOKERS:]: When you quit smoking for good...
 [CURRENT SMOKERS:] The last time you tried to quit smoking,...

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

- 1. Yes → **Go to Q18**
- 2. No → **Go to Q19**

- 7. Don't know/Not sure → **Go to Q19**
- 9. Refused → **Go to Q19**

Ask if Q17 "The last time you tried to quit smoking, did you use any other assistance such as classes or counseling?" = 'yes.'

Q18. Did you use? (SELECT ALL THAT APPLY)

		YES	NO	DK	REF
1.	A stop smoking clinic or class	1	2	7	9
2.	A telephone help line	1	2	7	9
3.	One-on-one counseling from a doctor or nurse	1	2	7	9
4.	Self help material, books or videos	1	2	7	9
5.	Acupuncture	1	2	7	9
6.	Hypnosis	1	2	7	9
7.	Other?	1	2	7	9

RECORD: _____

Q19. Thinking about your last quit attempt, what were the most important reasons why You decided to quit?

1. A doctor told me to
 2. Someone I know got sick from smoking
 3. For my own health
 4. For my family
 5. For self-satisfaction, to be in control
 6. It was getting too expensive
 7. Other (specify)_____
77. Don't know/not sure
99. Refused

Q20. Thinking about your last quit attempt (or before you quit for good), in what situation did you return to smoking?
[PROBE FOR MOST IMPORTANT REASON]

**("or before you quit for good") was added in later due to many respondents viewing this question as only about their LAST quit attempt – and they felt the question was not applicable.

1. A stressful situation
 2. A death or tragedy
 3. Because of marital problems
 4. When alcohol was served
 5. In a social situation
 6. The aroma of cigarette smoke
 7. Because of irritability due to smoking withdrawal
 8. While driving
 9. For enjoyment
 10. Other (specify)_____
77. Don't know/not sure
99. Refused

SMOKELESS TOBACCO USE

1c. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 1. Yes → Go to Q2c
- 2. No → Skip to Q21

- 7. Don't know/Not sure → Skip to Q21
- 9. Refused → Skip to Q21

[BRFSS]

2c. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- 1. Every day → Go to Q3c
- 2. Some days → Go to Q5c
- 3. Not at all → Go to Q9c

- 7. Don't know/Not sure → Skip to Q21
- 9. Refused

[BRFSS]

3c. On the average, about how much do you chew/dip a day?

- 1. Number of tins _____
(Note to interviewer: use decimal portion as needed, .5, .25, etc.)

- 77. Don't know/Not sure
- 99. Refused

4c. How soon after you wake up do you have your first chew/dip?

- 1. Within 5 minutes
- 2. 6-30 minutes
- 3. 31-60 minutes
- 4. After 60 minutes

- 7. Don't know/Not sure
- 7. Refused

[State ATS]

5c. How old were you the first time you chewed/dipped tobacco, even one pinch?

_____ years

77. Don't know/Not sure

99. Refused

6c. How old were you when you first started chewing/dipping regularly?

_____ years

77. Don't know/Not sure

99. Refused

[BRFSS, State ATS]

7c. Now I'd like you to think about the past 30 days, that is since [DATE FILL]. On how many of the past 30 days did you chew/dip?

1. Number of Days ____ ____

2. None

77. Don't know/Not sure

99. Refused

[BFRSS; State ATS] For DK and R consistent numbering?

8c. On the average, on days when you chewed/dipped during the past 30 days, about how much did you chew a day?

1. Number of tins _____

(Note to interviewer: use decimal portion as needed, .5, .25, etc.)

7. Don't know/Not sure

9. Refused

[BRFSS; State ATS]

Ask if **FORMER CHEWER/DIPPER** [Q1c = 1 “yes” and Q2c = “Not at all”]

9c. About how long has it been since you last chewed/dipped regularly?

1. Within the past month (\leq 1 month ago)
2. Within the past 3 months ($>$ 1 month but less than 3 months ago)
3. Within the past 6 months ($>$ 3 months but less than 6 months ago)
4. Within the past year ($>$ 6 months but less than 1 year ago)
5. Within the past 5 years ($>$ 1 year but less than 5 years ago)
6. Within the past 10 years ($>$ 5 years but less than 10 years ago)
7. 10 or more years ago

77. Don't know/Not sure

99. Refused

[If Q9c; Go to Q15c]

[BRFSS]

10c. What brand of chew/dip do you use most often?

(Do not read response categories, code only one)

CHEWING TOBACCO

7. Apple Jack	15. Redman (Chew Pocket, Select Pocket, Golden Blend Chew Pocket, Plug Pocket)
8. Beechnut (Wintergreen, Regular)	
9. Days Work	
10. Elephant Butts	16. Starr Value
11. Havana Blossom Scrap	17. Taylor
12. Lancaster Crew	18. Trophy
13. Levi Garrett (Plug, Scrap)	19. Union Workman
14. Mail Pouch	

SNUFF

20. Copenhagen (Long Cut, Copenhagen Snuff, Black Bourbon)	28. Skoal Snuff (Bandit Mint Snuff, Bandit Straight Cut, Bandit Wintergreen Long Cut Classic, Long Cut Wintergreen, Long Cut Mint, Long Cut Cherry, Long Cut Spearmint, Long Cut Straight, Straight Fine Cut, Fine Cut (metal) Wintergreen)
21. Cooper Snuff	29. Starr Value Snuff
22. Cougar Snuff	30. Timberwolf Snuff
23. Hawken Snuff	23. Other
24. Kodiak Snuff (Wintergreen Ice Long Cut, Long Cut Straight)	77. Don't know
25. Renegade Snuff	99. Refused
26. Rooster Snuff	
27. Silvercreek Snuff	

11c. How much do you usually pay for a tin of snuff or a pouch of chew?

- 1. \$_____.
- 7. Don't know/Not sure
- 9. Refused

**Ask of CURRENT CHEWERS/DIPPERS only.
Former chewers/dippers SKIP to next section**

The next few questions are about the brand you usually chew/dip now.

13c. In the last 12 months have you ever bought chew/dip:

	YES	NO	DK	REF
READ:				
1. In Neighboring States →	1	2	7	9
2. On Indian Reservations →	1	2	7	9
3. On the Internet →	1	2	7	9
4. in Mexico →	1	2	7	9

QUIT ATTEMPTS

Ask Q14 – Q20 of **CURRENT CHEWERS/DIPPERS** [Q2 = 1 “Every day” or 2 “Some days”]

14c. During the past 12 months, have you stopped chewing/dipping for one day or longer because you were trying to quit chewing/dipping?

- 1. Yes
- 2. No → **Go to Q21**
- 7. Don't know/Not sure → **Go to Q21**
- 9. Refused → **Go to Q21**

[BRFSS]

METHODS OF QUITTING

Ask Q15c – Q20c of:

(1) CURRENT CHEWERS/DIPPERS who made a quit attempt in the past year (Q14c = 1 "yes")

(2) FORMER CHEWERS/DIPPERS who quit within the last 5 year (Q9c=1-5)

15c. [**CURRENT CHEWERS/DIPPERS:**] The last time you tried to quit chewing/dipping, did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

- 1. Yes → **Go to Q16c**
- 7. No → **Go to Q17c**
- 7. Don't know/Not sure → **Go to Q17c**
- 9. Refused → **Go to Q17c**

Ask if Q15c: *"The last time you tried to quit chewing/dipping, did you use the nicotine patch, nicotine gum, or any other medication to help you quit?" = 'yes'*

16c. Did you use? (CODE ALL THAT APPLY):

				YES	NO	DK	REF
1.	A nicotine gum	1	2	7	9		
2.	A patch	1	2	7	9		
3.	A nasal spray	1	2	7	9		
4.	An inhaler	1	2	7	9		
5.	Zyban or Bupropion	1	2	7	9		
6.	Wellbutrin	1	2	7	9		
7.	Other?	1	2	7	9		

Specify: _____

17c. [CURRENT CHEWERS/DIPPERS:] The last time you tried to quit chewing/dipping, did you use any other assistance such as classes or counseling?

- 1. Yes → Go to Q18c
- 2. No → Go to Q19c
- 7. Don't know/Not sure → Go to Q19c
- 9. Refused → Go to Q19c

Ask if Q17c "The last time you tried to quit chewing/dipping, did you use any other assistance such as classes or counseling?" = 'yes.'

18c. Did you use? (CODE ALL THAT APPLY)

	YES	NO	DK	REF
1. A stop chewing/dipping clinic or class	1	2	7	9
2. A stop smoking clinic or class	1	2	7	9
3. A telephone help line	1	2	7	9
4. One-on-one counseling from a doctor or nurse	1	2	7	9
5. Self help material, books or videos	1	2	7	9
6. Acupuncture	1	2	7	9
7. Hypnosis	1	2	7	9
8. Other?	1	2	7	9

RECORD: _____

19c. Thinking about your last quit attempt, what are the most important reasons why you decided to quit?

- 1. A doctor told me to
- 2. Someone I know got sick from chewing/dipping
- 3. For my own health
- 4. For my family
- 5. For self-satisfaction, to be in control
- 6. It was getting too expensive
- 7. Other (specify)
- 77. Don't know/not sure
- 99. Refused

20c. Thinking about your last quit attempt, in what situation did you return to chewing/dipping?

[PROBE FOR MOST IMPORTANT REASON]

1. A stressful situation
2. A death or tragedy
3. Because of marital problems
4. When alcohol was served
5. In a social situation
6. The aroma of cigarette smoke
7. Because of irritability due to chew/snuff withdrawal
8. While driving
9. For enjoyment
10. Other (specify)_____

77. Don't know/not sure
99. Refused

MEDICAL AND DENTAL PROVIDER

Ask Q21, Q22 and Q23 of all respondents

Q21. I am going to read a list of medical conditions that many people have. After each one, please tell me if you have ever been told by a doctor or other health professional that you have that condition.

- Q21.a Asthma, bronchitis or emphysema
Q21.b Diabetes
Q21.c Heart disease

1. Have been told by doctor
2. Have **not** been told by doctor

7. Don't know/Not sure
9. Refused

Q22. In the past 12 months, have you seen a doctor or other health professional (not including dentist and dental health professionals) to get health care for yourself?

1. Yes
2. No → **Go to Q27**

7. Don't know/Not sure → **Go to Q27**
9. Refused → **Go to Q27**

[BFRSS]

Q23. During the past 12 months, did any doctor, nurse, or other physician assistant ask if you use tobacco (smoke or chew)?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

Ask Q 24 of current smokers and chewers [Q2="every day" or "some days"]

Q24. During the past 12 months, did any doctor, nurse, or other physician assistant advise you to not use tobacco (smoke or chew)?

- 1. Yes → **Go to Q25**
- 2. No → **Go to Q27**

- 7. Don't know/Not sure → **Go to Q27**
- 9. Refused → **Go to Q27**

Q25. In the past 12 months, when a doctor, nurse or other physician assistant advised you to not use tobacco (smoke or chew), did they also do any of the following?

(MARK ALL THAT APPLY)

READ:

	YES	NO	DK	REF
1. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban?	1	2	7	9
2. Suggest that you set a specific date to stop?	1	2	7	9
3. Suggest that you use a cessation class/program helpline or counseling?	1	2	7	9
4. Provide you with booklets, videos, or other materials to help you quit on your own?	1	2	7	9
5. Other?	1	2	7	9

[proposed CPS]

Q26. Did you try to quit when a when a doctor, nurse or other physician assistant advised you to stop using tobacco (smoke or chew)?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Q27. In the past 12 months, have you seen a dentist or other dental professional to get dental care for yourself?

- 1. Yes
- 2. No → Go to Q32
- 7. Don't know/Not sure → Go to Q32
- 9. Refused → Go to Q32

[BFRSS]

Q28. During the past 12 months, did any dentist, hygienist, or other dental professional ask if you use tobacco (smoke or chew)?

- 7. Yes
- 8. No
- 7. Don't know/Not sure
- 9. Refused

Ask Q 29 of current smokers or chewers[Q2="every day" or "some days"]

Q29. During the past 12 months, did any dentist, hygienist, or other dental professional advise you to not use tobacco (smoke or chew)?

- 1. Yes → Go to Q30
- 2. No → Go to Q32
- 7. Don't know/Not sure → Go to Q32
- 9. Refused → Go to Q32

Q30. In the past 12 months, when a dentist, hygienist, or other dental professional advised you to not use tobacco (smoke or chew), did they also do any of the following?

(MARK ALL THAT APPLY)

READ:

	YES	NO	DK	REF
1. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban?	1	2	7	9
2. Suggest that you set a specific date to stop?	1	2	7	9
3. Suggest that you use a cessation class/program helpline or counseling?	1	2	7	9
4. Provide you with booklets, videos, or other materials to help you quit on your own?	1	2	7	9
5. Other?	1	2	7	9

Q31. Did you try to quit when a dentist, hygienist, or other dental professional advised you to stop using tobacco (smoke or chew)?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

HOUSEHOLD EXPOSURE

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

Q32. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?

- 0. None _____ # of adults

- 77. Don't know/Not sure numbering?
- 99. Refused numbering?

Q33. During the past 7 days, that is since [DATEFILL], how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

- 1. Less than 1 day per week/rarely/none
- 2. ___ days (1-7)

- 77. Don't know/Not sure
- 99. Refused

[modified NHIS]

Q34. Which statement best describes the rules about smoking inside your home?
(Do not include decks, garages, or porches.)

- 1. Smoking is not allowed anywhere inside your home
- 2. Smoking is allowed in some places or at some times
- 3. Smoking is allowed anywhere inside the home

- 7. Don't know/Not sure
- 9. Refused

WORKPLACE EXPOSURE

Q35. Are you currently...

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year → Go to Q41
4. Out of work for less than 1 year → Go to Q41
5. A homemaker → Go to Q41
6. A Student → Go to Q41
7. Retired, or → Go to Q41
8. Unable to work → Go to Q41

77. Don't know/Not sure → Go to Q41
99. Refused → Go to Q41

[BRFSS]

Ask 36 if employed for wages or self-employed, otherwise skip to Q41

Q36. Do more than 50 people work for you/your employer?

1. Yes
2. No
3. Not applicable

7. Don't know/Not sure
9. Refused

(number employed in entire company, not local branch or office)

[State ATS]

Q37. While working at your job, are you indoors most of the time?

1. Yes
2. No → Go to Q41
3. Both

7. Don't know/Not sure → Go to Q41
9. Refused → Go to Q41

[BRFSS; State ATS]

Q38. As far as you know, in the past seven days, that is since [DATE FILL], has anyone, including yourself, smoked in your work area?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

[modified NHIS]

Q39. I'm going to read you a list of typical policies. Please tell me which one is most like the policy at your workplace. (READ LIST)

1. Smoking is allowed everywhere
2. Smoking is allowed everywhere except a few no smoking areas
3. Smoking is only allowed in a few designated smoking areas
4. Smoking is not allowed anywhere
5. OTHER [SPECIFY]

6. No policy
7. Don't know/Not sure
9. Refused

<h2>ATTITUDES TOWARDS SMOKING</h2>

Q40. In indoor work areas, do you think smoking should be allowed in all areas, some areas or not at all?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. Don't know/Not sure
9. Refused

[State ATS]

Q41. In the past seven days, that is since [DATE FILL], have you been in a car with someone who was smoking?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q42. 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?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. No opinion/Don't know
9. Refused

[State ATS]

Q43. In bars and cocktail lounges, do you think smoking should be allowed in all areas, some areas or not at all?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. No opinion/Don't know
9. Refused

[State ATS]

Q44. In indoor shopping malls, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. No opinion/Don't know
9. Refused

[State ATS]

Q45. How about public buildings (example public libraries, city hall and other government buildings)? Do you think smoking should be allowed in all areas, some areas, or not at all?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. No opinion/Don't know
9. Refused

Q46. In day care centers, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. No opinion/Don't know
9. Refused

[State ATS]

Q47. How about private office buildings? Do you think smoking should be allowed in all areas, some areas, or not allowed at all?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. No opinion/Don't know
9. Refused

Q48. How about indoor sporting events or concerts? Do you think smoking should be allowed in all areas, some areas, or not allowed at all?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. No opinion/Don't know
9. Refused

Q49. How about outdoor sporting events or concerts? Do you think smoking should be allowed in all areas, some areas, or not allowed at all?

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all

7. No opinion/Don't know
9. Refused

Q50. How important is it that communities keep stores from selling tobacco products to teenagers. Would you say it is:

1. Very important
2. Somewhat important
3. Not very important
4. Not important at all

7. No opinion/Don't know
9. Refused

[State ATS]

Q51. 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 prohibition of sales to teenagers can be enforced.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. No opinions

7. No opinion/Don't know
9. Refused

Q52. Do you think sponsorship of sporting events or concerts by tobacco companies should be allowed?

1. Definitely
2. Maybe
3. Definitely Not

7. No opinion/Don't know
9. Refused

[State ATS]

TOBACCO TAX

Q53. How much additional tax on a pack of cigarettes or tin of chew would you be willing to support if some or all the money raised was used to fund tobacco prevention programs?

- | | | | |
|----|-----------------------------|---|-------------------|
| 1. | Less than \$1.00 a pack/tin | → | Go to 54 |
| 2. | \$1.00 a pack or more/tin | → | Skip to 55 |
| 3. | No tax increase | → | Skip to 56 |
| | | | |
| 7. | No opinion/Don't know | → | Skip to 56 |
| 9. | Refused | → | Skip to 56 |

[State ATS]

[Ask if Q53 = 1 “Less than \$1.00 a pack/tin”]

Q54. Do you think it should be

- | | | | |
|----|-----------------------|---|-------------------|
| 1. | \$.25 a pack/tin | → | Skip to 56 |
| 2. | \$.50 a pack/tin | → | Skip to 56 |
| 3. | \$.75 a pack/tin | → | Skip to 56 |
| | | | |
| 7. | No opinion/Don't know | → | Skip to 56 |
| 9. | Refused | → | Skip to 56 |

[Ask if Q53 = 2 “\$1.00 a pack/tin or more”]

Q55. Do you think it should be

- | | |
|----|-----------------------|
| 1. | \$1.50 a pack/tin |
| 2. | \$2.00 a pack/tin |
| 3. | \$3.00 a pack/tin |
| | |
| 7. | No opinion/Don't know |
| 9. | Refused |

RISK PERCEPTIONS

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.

Q56. If a person has smoked a pack of cigarettes a day for more than 20 years, there is little health benefit to quitting smoking.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

7. No opinion/Don't know
9. Refused

[1993 COMMIT EVALUATION SURVEY]

Q57. Smoking light cigarettes is safer than smoking regular cigarettes

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

7. No opinion/Don't know
9. Refused

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

Q58. Do you think that breathing smoke from other people's cigarettes is:

READ 1-4:

1. Very harmful to one's health
2. Somewhat harmful to one's health
3. Not very harmful to one's health
4. Not harmful at all to one's health

7. No opinion/Don't know
9. Refused

[State ATS]

Q59. Would you say that breathing smoke from other people's cigarettes causes:

RANDOMIZE ORDER:

- g. Lung cancer in adults
- h. Heart disease in adults
- i. Colon cancer
- d. Respiratory problems in children
- e. Sudden infant death syndrome

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

[1987 NHIS]

Q60. How many of your friends use any tobacco products? Would you say:

- 1. None
- 2. A few
- 3. Less than half
- 4. About half
- 5. Most or all

- 7. Don't know/Not sure
- 9. Refused

[State ATS]

MEDIA / PROMOTIONS

Now I'm going to ask you a few questions about what you have seen or heard about smoking recently.

Q61. During the past 30 days, do you remember talking with anyone about the pros and cons of smoking/tobacco use?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

Q62. During the past 30 days, have you seen any anti-smoking/anti-tobacco programs or messages on TV?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q63. During the past 30 days Have you heard any anti-smoking/anti-tobacco messages on the radio?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q64. During the past 30 days, have you seen any anti-smoking/anti-tobacco posters or pamphlets?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q65. During the past 30 days, have you seen any anti-smoking/anti-tobacco articles or ads in newspapers?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q66. During the past 30 days, have you seen any anti-smoking/anti-tobacco articles or ads in magazines?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

DEMOGRAPHICS

Q67. What is your age?

___ ___ Code age in years

- 7. Don't know/Not sure
- 9. Refused

PreQ68. Do you have any children under the age of 18 in your household?

- 1. Yes
- 2. No → Skip to Q69

Q68. How many children live in your household who are:

- _____ New born to 1 year old
- _____ 1 to 5 years old
- _____ 5 through 11 years old
- _____ 12 to 17 years old

[BRFSS]

[**Since these categories are not mutually exclusive, they are treated as the following:]

- Newborn up to but not including 1 year
- 1 year up to but not including 5 years
- 5 years through 11
- 12 years up to but not including 18 years old

Q69. Are you Hispanic, Latino or Spanish origin?

- 1. Yes **(If yes ask Q69a)**
- 2. No

- 7. Don't know/Not sure
- 7. Refused

Q69a. Which group? (Select only one)

1. Mexican, Mexican American, Chicano, Hispanic
 2. Puerto Rican
 3. Cuban
 4. Other Caribbean
 5. Central American
 6. South American
 7. Spanish
 8. Spanish (from Spain)
 9. Mixed Latino
 10. Other _____
-
77. Don't know
 99. Refused

Q70. Which one or more of the following would you say is your race?

READ:

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native
or...
6. Other [**specify:**] _____
7. Don't know/Not sure
7. Refused

If more than one response to Q70, (or Q70 = 6, 7, or 8) continue to Q71. Otherwise, go to Q72.

Q71. Which one of these groups would you say **best** represents your race?

READ:

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native or
6. Other [**specify:**] _____
7. Don't know/Not sure
7. Refused

Q72. What is your primary status:

READ:

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple

7. Don't know/Not sure
7. Refused

Q73. What is the highest level of school you completed or the highest degree you received?

1. Never attended school or only attended kindergarten
2. Grades 1 through 8 (Elementary)
3. Grades 9 through 11 (Some high school)
4. Grade 12 (High school graduate)
11. GED
12. Some College, no degree
13. AA, Technical/vocational
14. AA, Academic
15. BA,BS (college graduate)
10. At least some graduate or professional school

77. Don't know/Not sure
99. Refused

Q74. Is your annual household income from all sources:

READ AS APPROPRIATE:

1. Less than \$10,000 **If "no," code 02**
2. Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
3. Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
4. Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
5. Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
6. Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
7. Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
8. \$75,000 or more can this be omitted? A yes response to 07 indicates
income of
\$75,000 or more.

77. Don't know/Not sure
99. Refused

Q75. Indicate sex of respondent. **Ask only if necessary**

1. male
2. female

Ask Q76 if Male, (Ask Q77 if Female)

Q76. Do you think of yourself as . . .

1. Heterosexual or straight (attracted to women)
2. Homosexual or gay (attracted to men)
3. Bisexual (attracted to men and women)
4. Something else

7. Don't know/Not sure
9. Refused

[NHANES]

Ask Q77, if Female:

Q77. Do you think of yourself as . . .

1. Heterosexual or straight (attracted to men)
2. Homosexual or lesbian (attracted to women)
3. Bisexual (attracted to men and women)
4. Something else

7. Don't know/Not sure
9. Refused

[NHANES]

Q78. Does your spouse, partner or significant other currently...

1. Smoke cigarettes
2. Chew/dip tobacco
3. Both
4. Neither

7. Don't know/Not sure
9. Refused

Q79. Has your spouse, partner or significant other ever been...

1. Regular smoker
2. Regular chewer/dipper
3. Both
4. Neither

7. Don't know/Not sure
9. Refused

Q80. Do you think of yourself as Protestant, Baptist, Lutheran, Methodist, Presbyterian, Catholic, Mormon, Jewish, Muslim, or something else, or, do you have no religion?

1. PROTESTANT (Baptist, Lutheran, Methodist, Presbyterian)
 2. CATHOLIC
 3. CHRISTIAN (Non-Denominational)
 4. MORMON
 5. JEWISH
 6. MUSLIM
 7. JEHOVAH'S WITNESS
 8. SOMETHING ELSE (SPECIFY)
 9. NO RELIGION/Atheist
-
77. Don't Know/Not Sure
 99. Refused

Q81. What is your five digit zip code.

1. _ _ _ _ _
7. Don't know
9. Refused

Q82. 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.

1. Yes → **Go to Q83**
2. No → **END**
7. Don't know/Not sure → **END**
9. Refused → **END**

Q83. How many of these are residential numbers?

- Residential telephone numbers [**enter 6 for '6 or more'**]
7. Don't know/Not sure
 9. Refused

THANK YOU VERY MUCH!!!

Appendix A3: Demographic Profile of 2002 ATS Respondents

Respondent's ADHS Region of Residence

	Frequency	Valid Percent	Cumulative Percent
1-Maricopa County	3603	60.0	60.0
2-Pima County	984	16.4	76.3
3-Coconino, Apache and Navajo	329	5.5	81.8
4-Gila, La Paz, Mohave, Yavapai	464	7.7	89.5
5-Cochise, Graham, Greenlee, Pinal, Santa Cruz, Yuma	628	10.5	100.0
Total	6009	100.0	

Respondent's Gender

	Frequency	Valid Percent	Cumulative Percent
Male	2933	49.0	49.0
Female	3054	51.0	100.0
Total	5987	100.0	

Respondent's Age

	Frequency	Valid Percent	Cumulative Percent
18-24 yrs	816	13.7	13.7
25-34 yrs	1169	19.6	33.3
35-44 yrs	1216	20.4	53.6
45-54 yrs	999	16.7	70.4
55-64 yrs	705	11.8	82.2
65 or older	1062	17.8	100.0
Total	5968	100.0	

Respondent's Ethnicity

	Frequency	Valid Percent	Cumulative Percent
Hispanic	1245	21.0	21.0
Non-Hispanic	4688	79.0	100.0
Total	5933	100.0	

Respondent's Specific Ethnic Group (If Hispanic)

	Frequency	Valid Percent	Cumulative Percent
Mexican, Mexican American, Chicano	979	78.9	78.9
Puerto Rican	7	.6	79.5
Cuban	3	.3	79.8
Other Caribbean	2	.1	79.9
Central American	8	.7	80.6
South American	24	1.9	82.5
Spanish	94	7.5	90.1
Spanish (from Spain)	26	2.1	92.2
Mixed Latino	97	7.8	100.0
Total	1240	100.0	

Respondent's Primary Race

	Frequency	Valid Percent	Cumulative Percent
White	4454	75.6	75.6
Black or African American	182	3.1	78.7
American Indian, Alaska Native	281	4.8	83.4
Other	977	16.6	100.0
Total	5893	100.0	

Respondent's Highest Level of Educational Attainment?

	Frequency	Valid Percent	Cumulative Percent
Never attended school or only attended kindergarten	52	.9	.9
Grades 1 through 8	325	5.5	6.3
Grades 9 through 11	752	12.7	19.0
Grade 12 (High school graduate)	1343	22.6	41.6
GED	86	1.4	43.0
Some college (No degree)	1371	23.1	66.1
AA, Technical/vocational	244	4.1	70.2
AA, Academic	346	5.8	76.0
BA, BS (College graduate)	989	16.6	92.7
At least some graduate or professional school	435	7.3	100.0
Total	5942	100.0	

Respondent's Current Employment Status

	Frequency	Valid Percent	Cumulative Percent
Employed for wages	3126	52.2	52.2
Self-employed	487	8.1	60.4
Out of work for more than 1 year	108	1.8	62.2
Out of work for less than 1 year	182	3.0	65.2
A homemaker	489	8.2	73.4
A Student	191	3.2	76.6
Retired	1234	20.6	97.2
Unable to work	168	2.8	100.0
Total	5985	100.0	

Respondents Household Income in Previous Year

	Frequency	Valid Percent	Cumulative Percent
Less than \$10,000	136	2.8	2.8
\$10,001 to \$15,000	155	3.1	5.9
\$15,001 to \$20,000	413	8.4	14.3
\$20,001 to \$25,000	554	11.2	25.5
\$25,001 to \$35,000	859	17.4	42.8
\$35,001 to \$50,000	966	19.5	62.4
\$50,001 to \$75,000	855	17.3	79.7
More than \$75,001	1006	20.3	100.0
Total	4944	100.0	

Respondent's Current Marital Status?

	Frequency	Valid Percent	Cumulative Percent
Married	3088	52.2	52.2
Divorced	730	12.3	64.5
Widowed	440	7.4	72.0
Separated	148	2.5	74.5
Never married	1160	19.6	94.1
A member of an unmarried couple	349	5.9	100.0
Total	5915	100.0	

Does Respondent have Children Under 18 in their Household?

	Frequency	Valid Percent	Cumulative Percent
Yes	2305	38.6	38.6
No	3659	61.4	100.0
Total	5964	100.0	

Respondent's Sexual Preference (if Male)

	Frequency	Valid Percent	Cumulative Percent
Heterosexual	2729	97.1	97.1
Homosexual	49	1.8	98.9
Bisexual	23	.8	99.7
Something else	9	.3	100.0
Total	2810	100.0	

Respondent's sexual preference (if Female)

	Frequency	Valid Percent	Cumulative Percent
Heterosexual	2792	97.9	97.9
Homosexual	20	.7	98.6
Bisexual	28	1.0	99.6
Something else	12	.4	100.0
Total	2851	100.0	

Respondent's Religious Preference?

	Frequency	Valid Percent	Cumulative Percent
Protestant	1257	22.0	22.0
Catholic	1514	26.5	48.6
Christian	1162	20.4	69.0
Mormon	239	4.2	73.2
Jewish	58	1.0	74.2
Muslim	10	.2	74.4
Jehovah's Witness	50	.9	75.2
Something Else	193	3.4	78.6
No religion/Atheist	1219	21.4	100.0
Total	5702	100.0	

**Appendix A4: 1996/1999 Adult Tobacco Survey
Instrument**

Q: FirstScr ***** First screen seen by interviewer
Press 1 if you are going to continue with this attempt

Press Ctrl-End to go to the disposition screen, schedule a call back, and code this attempt as a null attempt

This number is a scheduled call back that terminated within the questionnaire.

Press 1 to continue. . . .

Q: IntroQ *****

Hello my name is _____ and I am calling from the Arizona Department of Health Services as a part of an important research team. The purpose of this research is to gather information about smoking

and people's attitudes and beliefs towards smoking in Arizona. It is very important that we interview both smokers and nonsmokers, and get all different views and opinions on smoking. This interview will take just a few minutes. I want to assure you that all information you give me is strictly confidential, and none of it will be released in any way that would permit the identification of you or your family. Your help is voluntary, but your participation is important to the success of the study. If you wish you may decline to answer any question at any time.

Is this _____ ?

1. Correct Number (Proceed to next question)
2. No answer
3. Normal busy
4. Answering machine
5. Do not wish to dial this number (Null attempt)
6. Number is not the same

Q: S2 ***** Private Residence

C: All interviews with a value of 1 in S1 come here.

C: Only interviews with a value of 1 on S2 qualify.

Is this a private residence ?

1. Yes, continue
2. No, Non-Residential

Q: NonRes ***** Non-Residential Number

Thank you very much, but we are only interviewing private residences.

Q: WrongNum ***** Wrong Number dialed

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.

Q: S3 *****

S3 Is there more than one phone number at this residence?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: S4 ***** Primary Phone Number

Is this the primary number?

1. Yes, continue
2. No, Not primary number

Q: NotNum ***** Not Primary Number

Thank you very much, but we are only interviewing primary numbers.

Q:S5 *****

S5 May I speak with a member of the household who is at least 18 years old?

1. Currently speaking
 2. Available, coming to the phone
 3. Not available, schedule a call back
 4. No one in household 18 or over

 7. Refused
 9. Don't know
- I:

Q:S6 *****

S6. We are interviewing Arizona residents. Are you a resident of Arizona? (A resident lives in Arizona 6 months or more out of each year.)

1. Yes, continue
2. No, Non-Resident

Q: NotAZRes *****

Thank you very much, but we are only interviewing residents of Arizona.

Q: S7 *****Number of Members in Household

S7 Our study requires that we randomly select at least one member of your household to be interviewed. How many adult members are in your household, including yourself ?

Enter the number of members

Q: S8 *****Number of Men

How many of these adults are men ?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

Q: S9 *****Number of Women

How many of these adults are women ?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

Q: S9a *****Total Adults is inconsistent

I'm sorry, something is not right.

Number of Men -

Number of Women - +

Number of Adults -

- 1. Correct the number of men

2. Correct the number of women

3. Correct the number of adults

Q: S10 ***** Adults in household ages

Q: S12 *****

S12 Are any of these members current smokers?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

C: Another list construction question

Q: S13 ***** Adult current smokers in household

S13. Which ones?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: S14 *****

S14 What is the race of the household? Would you say: White, Black, Asian, Pacific Islander, American Indian, Alaska Native, or Other ?

1. White

2. Black

3. Asian, Pacific Islander

4. American Indian, Alaska Native

5. Other:(specify)

7. Don't know/Not sure

9. Refused

Q: S15 *****

S15 Are the members of this household of Spanish or Hispanic origin ?

1. Yes

2. No

- 7. Don't know/Not sure
- 9. Refused

Q: S16 *****Number of Children in Household

S16 How many children in your household, between 10 and 17 years old ?

Enter the number of children

- 88. None
- 99. Refused

Q: S17a *****Number of Male Youths

S17a How many of these children between 10 and 17 years old are males ?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

Q: S17b *****Number of Female Youth

S17b How many of these children between 10 and 17 years old are females ?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

Q: S17c *****Total Children is inconsistent

I'm sorry, something is not right.

Number of Males -

Number of Females - +

Number of Children -

1. Correct the number of male youths
2. Correct the number of female youths
3. Correct the number of children

Q: S18 ***** Children in household ages
S18.

Q: SelectAd *****
The adult in your household I need to speak with is the .

Are you the ?

1. Yes
2. No

Q: S18a ***** Check to see which respondent is on the phone

Q: S20 *****
S20 May I speak with the ?

1. Currently speaking
2. Available
3. Not available, schedule a call back
7. Don't Know/Not Sure
9. Refused

Q: NonQAL *****Flag for interview that did not qualify and

INTERVIEWER:

Please Alert Your Supervisor Immediately!!!!
The quotas set for this study are incorrect.

After notifying your supervisor, press

Ctrl-End to go to the disposition screen, schedule a callback,
and code this attempt as a null attempt (08)

C: ARIZONA ADULT TOBACCO BASELINE SURVEY

C: USE

Q: S21 *****

S21 INTERVIEWER: PRESS '1' TO INTERVIEW THE ADULT

PRESS '2' TO SKIP THE ADULT INTERVIEW
AND ASK THE HEAD OF HOUSEHOLD
FOR PERMISSION TO INTERVIEW THE YOUTH

Q: AU1 *****

AU1 Do you now smoke cigarettes every day, some days or not at all?

1. Everyday
2. Some days
3. Not at all

7. Don't Know
9. Refused

Q: AU2 *****

AU2 Have you smoked at least 100 cigarettes in your lifetime?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: AU3 *****

AU3 Did you quit smoking cigarettes during the past five years?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

C: CURRENT OCCASIONAL SMOKERS

Q: AU4 *****

AU4 Did you smoke any cigarettes during the past 30 days?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: AU5 *****

AU5 On how many of the past 30 days did you smoke cigarettes?

Enter Number Days

77. Don't know/Not sure

99. Refused

Q: AU6 *****

AU6 Have you ever smoked daily for 6 months or more?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

C: CURRENT DAILY SMOKERS AND OCCASIONAL SMOKERS

Q: AU7 *****

AU7 During the past 30 days, (on the days that you did smoke) about how many cigarettes did you usually smoke per day?

Enter Number cigarettes

77. Don't know/Not sure

99. Refused

Q: AU8 *****

AU8 (On the days that you smoke) How soon after you awake in the morning do you usually smoke your first cigarette?

1. Within the first 5 minutes

2. 6 - 30 minutes

3. 31 - 60 minutes

4. Longer than an hour

7. Don't know

9. Refused

Q: AU9 *****

AU9 Do you remember when was the last time the price of cigarettes went up?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AU10 *****

AU10 When was it?

1. Less than 1 year ago

2. 1 - 2 years ago

3. More than 2 years ago

7. Don't know

9. Refused

Q: AU11 *****

AU11 Did you buy fewer cigarettes after the price increased?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AU12 *****

AU12 Did you switch to a cheaper brand when the price increased?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AU13 *****

AU13 Did you think seriously about quitting when the price increased?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AU14 *****

AU14 How old were you when you first began to smoke cigarettes on a regular basis?

Enter age

- 777. Don't know/Not sure
- 888. Never smoked regularly
- 999. Refused

Q: AU15 *****

AU15 How likely is it that you will be smoking a year from now? Would you say it is;

- 1. extremely likely
- 2. likely
- 3. unlikely
- 4. extremely unlikely

- 7. DON'T KNOW
- 9. REFUSED

Q: AU16 *****

AU16 Since the time that you started smoking cigarettes regularly have you ever made a serious attempt to quit smoking?

- 1. Yes
- 2. No

- 7. DON'T KNOW
- 9. REFUSED

Q: AU17 *****

AU17 Since you started smoking regularly, have there been any periods of at least a year during which you didn't smoke at all?

- 1. Yes
- 2. No

- 7. DON'T KNOW
- 9. REFUSED

Q: AU18 *****

AU18 Since you started smoking regularly, how many times did you quit where you did not smoke any cigarettes for at least one year?

Enter times

- 88. None

- 77. Don't know/Not sure

99. Refused

Q: AU19 *****

AU19 Thinking about this quit attempt, what method or methods did you use to stop smoking?
(Check all that apply)

10. NO METHOD USED, 'COLD TURKEY'
11. PROGRAM OR COURSE WITH FEE
12. FREE PROGRAM OR COURSE
13. BOOKS, PAMPHLETS, OR VIDEO TAPES
14. PSYCHOLOGIST, PSYCHIATRIST OR OTHER COUNSELING
15. HYPNOSIS
16. FILTERS OR HOLDERS
17. LOWER TAR AND NICOTINE CIGARETTES
18. ACUPUNCTURE
19. WITH FRIENDS, RELATIVES OR ACQUAINTANCES
20. NICOTINE GUM, NICOTINE PATCH OR OTHER PRESCRIPTIONS
21. GRADUALLY DECREASED THE NUMBER
22. SUBSTITUTED OTHER TOBACCO PRODUCTS
23. OTHER METHODS (SPECIFY)

24. NO OTHER METHODS
77. DON'T KNOW
99. REFUSED

Q: AU20 *****

AU20 Thinking about the last quit attempt, what are the most important reasons why you decided to quit?

10. A DOCTOR TOLD ME TO
11. SOMEONE I KNOW GOT SICK FROM SMOKING
12. FOR MY OWN HEALTH
13. FOR MY FAMILY
14. FOR SELF-SATISFACTION, TO BE IN CONTROL
15. IT WAS GETTING TOO EXPENSIVE
16. OTHER (SPECIFY)

17. NO OTHER REASONS
77. DON'T KNOW
99. REFUSED

Q: AU21 *****

AU21 In what situation did you return to smoking?
[PROBE FOR MOST IMPORTANT REASON]

10. A STRESSFUL SITUATION

- 11. A DEATH OR TRAGEDY
- 12. BECAUSE OF MARITAL PROBLEMS
- 13. WHEN ALCOHOL WAS SERVED
- 14. IN A SOCIAL SITUATION
- 15. THE AROMA OF CIGARETTE SMOKE
- 16. BECAUSE OF IRRITABILITY DUE TO SMOKING WITHDRAWAL
- 17. WHILE DRIVING
- 18. FOR ENJOYMENT
- 19. OTHER (SPECIFY)

77. DON'T KNOW

99. REFUSED

C: OTHER TOBACCO USE (FOR EVERYONE)

Q: AOT1 *****

In addition to cigarettes, some people use tobacco in other forms.

AOT1 Do you now smoke a tobacco pipe everyday, some days or not at all?

1. EVERYDAY [SKIP TO AOT3]

2. SOME DAYS

3. NOT AT ALL [SKIP TO AOT4]

7. DON'T KNOW [SKIP TO AOT4]

9. REFUSED

Q: AOT2 *****

AOT2 About how many days in the last 30 days have you smoked a tobacco pipe?

Enter the number of days

88. NONE

77. Don't know

99. Refused

Q: AOT3 *****

AOT3 Have you made a serious attempt to quit smoking a pipe during the past 12 months?

1. Yes

2. No

7. DON'T KNOW

9. REFUSED

Q: AOT4 *****

AOT4 Do you now smoke cigars everyday, some days, not at all?

- 1. EVERYDAY [SKIP TO AOT6]
- 2. SOME DAYS
- 3. NOT AT ALL [SKIP TO AOT7]

- 7. DON'T KNOW [SKIP TO AOT7]
- 9. REFUSED

Q: AOT5 *****

AOT5 About how many days in the last 30 days have you smoked cigars?

Enter the number of days

- 88. NONE

- 77. Don't know
- 99. Refused

Q: AOT6 *****

AOT6 Have you made a serious attempt to quit smoking cigars during the past 12 months?

- 1. Yes
- 2. No

- 7. DON'T KNOW
- 9. REFUSED

Q: AOT7 *****

AOT7 Do you now use smokeless tobacco such as chewing tobacco, dip or snuff everyday, some days, not at all?

- 1. EVERYDAY [SKIP TO AOT9]
- 2. SOME DAYS
- 3. NOT AT ALL [SKIP TO AE1]

- 7. DON'T KNOW [SKIP TO AE1]
- 9. REFUSED

Q: AOT8 *****

AOT8 About how many days in the last 30 days have you used smokeless tobacco?

Enter the number of days

- 88. NONE

- 77. Don't know

99. Refused

Q: AOT9 *****

AOT9 Have you made a serious attempt to quit using smokeless tobacco during the past 12 months?

1. Yes
2. No

7. DON'T KNOW
9. REFUSED

C: SMOKING RESTRICTIONS AND EXPOSURE (FOR EVERYONE)

Q: AE1 *****

AE1 Next, I have some questions about exposure to tobacco smoke at home and at work.

What are the rules or restrictions in your household regarding smoking, if any?

Would you say:

1. smoking is completely banned
2. smoking is generally banned with few exceptions
3. smoking is allowed in some rooms only
4. smoking is allowed outdoors only
5. there are no restrictions on smoking
6. OTHER (SPECIFY)

7. DON'T KNOW
9. REFUSED

Q: AE2 *****

AE2 Are you currently working at a job for pay?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: AE3 *****

AE3 Are you self-employed or do you work for someone else?

1. SELF EMPLOYED

2. WORK FOR SOMEONE ELSE

7. Don't know/Not sure

9. Refused

Q: AE4 *****

AE4 Is there a particular office or worksite outside of your home where you do most of your work?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AE5 *****

AE5 Do you work primarily indoors or outdoors?

1. INDOORS

2. OUTDOORS

3. BOTH

7. Don't know/Not sure

9. Refused

Q: AE6 *****

AE6 How many hours per week, on average, do you work at your job?

1. 35 OR MORE HOURS PER WEEK

2. 20 TO 34 HOURS PER WEEK OR

3. LESS THAN 20 HOURS PER WEEK

7. Don't know/Not sure

9. Refused

Q: AE7 *****

AE7 Do more than 50 people work for (you/your Employer)?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AE8 *****

AE8 Is there an official policy at your worksite that restricts smoking in any way?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: AE9 *****

AE9 I'm going to read you a list of typical policies. Please tell me which one is most like the policy at your workplace.

1. Smoking is allowed anywhere
2. Smoking is not allowed anywhere in the building
3. Smoking is only allowed in a few designated smoking areas
4. Smoking is allowed anywhere except a few no smoking areas
5. OTHER [SPECIFY]

7. Don't know/Not sure
9. Refused

Q: AE10 *****

AE10 Has the smoking policy changed in the last 12 months?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: AE11 *****

AE11 Did you change your smoking behavior because of company policy?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: AE12 *****

AE12 Because of the workplace smoking policy, would you say:

1. you (smoke/smoked) less per day than you otherwise would
2. you (smoke/smoked) more per day
3. you (smoke/smoked) about the same amount

- 7. Don't know/Not sure
- 9. Refused

Q: AE13 *****

AE13 Is smoking allowed outside the building on worksite property?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

Q: AE14 *****

AE14 In the past 12 months, (have you/has your employer) offered any programs to help smokers quit smoking?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

Q: AE15 *****

AE15 On an average 8 hour work day, about how many cigarettes (do/did) you smoke at work?

Enter number

- 77. Don't know/Not sure
- 88. Never smoked regularly
- 99. Refused

Q: AE16 *****

AE16 During the past two weeks has anyone (including yourself) smoked in the area in which you work?

- 1. YES
- 2. NO
- 3. DID NOT WORK IN PAST 2 WEEKS

- 7. Don't know/Not sure
- 9. Refused

Q: AE17 *****

AE17 The next series of questions is about your exposure to other people's smoke. Thinking about the past 7 days when at work, about how many hours a week were you exposed to other people's tobacco smoke at work?

Enter number hours

77. Don't know/Not sure

88. Not at all

99. Refused

Q: AE18 *****

AE18 (ALL RESPONDENTS) Thinking about the past 7 days, about how many hours in the week were you exposed to other people's tobacco smoke at home?

Enter number hours

77. Don't know/Not sure

88. Not at all

99. Refused

C: HEALTH AND MEDICAL CARE (EVERYONE)

Q: AH1 *****

AH1 In the last 12 months did a medical practitioner such as a doctor, a nurse practitioner, or a physician's assistant discuss smoking with you at all?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AH2 *****

AH2 In the last 12 months, did a medical practitioner such as a doctor, a nurse practitioner, or a physician's assistant advise you to stop smoking?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AH3 *****

AH3 Did you try to quit when a medical practitioner advised you to stop smoking?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AH4 *****

AH4 In the past 12 months, did you visit a dentist's office for a routine examination or a dental problem?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AH5 *****

AH5 In the last 12 months, did a dental professional such as a dentist or a dental hygienist discuss smoking with you at all?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AH6 *****

AH6 In the last 12 months, did a dental professional such as a dentist or a dental hygienist advise you to stop smoking?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AH7 *****

AH7 Did you try to quit when a dental professional advised you to stop smoking?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AH8 *****

AH8 In the last 12 months, did a dental professional such as a dentist or a dental hygienist advise you to stop using smokeless tobacco?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

C: HEALTH RISK/ SOCIAL INFLUENCE (EVERYONE)

Q: AAT1 *****

AAT1 The next few questions are about some possible costs and benefits of cigarette smoking. I'd like you to tell me whether you strongly agree, agree, disagree, or strongly disagree with each one of the following statements.

Tobacco is not as addictive as drugs like heroin or cocaine.

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE

7. DON'T KNOW
9. REFUSED

Q: AAT2 *****

AAT2 Inhaling someone else's cigarette smoke can cause lung cancer in non-smokers

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE

7. DON'T KNOW
9. REFUSED

Q: AAT3 *****

AAT3 It harms the health of children to inhale someone else's cigarette smoke.

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE

- 7. DON'T KNOW
- 9. REFUSED

Q: AAT4 *****

AAT4 Smokeless tobacco does not cause cancer.

- 1. STRONGLY AGREE
- 2. AGREE
- 3. DISAGREE
- 4. STRONGLY DISAGREE

- 7. DON'T KNOW
- 9. REFUSED

Q: AAT5 *****

AAT5 Smokeless tobacco is not as addictive as regular cigarettes.

- 1. STRONGLY AGREE
- 2. AGREE
- 3. DISAGREE
- 4. STRONGLY DISAGREE

- 7. DON'T KNOW
- 9. REFUSED

Q: AAT6 *****

AAT6 You probably know that cigarette packs have warning labels on them. Would you say you read them

- 1. Often,
- 2. Sometimes,
- 3. Rarely,
- 4. Never

- 7. DON'T KNOW
- 9. REFUSED

C: MEDIA EXPOSURE (EVERYONE)

Q: AM1 *****

AM1 How often do you get information about health-related issues from the following sources? Would you say you get health information never, rarely, sometimes, often, or all the time:

from family

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALL THE TIME

7. DON'T KNOW
9. REFUSED

Q: AM2 *****

AM2 from friends

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALL THE TIME

7. DON'T KNOW
9. REFUSED

Q: AM3 *****

AM3 from television

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALL THE TIME

7. DON'T KNOW
9. REFUSED

Q: AM4 *****

AM4 from newspapers

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALL THE TIME

7. DON'T KNOW
9. REFUSED

Q: AM5 *****

AM5 from magazines

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALL THE TIME

7. DON'T KNOW

9. REFUSED

Q: AM6 *****

AM6 from the Internet or World Wide Web

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALL THE TIME

7. DON'T KNOW

9. REFUSED

Q: AM7 *****

AM7 from doctors, nurses, or other health professionals

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALL THE TIME

7. DON'T KNOW

9. REFUSED

Q: AM8 *****

AM8 Now I'm going to ask you a few questions about what you have seen or heard about smoking recently.

During the past 30 days, do you remember talking with anyone about the pros and cons of smoking?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AM9 *****

AM9 During the past 30 days, have you seen any anti-smoking programs or messages on TV?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AM10 *****

AM10 During the past 30 days Have you heard any anti-smoking messages on the radio?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AM11 *****

AM11 During the past 30 days, have you seen any anti-smoking messages on billboards or big outdoor signs?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AM12 *****

AM12 During the past 30 days, have you seen any anti-smoking posters or pamphlets?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AM13 *****

AM13 During the past 30 days, have you seen any anti-smoking articles or ads in newspapers?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AM14 *****

AM14 During the past 30 days, have you seen any anti-smoking articles or ads in magazines?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

C: SUPPORT FOR POLICIES (EVERYONE)

Q: AP1 *****

AP1 The next questions are about allowing or not allowing smoking in various public places.

In restaurants, do you think smoking should be allowed throughout the restaurant, only in special smoking areas, or not at all?

1. ALLOWED THROUGHOUT THE RESTAURANT

2. ONLY IN SPECIAL AREAS

3. NOT AT ALL

7. DON'T KNOW

9. REFUSED

Q: AP2 *****

AP2 How about public buildings (example public libraries, city hall and other government buildings)? Do you think smoking should be allowed throughout the building, only in special smoking areas, or not at all?

1. ALLOWED THROUGHOUT THE PUBLIC BUILDING

2. ONLY IN SPECIAL AREAS

3. NOT AT ALL

7. DON'T KNOW

9. REFUSED

Q: AP3 *****

AP3 How about private office buildings? Do you think smoking should be allowed throughout the building, only in special smoking areas, or not at all?

1. ALLOWED THROUGHOUT THE PRIVATE BUILDING

2. ONLY IN SPECIAL AREAS
3. NOT AT ALL

7. DON'T KNOW
9. REFUSED

Q: AP4 *****

AP3 How about indoor sporting events or concerts? Do you think smoking should be allowed throughout the building, only in special smoking areas, or not at all?

1. ALLOWED THROUGHOUT THE AREA
2. ONLY IN SPECIAL AREAS
3. NOT AT ALL

7. DON'T KNOW
9. REFUSED

Q: AP5 *****

AP5 How about outdoor sporting events or concerts? Do you think smoking should be allowed throughout the area, only in special smoking areas, or not at all?

1. ALLOWED THROUGHOUT THE AREA
2. ONLY IN SPECIAL AREAS
3. NOT AT ALL

7. DON'T KNOW
9. REFUSED

Q: AP6 *****

AP6 Cigarette companies currently use many different methods to advance or promote their products. I will describe a number of these. For each one, please tell me whether you think this method should be allowed or not allowed by law.

Should sponsorship of sporting or cultural events by tobacco companies be permitted?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

Q: AP7 *****

AP7 Should advertising of tobacco products through newspapers and magazines be permitted?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AP8 *****

AP8 Should the distribution of free cigarettes on public streets be permitted?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AP9 *****

AP9 Should coupons to obtain free samples of cigarettes by mail be permitted?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AP10 *****

AP10 Should advertising of tobacco products on outdoor billboards be permitted?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AP11 *****

AP11 Should tobacco companies be permitted to offer products such as clothing or camping equipment in exchange for coupons on cigarette packs?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AP12 *****

AP12 Should the sale of cigarettes in vending machines be permitted?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

Q: AP13 *****

AP13 Arizona has a law that makes it illegal to sell cigarettes to anyone under 18. How many storekeepers do you think are careful about not selling cigarettes to people under 18?

Would you say . . .

1. ALL

2. MOST

3. SOME

4. A FEW

5. NONE AT ALL

7. DON'T KNOW

9. REFUSED

Q: AP14 *****

AP14 In your opinion, how easy is it for minors under 18 to buy cigarettes? Would you say:

1. very easy

2. easy

3. difficult

4. very difficult

7. DON'T KNOW

9. REFUSED

Q: AP15 *****

AP15 In your opinion, how easy is it for minors under 18 to obtain free samples of cigarette by mail in exchange for coupons?

Would you say:

1. very easy

2. easy

3. difficult

4. very difficult

7. DON'T KNOW

9. REFUSED

Q: AP16 *****

AP16 In your opinion, how easy is it for minors under 18 to obtain promotional products such as clothing or camping equipment in exchange for coupons on cigarette packs?

Would you say:

1. very easy
2. easy
3. difficult
4. very difficult

7. DON'T KNOW
9. REFUSED

Q: AP17 *****

AP17 The next few questions are about eating out at restaurants.

How often do you usually go out to eat in a restaurant?

10. About once per year
11. several times per year
12. about once or twice a month
13. about once or twice a week
14. about three to five times a week
15. more than five times a week
16. do not go out to eat

77. DON'T KNOW

99. REFUSED

Q: AP18 *****

AP18 When you go out do you usually sit at smoking area, non-smoking area, or anywhere?

1. SMOKING AREA
2. NON-SMOKING AREA
3. ANYWHERE

7. DON'T KNOW

9. REFUSED

C: VERIFY RACE, ETHNICITY, EDUCATION (EVERYONE)

Q: AD1 *****

AD1 Which of the following categories best describes your racial background? Are you:

1. White
2. Black

3. Asian, Pacific Islander
4. American Indian, Alaska Native
5. Other:(specify)

7. Don't know/Not sure
9. Refused

Q: AD2 *****

AD2 Are you Hispanic?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

Q: AD3 *****

AD3 What was the highest grade or year of regular school or college that you have completed?

1. Never attended school or only attended kindergarten
2. Grades 1 through 8 (Elementary)
3. Grades 9 through 11 (Some high school)
4. Grade 12 or GED (High school graduate)
5. College 1 year to 3 years (Some college or technical school)
6. College 4 years or more (College graduate)

7. Don't Know
9. Refused

Q: AD4 *****

AD4 What is your current marital status?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never been married
6. A member of an unmarried couple

7. Don't know
9. Refused

Q: AD5 *****

AD5 Does your spouse, partner or significant other currently smoke cigarettes?

1. Yes
2. No

7. Don't know/Not sure
8. Not Applicable
9. Refused

Q: AD6 *****

AD6 Has your spouse, partner or significant other ever been a regular smoker?

1. Yes
2. No

7. Don't know/Not sure
8. Not Applicable
9. Refused

Q: AD7 *****

AD7 Do you think of yourself as Protestant, Catholic, Mormon, Jewish, Muslim, or something else, or, do you have no religion?

10. PROTESTANT
11. CATHOLIC
12. MORMON
13. JEWISH
14. MUSLIM
15. SOMETHING ELSE (SPECIFY)
16. NO RELIGION

77. Don't know/Not sure
99. Refused

Q: AD8 *****

AD8 In studies like this, households are sometimes grouped according to income. I'm going to read you some categories. Please stop me when I get to the one that best describes your total household income in 1995. That means income before taxes from all sources, such as salaries, interest, retirement or any other source for all household members.

1. \$10,000 or less
2. \$10,001 to 20,000
3. \$20,001 to 30,000
4. \$30,001 to 50,000
5. \$50,001 to 75,000
6. over \$75,000

- 7. Don't know/Not sure
- 9. Refused

Q: EndAdult *****

**Appendix B1: Comparison of 2002 Arizona Smoking
Prevalence with National Prevalence Estimates**

Prevalence Profile of Arizona Population and ATS Survey Samples

Attribute	1998 National Prevalence	1999 Arizona Prevalence		2000 National Prevalence	2002 Arizona Prevalence
All Adults	22.9	19.9		23.2	20.1
Male	25.3	21.8		24.4	21.1
Female	20.9	18.4		21.2	19.2
18-24 years	27.9	22.1		31.0	28.5
25-34 years	25.6	20.4		26.6	21.3
35-44 years	28.2	24.2		27.4	22.9
45-54 years	24.3	23.0		24.1	20.1
55-64 years	20.4	21.2		19.9	17.6
65 years and older	11.1	11.1		9.7	10.9
White	23.0	20.1		23.0	22.3
Black	22.8	24.1		22.8	20.8
American Indian	--	--		--	15.3
Other Race	26.4	15.4		24.4	12.0
Hispanic	23.9	16.2		21.9	13.2
Non-Hispanic	--	--		--	22.0
Less than High School	31.6	27.0		31.7	26.9
High School Graduate	27.9	23.7		27.7	25.7
1-3 years of College	22.6	23.3		23.5	18.7
College Graduate	12.2	10.9		12.3	11.6

KEY to Prevalence Table

-1999 and 2002 Arizona Data from the Adult Tobacco Survey of the respective year.
 -2000 National Data from the Behavioral Risk Factor Surveillance System, available <http://www.cdc.gov/brfss/>, and indicates the median prevalence percentage of 50 states, DC, and Puerto Rico.

Appendix B2: Open-Ended Responses to Select Questions

Other Brand of Cigarettes Smoked by Respondent

• AUSTIN	- 21
• HAND ROLLED	- 19
• LIGGETT	- 16
• PARLIAMENT	- 15
• CAPRI	- 7
• ANY KINDS	- 7
• VICEROY	- 5
• AMERICAN SPIRIT	- 5
• BRONCOS	- 5
• ZIG ZAG	- 3
• GPC OR USA	- 3
• ANY UNFILTERED	- 3
• VANTAGE	- 3
• BEST BUY	- 3
• SENECA	- 3
• BUGLER	- 2
• NATURAL HARVEST	- 2
• MIXTURE 79 TOBACCO	- 2
• CAPTAIN BLACK	- 2
• EDGES	- 2
• TERENTON 100S	- 2
• ALLEGRO	- 1
• SIXTY	- 1
• SAM PUERNA EXTRA	- 1
• SWISHER SWEETS	- 1
• NAT SHERMAN	- 1
• GTONE	- 1
• L&M'S	- 1
• MONEY	- 1
• SHIELD	- 1
• NATURAL AMERICAN SPIRIT	- 1
• NOBLE	- 1
• BORROWS FROM PEOPLE	- 1
• BASIC AND GPC	- 1
• SUPER VALUE	- 1
• CARNIVAL	- 1
• GERONIMO	- 1
• SMOKE IN RITUALS - HOPI	- 1
• HE SMOKES A PIPE W/ HALF & HALF	- 1

TOBACCO	
• SIXTY ONE	- 1
• CAPRI 120	- 1
• SELECT 100S	- 1
• LEGEND	- 1
• TUCSON ULTRA LIGHTS	- 1
• BELAIR	- 1
• GUN SMOKES	- 1
• TRUE	- 1
• ROGER	- 1
• MAXXON	- 1

Other Medication used for Cessation

• HERBAL MEDICATION	- 2
• ALL NATURAL MEDICATION	- 2
• WILL POWER	- 2
• COLD TURKEY	- 1
• DETERMINATION	- 1
• THE WATER PICK FILTER	- 1

Other Support used for Cessation

• SPIRITUAL	- 1
• FAMILY SUPPORT	- 1

Other Reason for Quit Attempt

- TIRED OF SMOKING / JUST WANTED TO QUIT - 26
- PREGNANCY - 24
- THE SMELL OF SMOKE - 16
- CHEST PAIN - 14
- RELIGIOUS REASONS - 10
- ANTI-TOBACCO PUBLIC OPINION - 6
- IT WAS A BAD HABIT - 6
- SPORTS / ATHLETICS / EXERCISE - 5
- HE GOT COCKY - 4
- AGE - 3
- IT'S DISGUSTING - 3
- GUILT - 3
- ANTI-TOBACCO ADVERTISING - 3
- BLINDNESS; BURNING THINGS - 2
- COUGHING BLACK AND BROWN CHUNKS - 2
- MADE A PACT WITH A FRIEND TO QUIT - 2
- CHANGE OF LIFESTYLE - 1
- TAKING 12 HOUR FLIGHT - 1
- VACATION W/ NON SMOKERS - 1
- HEAT--I SMOKE IN THE WINTER, I QUIT IN THE SUMMER - 1
- DIDN'T LIKE THE TASTE - 1
- MISDIAGNOSIS FOR SISTER-IN-LAW; THROAT CANCER - 1
- BECOME COMPULSIVE HABBIT - 1
- MILITARY - 1
- CLASS EDUCATION - 1
- WORKS AT HOSPITAL AND SEEN WHAT IT DOES - 1
- TRYING TO SEE IF YOU CAN - 1
- PERSONAL REASONS - 1
- ONLY TRIED TO QUIT ONCE & SUCCEEDED - 1
- JUST QUIT SOMETIMES - 1
- WASTING TIME - 1
- SMOKING OUT OF BOREDOM. A PHASE. - 1
- RETIRED STARTED SMOKING - 1
- NOT REGULAR SMOKER - SMOKES ONCE OR TWICE A MONTH - 1
- WANTING TO QUIT FOR 20 YR AND GOT MAD AND QUIT - 1

- HER SHOPPER IS RESISTANT TO BUYING HER CIGARETTES - 1
- WIFE PASSED AWAY - 1
- GOT A HARLEY MOTORCYCLE FOR IT - 1
- GETTING WRINKLES - 1
- HAD TO DO CLEANSING - 1
- SO SHE COULD HAVE A PLACE TO LIVE NON-SMOKING APT. - 1
- LOVED TO SMOKE WENT COLD TURKEY - 1

Other Reason for Return to Smoking

• HABIT	- 12
• BOREDOM	- 6
• WEIGHT-RELATED REASONS	- 6
• GOT BORED	- 5
• AFTER THE SURGERY.	- 5
• WORK-RELATED REASONS	- 4
• GOT COCKY	- 4
• DEPLOYED TO KUWAIT	- 3
• RELAXATION	- 3
• PART OF NORMAL ROUTINE	- 3
• WORK AT TATOO PARLOR - HAVE NOTHING ELSE TO DO	- 3
• FAMILY WENT INTO HOSPITAL	- 3
• FOUND A WAY TO GET THEM	- 3
• TOO HARD TO QUIT	- 3
• THEY WERE AROUND	- 3
• MOTHER -IN-LAW	- 3
• NERVOUSNESS	- 3
• JUST SMOKED ONE CIGARETTE, THEN STARTED UP AGAIN	- 2
• ALLERGIC TO THE PATCH	- 2
• NEEDED A CIGARETTE	- 2
• I JUST WANTED ONE	- 2
• SPOUSE CHICKENED OUT	- 2
• WHEN HE GOT BACK FROM A TRIP	- 2
• AROUND OTHER PEOPLE WHO SMOKE	- 2
• ECONOMY PROBLEMS	- 2
• CRAVING	- 2
• I ENJOY IT & I MISSED SMOKING	- 2
• SON BECAME SICK	- 2
• CASINO	- 2
• THE 2ND STEP PATCH	- 2
• I WAS GOING TO DRIVE A LONG DISTANCE	- 1
• BOREDOM, I WANT A CIGARETTE	- 1
• NEAR IT THEN WANT TO & IF YOU'RE NOT YOU DON'T	- 1
• OUT OF BOREDOM	- 1
• I JUST HAD TO HAVE ONE	- 1
• SHE JUST QUIT ONCE	- 1

- NEVER WAS A HABIT - 1
- KIDS STARTED IT UP AGAIN - 1
- COFFEE - 1
- IT GOT COOL ENOUGH IN OCT-APRIL; EVERY YEAR-8YEAR - 1
- HELPS HIS IRRITIBLE BOWEL - 1
- MAJOR SURGERY - 1
- DID NOT CARE - 1
- OUT OF MILITARY - 1
- WASN'T READY MENTALLY - 1
- MAN IN PAIN, SMOKING PUTS MIND TO SOMETHING ELSE - 1
- THE CRAVING/HABIT - 1
- JUST REALLY ENJOYED THE ACTIVITY - 1
- LIKE TO SMOKE - 1
- WENT ON VACATION - 1
- COLD TURKEY - 1
- HAD TO HAVE ONE-GAVE IN TO URGE - 1
- WAS YOUNG - 1
- AFTER HAD BABY - 1
- MANY THINGS THAT I HEARD THAT WERE BAD - 1
- AFTER SHE FELT BETTER - 1
- CERMONIAL - 1
- TEMPTATION - 1
- CRAVING FOR IT - 1
- DESIRE TO SMOKE - 1
- THE SEASON WAS OVER - 1
- ATTITUDE - 1
- WIFE SMOKED & HARD TO STOP WHEN ONE STILL SMOKES - 1
- THERE WAS SOMETHING MISSING SO RETURN TO SMOKING - 1
- THE DIFFICULTY IS TOO HARD - 1
- COULD BREATHE A LITTLE BETTER - 1
- FRIENDS - 1
- HUSBAND SMOKES - 1
- NUMEROUS REASONS - 1
- DIDN'T TRY TO QUIT BEFORE STROKE - 1
- SPOUSE STILL SMOKES - 1
- IT WAS TOO HARD TO STOP - 1
- SPOUSE DIDN'T QUIT - 1

- BREAK IN ROUTINE - 1
- AFTER MEALS - 1
- ANGER - 1
- DON'T KNOW WHY - 1
- SHE TOOK A PUFF OFF AND IT TASTED GOOD - 1
- I WASN'T PREGNANT - 1
- STILL CRAVED A CIGARETTE - 1
- HUSBAND SMOKED & HARD TO QUIT WHEN HE SMOKED - 1
- RETURN TO SMOKING - 1
- EVERYONE AT WORK SMOKES SO IT IS HARD - 1
- DIDN'T WANT TO QUIT BAD ENOUGH - 1
- PREFERRED CIGARETTES TO SLEEPING PILLS - 1
- FOR RE-ELECTION PURPOSES - 1
- HER SON - 1
- FRIEND CAME TO LIVE WITH ME AND HE SMOKED - 1
- WAS BETTER AND WANTED TO SMOKE AGAIN - 1
- WANTED TO TASTE IT - 1
- CAME HOME FROM A FIRE TRIP - 1
- ALLERGIC TO PATCH AND GUM MADE TONGUE NUMB - 1
- MILITARY TO STAY AWAKE DURING MANUEVERS - 1
- AFTER CLEANING WAS OVER - 1
- THE GUM MADE HER REALLY SICK. - 1
- CRAVINGS - 1
- HABIT AND MENTAL CONDITIONS - 1
- SEE IF MISSING ANYTHING - 1

Other Suggestions from Medical Provider

- EAT LESS; MORE MEALS - 4
- CHEWING GUM - 4
- TO STAY AWAY FROM PLACES WITH SMOKE & EXERCISE - 3
- TO TALK TO THEM MORE IF SHE DECIDED TO QUIT - 2
- CAME BACK FOR MORE INFO - WAS SICK AT THE TIME - 2
- TOLD ME WHEN I GET READY THEY'D HELP ME - 2
- HYPNOSIS - 1
- IF WENT WITHOUT SMOKING FOR 5 HRS THEN CAN QUIT - 1
- GAVE ME WEBSITES TO LOOK AT - 1
- GRADUALLY CUT BACK; NOT A HEAVY SMOKER - 1
- SIT UP WHEN HAVE CRAVING - 1
- SLOW DOWN IF I COULDN'T QUIT - 1
- JOIN A CLUB OF SOME KIND TO HELP YOU STOP SMOKING - 1
- MEETINGS PROVIDED PATCHES AND GAVE INFO - 1
- COME TALK TO ME WHEN YOU'RE READY TO QUIT - 1
- GETTING EXCERSISE - 1
- YOU QUIT BEFORE AND YOU COULD QUIT AGAIN - 1
- CUT DOWN - 1
- TOLD HIM WHERE TO GO - 1
- FREE QUIT SMOKING CLINIC - PROVIDE PILLS, PADS, GUM - 1
- TRY TO FIND THAT I ENJOY-CANDY OR ICECREAM - 1
- YOU HAVE TO DO IT YOURSELF - 1
- SAID IF YOU DON'T QUIT YOU'LL DIE - 1

Other Suggestions from Dental Provider

- QUIT - 3
- MY TEETH WOULD BE WHITER - 2
- BRUSH TWICE A DAY - 1
- SONIC CARE TOOTHBRUSH - 1
- TEETH COULD BE WHITER IF STOPPED SMOKING - 1

Other Workplace Smoking Policy

- ONLY OWNER SMOKES - 1
- WORKS IN PRIVATE HOMES SO DEPENDANT ON CUSTOMER - 1
- ON THE ROAD ALL THE TIME - 1
- NOBODY SMOKES WHILE I AM AROUND--IT IS JUST ME. - 1
- SMOKING NOT ALLOWED IF SOMEONE IS BOTHERED BY IT. - 1
- NO SMOKING SIGN INSIDE & SMOKES INSIDE - 1

Appendix B3: Smokeless Tobacco Items

Respondents indicating they had not smoked 100 cigarettes in their lifetimes were asked questions to assess usage of smokeless tobacco products.¹ Of the 3,155 respondents that received the questions, 6.1% indicated they had ever used smokeless tobacco products (Table S-1). Of individuals that had tried smokeless tobacco, nearly 25% indicated they were every-day or some-day users (Table S-2).

It is important to note that these figures *are not comparable* with the estimates of smokeless tobacco use reported in previous years' ATS reports, because previous rates were calculated using all respondents, regardless of their smoking history and of whether they had ever used or tried smokeless tobacco products. The 2002 ATS initial smokeless tobacco question (Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?) was only asked of respondents who were not current smokers. Subsequent smokeless questions were only asked of those who said "Yes," they had tried a smokeless tobacco product. Because the current rates are based on a subsample of respondents, they appear higher.

Table S-1.

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?	Percent of Responses	Number of Responses
Yes	6.1	191
No	93.9	2965
Total	100	3156

Table S-2.

Do you currently use chewing tobacco or snuff every day, some days, or not at all?	Percent of Responses	Number of Responses
Every day	15.1	29
Some days	9.7	18
Not at all	75.2	143
Total	100	190

Respondents who used smokeless tobacco every day were asked to indicate how much they used per day. Smokeless tobacco-using respondents use an average of 1.23 tins per day (Table S-3). When asked how soon after waking they first use smokeless tobacco, the largest group of respondents (42.3%) responded "between 31 and 60 minutes"(Table S-4).

Table S-3.

	Mean Response	Number of Responses
On the average, about how much do you chew/dip a day?	1.23 tins	28

¹ It is important to note that because not all respondents were asked about smokeless tobacco use, the numbers presented here are not reflective of the whole sample, but rather only of the sub-sample of individuals who had not smoked 100 lifetime cigarettes.

Table S-4.

How soon after you wake up do you have your first chew/dip?	Percent of Responses	Number of Responses
Within 5 minutes	13.2	4
6-30 minutes	13.2	4
31-60 minutes	42.3	12
Over 60 minutes	31.6	9
Total	100	29

Smokeless tobacco users were asked questions to ascertain age of initiation of use. The average respondent began experimenting with the use of smokeless tobacco at 16.5 years, and began regular use at age 20 (Tables S-5 and S-6, respectively).

Table S-5.

	Mean Response	Number of Responses
How old were you when you first chewed/dipped tobacco, even one pinch?	16.5 years	47

Table S-6.

	Mean Response	Number of Responses
How old were you when you first started chewing/dipping regularly?	20.0 years	47

Respondents who had used or tried smokeless tobacco but were not using at the time of their interview were asked questions regarding cessation of smokeless tobacco use. Among these former smokeless tobacco users, the majority (44.3%) had stopped using 10 or more years ago. Only 18.8% of former chewers had quit within the previous year (Table S-7).

Table S-7.

About how long has it been since you last chewed or dipped regularly? <i>[Former Smokers]</i>	Percent of Responses	Number of Responses
Within the past month	0.8	1
Within the past 3 months	5.7	7
Within the past 6 months	-	0
Within the past year	12.3	15
Within the past 5 years	18.0	22
Within the past 10 years	18.9	23
10 or more years ago	44.3	54
Total	100	122

Current users of smokeless tobacco were asked to identify the brand of snuff or chew they used most often. The most commonly reported brand was “Copenhagen” (46.8%), followed by “Skoyal” (27.7%) and “Redman” (10.6%) (see Table S-8).

Table S-8.

What brand of cigarettes do you chew/dip most often?	Percent of Responses	Number of Responses
Copenhagen	46.8	22
Skoyal	27.7	13
Redman	10.6	5
Kodiak Snuff	8.5	4
Silvercreek Snuff	4.3	2
Levi Garrett	2.1	1
Total	100	47

Similar to the questions posed to cigarette smokers, smokeless tobacco users were asked about purchases they’d made in emerging and alternative retail outlets. Nearly forty-five percent (44.6%, see Table S-9) of current smokeless tobacco users had purchased chew or snuff in “Neighboring States.” None of the current users of smokeless tobacco had purchased chew or snuff on the Internet.

Table S-9.

In the last 12 months have you ever bought chew or snuff	Percent of “YES” Responses	Number of “YES” Responses	Total Responses
In Neighboring States	44.6	21	47
On Indian Reservations	23.4	11	47
In Mexico	15.3	7	47
On the Internet	-	0	47

Current smokeless tobacco users were also asked about any quit attempts they had made in the prior 12 months. Of the 47 current smokeless tobacco users surveyed, nearly half (46.3%, see Table S-10) had made a quit attempt in the previous year.

Table S-10.

Question :	Percent of “YES” Responses	Number of Responses	Total Responses
During the past 12 months, have you stopped chewing/dipping for one day or longer because you were trying to quit?	46.3	22	47

Current smokeless tobacco users and former users were asked about the “last time” (or “when you quit chewing for good” for former users) they tried to quit. During these quit attempts, only 5.8% used a pharmaceutical quit aid, with “Nicotine Gum” being the most commonly

used (see Tables S-11 and S-12). None of the individuals to make a quit attempt used other services, such as counseling or a tobacco helpline (Table S-13)

Table S-11.

When you quit chewing for good... (or “The last time you tried to quit chewing”) did you use the nicotine patch, nicotine gum, or any other medication to help you quit?	Percent of Responses	Number of Responses
Yes	5.8	9
No	94.2	147
Total	100	156

Table S-12.

Did you use: [N=9 “yes” respondents to above question]:	Percent Endorsed	Number of Responses
A nicotine gum	42.5	4
A patch	21.2	2
A nasal spray		0
An inhaler		0
Zyban or Bupropion		0
Wellbutrin		0
Other	49.9	3

Table S-13.

Did you use any other assistance such as classes or counseling?	Percent of Responses	Number of Responses
Yes	0	0
No	100	144
Total	100	144

Inquiries were also made to former smokeless tobacco users (and current users who had made a quit attempt in the previous year) about the reasons for their quit attempt and the situations surrounding their return to chewing or dipping. Of those surveyed, the most common reason to try to quit using smokeless tobacco was “for my own health”, which was endorsed by 37.3% of respondents (see Table S-14).

Table S-14.

Thinking about your last quit attempt, what were the most important reasons why you decided to quit?	Percent of Responses	Number of Responses
For my own health	37.3	57
For my family	8.5	13
For self-satisfaction, to be in control	8.5	13
It was getting too expensive	2	3
A doctor told me to	2	3
Someone I know got sick from chewing	0	0
Other Reason	37.0	56
Total	100	153

In terms of the situations in which a return to smokeless tobacco use occurred following a quit attempt, the most common situation given by respondents was “in a stressful situation” (42.1%), followed by “in a social situation” (18.5%), (see Table S-15).

Table S-15.

Thinking about your last quit attempt, or before you quit for good, in what situation did you return to smoking?	Percent of Responses	Number of Responses
A stressful situation	42.1	20
In a social situation	18.5	9
While driving	9.2	4
For enjoyment	3.5	2
Because of irritability due to chewing withdrawal	1.1	1
When alcohol was served	1.0	1
Other Reason	24.8	30
Total	100	66