CHIS 2016 UCSD Tobacco Questions

QA14_C25  Now, I am going to ask about various health behaviors.

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

<table>
<thead>
<tr>
<th>AE15</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA14_C26  Do you now smoke cigarettes every day, some days, or not at all?

<table>
<thead>
<tr>
<th>AE15A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY DAY</td>
<td>1</td>
</tr>
<tr>
<td>SOME DAYS</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE NEW_a
IF AE15A = 3 (NOT AT ALL) CONTINUE WITH NEW_a.
ELSE, GO TO QA14_C29

NEW_a  Did you quit smoking within the last 2 years?

<table>
<thead>
<tr>
<th>NEW_a</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (quit within past 2 years)</td>
<td>1</td>
</tr>
<tr>
<td>NO (quit more than 2 years ago)</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

NEW_b  How many months ago did you quit?

<table>
<thead>
<tr>
<th>NEW_b</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ MONTHS [HR: 0-24]</td>
<td>999</td>
</tr>
<tr>
<td>DID NOT QUIT</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA14_C29  In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

<table>
<thead>
<tr>
<th>AE16</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY: “On the days you smoked.”]</td>
<td></td>
</tr>
<tr>
<td>[IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]</td>
<td></td>
</tr>
<tr>
<td>_____ NUMBER OF CIGARETTES [HR: 0-120]</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA14_C31:
IF QA14_C26 = 3 (NOT AT ALL), and NEW_a = 1, ASK QA14_C31
ELSE, SKIP TO PN QA14_NEW1

QA14_C31  How long has it been since you smoked on a daily basis?

NEW0

_____ DAY(S)  [HR: 0 - 365]..............................  SKIP TO QA14_NEW6
_____ MONTH(S)  [HR: 0 - 12].............................  SKIP TO QA14_NEW6
_____ YEAR(S)  [HR: 0 - 99]..............................  SKIP TO QA14_NEW6

NEVER SMOKED DAILY.................................... 999  SKIP TO QA14_NEW6
REFUSED ..................................................... -7  SKIP TO QA14_NEW6
DON'T KNOW ................................................ -8  SKIP TO QA14_NEW6

PROGRAMMING NOTE QA14_NEW1:
IF QA14_C26 = 2 (SMOKE SOME DAYS), THEN DISPLAY “On days when you smoke, how”;

QA14_NEW1  {On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette?

NEW1

[IF R SAYS, “IMMEDIATELY”, CODE 0]
[IF R SAYS, “I DON’T SMOKE AFTER WAKING UP”, CODE 999]

_____ AMOUNT OF TIME

_____ UNIT OF TIME

MINUTES ...................................................... 1
HOURS ....................................................... 2
REFUSED ..................................................... -7
DON'T KNOW ............................................... -8

QA14_NEW3  Do you usually smoke menthol or non-menthol cigarettes?

NEW3

MENTHOL................................................... 1
NON-MENTHOL.............................................. 2
REFUSED ..................................................... -7
DON'T KNOW ............................................... -8

PROGRAMMING NOTE QA14_C18:
IF QA14_C15 = 1 (SMOKE EVERY DAY) OR C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA14_C18;
ELSE CONTINUE WITH QA14_C20

QA14_C18  During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

AC49

YES ............................................................. 1
NO ............................................................. 2  [GO TO QA14_C19]
REFUSED ..................................................... -7  [GO TO QA14_C19]
DON'T KNOW ............................................... -8  [GO TO QA14_C19]
During the past 12 months, how many times have you tried to quit smoking for one day or longer?

_____ NUMBER OF TIMES

REFUSED ........................................... -7
DON'T KNOW ....................................... -8

Are you thinking about quitting smoking in the next six months?

YES .................................................. 1
NO ..................................................... 2
REFUSED ........................................... -7
DON'T KNOW ....................................... -8

Do you plan to quit in the next month?

YES .................................................. 1
NO ..................................................... 2
REFUSED ........................................... -7
DON'T KNOW ....................................... -8

There are many products called nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. The last time you tried to quit, did you use a nicotine patch?

YES .................................................. 1
NO ..................................................... 2
REFUSED ........................................... -7
DON'T KNOW ....................................... -8

(The last time you tried to quit, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?)
There are prescription medications to help people quit smoking cigarettes. {The last time you tried to quit / In the past 12 months}, did you use Zyban, Wellbutrin, Bupropion, Prozac, Chantix or Varenicline?…

YES .............................................................. 1
NO .............................................................. 2
REFUSED ..................................................... 7
DON’T KNOW .............................................. 8

PROGRAMMING NOTE QA14_NEW:
IF QA14_C26 = 3 (NOT AT ALL), and NEW_a= 1 (QUIT WITHIN PAST 24 MONTHS) THEN DISPLAY “The last time you tried to quit, did you try”

{The last time you tried to quit, did you try / In the past 12 months, have you done} any of the following to help you quit smoking? Did you…

Switch to smokeless tobacco (such as chewing tobacco, snus or snuff)?

YES .............................................................. 1
NO .............................................................. 2
REFUSED ..................................................... 7
DON’T KNOW .............................................. 8

PROGRAMMING NOTE QA14_NEW:
IF QA14_C26 = 3 (NOT AT ALL), and NEW_a= 1 (QUIT WITHIN PAST 24 MONTHS) THEN DISPLAY “The last time you tried to quit”

[(The last time you tried to quit / In the past 12 months)] did you

Quit completely on your own or “cold turkey”?

YES .............................................................. 1
NO .............................................................. 2
REFUSED ..................................................... 7
DON’T KNOW .............................................. 8

PROGRAMMING NOTE QA14_NEW:
IF QA14_C26 = 3 (NOT AT ALL), and NEW_a = 1 (QUIT WITHIN PAST 24 MONTHS) THEN DISPLAY “The last time you tried to quit”
QA14_NEW  [(The last time you tried to quit attempt/ In the past 12 months)] did you

NEW9

Use technology such as an app, texting or quitting website?

YES .............................................................. 1
NO ................................................................... 2
REFUSED ....................................................... "7
DON'T KNOW ............................................. "8

PROGRAMMING NOTE QA14_NEW:
IF QA14_C26 = 3 (NOT AT ALL), and NEW_a = 1 (QUIT WITHIN PAST 24 MONTHS) THEN DISPLAY “The last time you tried to quit”

QA14_NEW  [(The last time you tried to quit / In the past 12 months)] did you

NEW

Use social media such as Facebook, Instagram, Twitter, or WhatsApp

YES .............................................................. 1
NO ................................................................... 2
REFUSED ....................................................... "7
DON'T KNOW ............................................. "8

PROGRAMMING NOTE QA14_NEW:
IF QA14_C26 = 3 (NOT AT ALL), and NEW_a = 1 (QUIT WITHIN PAST 24 MONTHS) THEN DISPLAY “The last time you tried to quit”

QA14_NEW  [(The last time you tried to quit / In the past 12 months)] did you

NEW

Exercise more to help you quit smoking?

YES .............................................................. 1
NO ................................................................... 2
REFUSED ....................................................... "7
DON'T KNOW ............................................. "8

PROGRAMMING NOTE QA14_NEW:
IF QA14_C26 = 3 (NOT AT ALL), and NEW_a = 1 (QUIT WITHIN PAST 24 MONTHS) THEN DISPLAY “The last time you tried to quit”

QA14_NEW  [(The last time you tried to quit / In the past 12 months)] did you

NEW

Call a telephone quitting helpline?

YES .............................................................. 1
NO ................................................................... 2
REFUSED ....................................................... "7
DON'T KNOW ............................................. "8
PROGRAMMING NOTE QA14_NEW15:
IF QA14_C26 = 3 (NOT AT ALL), SKIP TO QA14_NEW18

QA14_NEW15 In the past 12 months, did a doctor or other health professional advise you to quit smoking?

NEW15

YES .............................................................. 1
NO ................................................................. 2
REFUSED ...................................................... -7
DON'T KNOW ................................................. -8

QA14_NEW16 In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?

NEW16

YES .............................................................. 1
NO ................................................................. 2
REFUSED ...................................................... -7
DON'T KNOW ................................................. -8

PROGRAMMING NOTE QA14_NEW18:
IF AGE <= 65 THEN CONTINUE WITH QA14_NEW18;
ELSE SKIP TO PN QA14_NEW24;

QA14_NEW18 Have you ever smoked a Hookah pipe?

NEW18

[IF NEEDED, SAY: “Hookah is also known as shisha (she-sha), nargila (nar-geela), argila (argeela), or lula. Smoke is passed through water in a glass waterpipe to cool and filter the smoke”]

YES .............................................................. 1
NO ................................................................. 2
REFUSED ...................................................... -7
DON’T KNOW ................................................. -8

QA14_NEW19 During the past 30 days how many days did you use a hookah?

NEW19

____ ENTER NUMBER OF DAYS [HR: 0 - 30]
REFUSED ...................................................... -7
DON’T KNOW ................................................. -8
QA14_NEW21 Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?

NEW21

[INTERVIEWER NOTE: CODE ‘YES’ IF R MENTIONS VAPE OR VAPING.]

[IF NEEDED, SAY: “Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.”]

YES ............................................. 1
NO ................................................ 2 [GO TO PN NEW24]
REFUSED ....................................... 7 [GO TO PN NEW24]
DON’T KNOW .................................. 8 [GO TO PN NEW24]

QA14_NEW23 During the past 30 days, how many days did you use electronic cigarettes?

NEW23

_____ NUMBER OF DAYS [IF 0, THEN SKIP TO PN NEW24]

REFUSED ....................................... 7 [SKIP TO PN NEW24]
DON’T KNOW .................................. 8 [SKIP TO PN NEW24]

QA14_NEW What best described your reasons for using e-cigarettes? ALLOW MULTIPLE RESPONSES AND RECORD IN ORDER OF THE RESPONSE)

NEW

[CODE ALL THAT APPLY]

QUIT SMOKING........................................ 1
REPLACE SMOKING ............................... 2
CUT DOWN OR REDUCE SMOKING ............ 3
USE IN PLACES WHERE SMOKING NOT IS
   NOT ALLOWED .................................. 4
CURIOSITY, JUST TRY IT ......................... 5
NO LINGERING ODOR ............................. 6
HELPS ME CONCENTRATE/STAY ALERT ....... 7
COMES IN MANY FLAVORS ....................... 8
LESS EXPENSIVE .................................. 9
HEALTHIER THAN CIGARETTES ............... 10
OTHER (SPECIFY: ____________) .................... 91
REFUSED ......................................... 7 [SKIP TO PN NEW24]
DON’T KNOW .................................... 8 [SKIP TO PN NEW24]

QA16_NEW How long ago did you start using e-cigarettes regularly?

NEW

_____ MONTHS
_____ YEARS
LESS THAN ONE MONTH 00
NEVER USED E-CIGARETTES REGULARLY 99
REFUSED ......................................... 7 [GO TO PN NEW24]
DON’T KNOW .................................... 8 [GO TO PN NEW24]
QA16_NEW2 Where do you usually buy your e-cigarettes (or e-liquid)?

NEW2

CONVENIENCE STORES OR GAS STATIONS..... 1
SUPER MARKETS............................................ 2
PHARMACY OR DRUG STORES...................... 3
TOBACCO OR VAPE SHOP .............................. 4
ONLINE ...................................................... 5
OTHER DISCOUNT OR WAREHOUSE STORES,
   SUCH AS WAL-MART OR COSTCO ............ 6
SOMEBODY ELSE? (Other specify:___________) 91
I DON'T BUY E-CIGARETTES OR E-FLUIDS ....... 99
REFUSED .................................................. -7
DON'T KNOW ............................................. -8

QA16_NEW3 During the day you last used an electronic nicotine product, how many
   puffs did you take?

PUFFS
DID NOT USE A NICOTINE PRODUCT -3 (?)
REFUSED .................................................. -7
DON'T KNOW ............................................. -8

QA16_NEW4 What concentration or strength of nicotine is in the liquid or cartridge you
typically use with your e-cigarette? For example, is it zero nicotine, 3, 6,
12, or 24 milligrams per milliliter, or some other concentration?

ZERO ....................................................... 1
THREE ....................................................... 2
SIX ............................................................ 3
TWELVE .................................................... 4
TWENTY FOUR .............................................. 5
   OTHER SPECIFY
REFUSED .................................................. -7
DON'T KNOW ............................................. -8

PROGRAMMING NOTE QA14_NEW24:
IF QA14_C15 = 1 (SMOKE EVERY DAY) OR C15 = 2 (SMOKE SOME DAYS) OR NEW23>0 (USED E-
   CIGARETTES WITHIN PAST MONTH), CONTINUE WITH QA14_NEW24;
What are the current rules or restrictions about smoking inside your home? Would you say…

**IF NEEDED, SAY: “This is for regular, tobacco cigarettes”**

- Smoking is completely banned for everyone, .......... 1
- Smoking is generally banned for everyone with few exceptions,................................. 2
- Smoking is allowed in some rooms only, or .......... 3
- There are no rules or restrictions on smoking inside your home? ........................................ 4
- NO SMOKERS/NO NEED ........................................ 5
- VOLUNTARILY DON’T SMOKE INSIDE HOME .... 6
- OTHER (SPECIFY:______) ........................................ 91
- REFUSED .......................................................... -7
- DON’T KNOW ....................................................... -8

What are the current rules or restrictions about using E-CIGARETTES (vaping) inside your home? Would you say…

- Vaping is completely banned for everyone, .......... 1
- Vaping is generally banned for everyone with few exceptions,................................. 2
- Vaping is allowed in some rooms only, or .......... 3
- There are no rules or restrictions on vaping inside your home? ........................................ 4
- NO VAPERS/NO NEED ........................................ 5
- VOLUNTARILY DON’T VAPE INSIDE HOME .... 6
- OTHER (SPECIFY:______) ........................................ 91
- REFUSED .......................................................... -7
- DON’T KNOW ....................................................... -8

Do you agree or not with the following statement: The use of e-cigarettes should not be allowed in the places where cigarette smoking is not allowed?

- YES (agree)......................................................... 1
- NO (do not agree) ............................................. 2
- REFUSED .......................................................... -7
- DON’T KNOW ....................................................... -8

**PROGRAMMING NOTE QA_14NEW34**

IF QA14_C15 = 1 (SMOKE EVERY DAY) OR QA14_C15 = 2 (SMOKE SOME DAYS) ASK NEW34; ELSE SKIP TO CHIS??

How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Would you support a tax increase of…

- 50 cents a pack, .................................................. 1
- $1.00, ............................................................. 2
- $2.00, ............................................................. 3
- $3.00, ............................................................. 4
- more than $3.00 a pack, or ................................ 5
no tax increase? ......................................................... 6
REFUSED ................................................................. -7
DON'T KNOW ......................................................... -8