

Helping **Young** **Smokers** *Quit*

Identifying Best Practices for Tobacco Cessation

Phase II Youth Participant End of Program Survey

Fall 2004

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HYSQ Phase II

End-of-Program Participant Survey

Version 2 11/2004

HYSQ Phase II End-of-Program Participant Survey

For each question, please circle the number that best represents your answer, unless there are other directions.

1. What is your birth date? _____ month _____ day _____ year

The following set of questions asks about your participation in school.

2. Will you graduate from high school this school year?

- No..... 0
Yes 1
I already graduated from high school..... 2

3. Are you currently enrolled in school?

- Yes, High School or Vocational School..... 1
Yes, College or University 2
No, it is now vacation, but when school starts again I will be enrolled..... 3
No, I am not enrolled in school 4

4. During the past 30 days, how many days did you miss school for any reason, with or without permission?

0 days	0
1 day.....	1
2 to 5 days	2
6 to 10 days	3
11 or more days	4
I was not enrolled in school in the past 30 days or school started less than 30 days ago	5

5. During the most recent school term, how well did you do in school?

Much better than average	1
Better than average	2
Average.....	3
Below average.....	4
I was not enrolled in school in last term	5

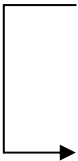
These next questions ask about cigarette use.

6. How old were you when you smoked a whole cigarette for the first time?

I have never smoked a whole cigarette	0
8 years old or younger.....	1
9	2
10.....	3
11.....	4
12.....	5
13.....	6
14.....	7
15.....	8
16.....	9
17 years old or older.....	10

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

No.....	0
Yes	1



If yes...

7a. How old were you when you first started smoking cigarettes everyday?

_____ years old

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

0 days	0
1 or 2 days	1
3 to 5 days	2
6 to 9 days	3
10 to 19 days.....	4
20 to 29 days	5
All 30 days	6

9. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

I did not smoke cigarettes during the past 30 days	0
Less than 1 cigarette per day.....	1
1 cigarette per day.....	2
2 to 5 cigarettes per day	3
6 to 10 cigarettes per day	4
11 to 20 cigarettes per day.....	5
More than 20 cigarettes per day	6

10. When was the last time you smoked a cigarette, even one or two puffs?

I have never smoked even one or two puffs.....	0
Earlier today.....	1
Not today but sometime during the past 7 days.....	2
Not during the past 7 days but sometime during the past 30 days	3
Not during the past 30 days but past 6 months.....	4
Not during the past 6 months but sometime during the past year	5
1 to 4 years ago.....	6
5 or more years ago	7

13. On days that you smoke, how soon after you wake up do you smoke your first cigarette?

- I do not smoke cigarettes..... 1
- Within the first 15 minutes..... 2
- Between 15 and 30 minutes 3
- More than 30 minutes after waking but before noon..... 4
- In the afternoon..... 5
- In the evening 6

14. When you smoke do you inhale deeply?

- No..... 0
- Yes 1
- I quit smoking..... 2
- I never smoked 3
- Don't know 4

15. Do you see yourself as...

- A nonsmoker 1
- Someone who smokes once in a while..... 2
- A regular smoker 3
- An ex-smoker 4

16. Are you exposed to smoking in any of the following places?

(PLEASE CIRCLE NO OR YES FOR EACH PLACE BELOW.)

	<u>No</u>	<u>Yes</u>
a. Home	0	1
b. Work	0	1
c. School	0	1
d. Hanging out with friends	0	1

17. How much time do you spend in places where other people smoke?

No time	0
A little time	1
Some time	2
A lot of time	3

18. What percentage of students at your school smoke cigarettes?

91-100%	1
81-90%	2
71-80%	3
61-70%	4
51-60%	5
41-50%	6
31-40%	7
21-30%	8
11-20%	9
0-10%	10
I am not in school	11

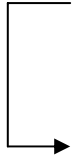
19. Is each of the following statements often, sometimes, rarely, or never true about your school?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Often</u> <u>True</u>	<u>Sometimes</u> <u>True</u>	<u>Rarely</u> <u>True</u>	<u>Never</u> <u>True</u>	<u>I don't</u> <u>know</u>	<u>I am not</u> <u>currently</u> <u>in school</u>
a. I often see students smoking at my school.	1	2	3	4	5	6
b. My school has a clear set of rules about smoking for students to follow.	1	2	3	4	5	6
c. If students are caught breaking the smoking rules at my school, they get into trouble.	1	2	3	4	5	6
d. I often see teachers smoking at my school.	1	2	3	4	5	6

20. Since you started the stop-smoking program, have you experienced any type of penalty or punishment for smoking cigarettes or using tobacco?

No..... 0
Yes 1



IF YES...
(PLEASE SELECT 1 OR MORE THAN ONE ANSWER.)

20a. If yes, who punished you?

Parents/guardians 1
School officials (For example: principal, secretary) 2
Representatives of organized groups, clubs, sports (For example: coaches, group leaders, religious group leaders) 3
Community officials (For example: police, a judge or parole officer) ... 4

21. Since you started the stop-smoking program, have you been suspended or expelled from school for smoking?

No..... 0
Yes 1

The next set of questions asks about your attitudes about smoking.

22. Please circle the number that best describes how much you agree or disagree with each of the following statements about smoking.

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Agree</u>	<u>Agree a Little</u>	<u>Disagree a Little</u>	<u>Disagree</u>	<u>I QUIT</u>
a. Smoking keeps my weight down.	1	2	3	4	5
b. Cigarettes keep me from eating more than I should.	1	2	3	4	5
c. Smoking helps me control my weight.	1	2	3	4	5
d. If I have nothing to do, a smoke can help kill time.	1	2	3	4	5
e. Cigarettes are good for dealing with boredom.	1	2	3	4	5
f. When I'm alone, a cigarette can help me pass the time.	1	2	3	4	5
g. When I'm upset with someone, a cigarette helps me cope.	1	2	3	4	5
h. When I'm angry, a cigarette can calm me down.	1	2	3	4	5
i. Smoking calms me down when I feel nervous.	1	2	3	4	5
j. When I'm feeling down, a cigarette makes me feel good.	1	2	3	4	5

23. Is each of the following statements often, sometimes, rarely, or never true for you?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Often</u> <u>True</u>	<u>Sometimes</u> <u>True</u>	<u>Rarely</u> <u>True</u>	<u>Never</u> <u>True</u>	<u>I QUIT</u>
a. After not smoking for a while, I need to smoke to relieve feelings of restlessness and irritability.	1	2	3	4	5
b. I smoke consistently and regularly throughout the day.	1	2	3	4	5
c. Compared to when I first started smoking, I need to smoke a lot more now to really get what I want out of it.	1	2	3	4	5
d. Whenever I go without a smoke for a few hours, I experience cravings.	1	2	3	4	5
e. Sometimes I don't hang out with my non-smoking friends because I know they'll feel uncomfortable if I smoke.	1	2	3	4	5
f. I can function better in the morning after I've had a cigarette.	1	2	3	4	5
g. After not smoking for a while, I need to smoke in order to keep myself from experiencing any discomfort.	1	2	3	4	5
h. In situations where I need to go outside to smoke (for example: home if your parents don't know you smoke, at school during lunch), it's worth it to be able to smoke a cigarette, even in cold or rainy weather.	1	2	3	4	5
i. If I'm low on money, I'll spend it on buying cigarettes instead of buying lunch.	1	2	3	4	5
j. When I'm craving a cigarette it feels like I'm in the grip of some unknown force that I can't control.	1	2	3	4	5

These next questions ask about use of other tobacco products during the past 30 days.

24. Did you use any of these other tobacco products in the past 30 days?

(PLEASE ANSWER NO OR YES FOR EACH OF THE FOLLOWING PRODUCTS.)

	<u>No</u>	<u>Yes</u>
a. <u>Chewing tobacco, snuff, or dip</u>	<u>0</u>	<u>1</u>
b. <u>Cigars, cigarillos, or little cigars</u>	<u>0</u>	<u>1</u>
c. <u>Pipe tobacco</u>	<u>0</u>	<u>1</u>
d. <u>Bidis</u>	<u>0</u>	<u>1</u>
e. <u>Clove cigarettes</u>	<u>0</u>	<u>1</u>
f. <u>Herbal cigarettes</u>	<u>0</u>	<u>1</u>
g. <u>Ariva, Revel, Exalt</u>	<u>0</u>	<u>1</u>
h. <u>SCoR</u>	<u>0</u>	<u>1</u>
i. <u>OMNI or Advance</u>	<u>0</u>	<u>1</u>
j. <u>Eclipse or Accord</u>	<u>0</u>	<u>1</u>
k. <u>Quest</u>	<u>0</u>	<u>1</u>

25. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?

0 days	0
1 or 2 days	1
3 to 5 days	2
6 to 9 days	3
10 to 19 days.....	4
20 to 29 days	5
All 30 days	6

26. During the past 30 days, on how many days did you smoke any of the following: cigars, cigarillos, or little cigars?

0 days	0
1 or 2 days	1
3 to 5 days	2
6 to 9 days	3
10 to 19 days.....	4
20 to 29 days	5
All 30 days	6

These next questions ask about your plans to stop or continue smoking.

27. Do you want to stop smoking cigarettes?

- No..... 0
- Yes 1
- I have quit 2

28. Are you seriously considering to quit smoking in the next six months?

- No..... 0
- Yes 1
- I have quit 2

29. Are you planning to quit within the next 30 days?

- No..... 0
- Yes 1
- I have quit 2

30. What best describes your current goal?

- I don't want to quit now 1
- I want to stop for awhile, but will probably start smoking again 2
- I want to quit smoking for good, but have not yet quit 3
- I have quit and I want to stay quit 4
- I have quit, but will probably start smoking again 5

31. Do you think you will be smoking cigarettes 5 years from now?

- I definitely will 1
- I probably will 2
- I probably won't 3
- I definitely won't 4

These next questions ask about your reasons for wanting to quit.

32. On a scale from 0 to 10 where 0 is "not at all motivated", 10 is "extremely motivated", and the other numbers mean something in between, how motivated are you to quit smoking, or stay quit if you don't smoke now?

(PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.)

0 1 2 3 4 5 6 7 8 9 10

Not at all
motivated

Extremely
motivated

33. On a scale from 0 to 10, where 0 is "not at all confident" and 10 is "extremely confident", and the other numbers mean something in between, how confident are you right now that you can quit smoking if you decide to, or stay quit if you don't smoke now?

(PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.)

0 1 2 3 4 5 6 7 8 9 10

Not at all
confident

Extremely
confident

34. Below are reasons people quit smoking. Read each one and decide how true it is for you by using a number from 1 to 5, where 1 means "extremely true," 5 means "not at all true," and the other numbers mean something in between.

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

How true is this reason for you?	<u>Extremely True</u>		<u>Sort of True</u>		<u>Not at all true</u>
a. To prove I can quit smoking if I really want to	1	2	3	4	5
b. To feel in control of my life	1	2	3	4	5
c. Because I've known other people who have gotten sick	1	2	3	4	5
d. Because someone is making me quit	1	2	3	4	5
e. Because people I am close to will be mad at me if I don't quit	1	2	3	4	5
f. To save money that I spend on cigarettes	1	2	3	4	5
g. So I won't smell or look bad	1	2	3	4	5
h. Because I have to for team sports	1	2	3	4	5
i. So that I won't get into trouble with my parents	1	2	3	4	5
j. So that I won't get into trouble at school	1	2	3	4	5

35. Below are reasons people DO NOT quit smoking. Read each one and decide how true it is for you by using a number from 1 to 5, where 1 means "extremely true," 5 means "not at all true," and the other numbers mean something in between.

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

How true is this reason for you?	<u>Extremely true</u>		<u>Sort of true</u>		<u>Not at all true</u>	<u>I QUIT</u>
a. I enjoy smoking too much.	1	2	3	4	5	6
b. It has become a routine that would be really hard to break.	1	2	3	4	5	6
c. Everyone around me smokes.	1	2	3	4	5	6
d. My cravings for cigarettes are too strong.	1	2	3	4	5	6
e. I have too much stress in my life.	1	2	3	4	5	6
f. I feel uncomfortable when I stop smoking.	1	2	3	4	5	6
g. I don't need to quit because I smoke so little now.	1	2	3	4	5	6
h. I don't want to quit.	1	2	3	4	5	6
i. Smoking helps me concentrate.	1	2	3	4	5	6
j. Smoking helps me control my anger.	1	2	3	4	5	6

These questions ask about your quit smoking experience.

36. In the time since you signed up for the stop-smoking program, which of the following best describes the way you smoke?

- No change in the amount I smoke 0
- I cut down a little in number of cigarettes, but didn't quit..... 1
- I cut down a lot in number of cigarettes, but didn't quit..... 2
- I mostly quit, but there are some times when I smoke..... 3
- I quit completely for a while, but started smoking again..... 4
- I am still quit 5

37. Since you started the stop-smoking program, what is the longest number of days in a row that you have gone without smoking cigarettes?

(PLEASE WRITE IN THE NUMBER OF DAYS. WRITE "0" IF YOU DID NOT QUIT FOR A WHOLE DAY.)

_____ days

38. Did you try to quit on the date recommended by the stop-smoking program?

- No..... 0
- Yes 1
- The program did not recommend a specific "quit date" 2

39. Since you started the stop-smoking program, how many times have you stopped smoking for one day or longer because you were trying to quit smoking?

- I have not tried to quit since the start of the stop-smoking program..... 0
- 1 time..... 1
- 2 times 2
- 3 to 5 times 3
- 6 to 9 times 4
- 10 or more times..... 5

IF ONE OR MORE TIMES...

39a. Which of the following feelings or experiences did you have the last time you quit smoking for one day or longer?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

Did you...	<u>Not</u> <u>at all</u>	<u>A</u> <u>little</u>	<u>A lot</u>	<u>All the</u> <u>time</u>
a. <u>Feel angry, irritable, or frustrated</u>	1	2	3	4
b. <u>Feel anxious or nervous</u>	1	2	3	4
c. <u>Feel hungry</u>	1	2	3	4
d. <u>Feel impatient or restless</u>	1	2	3	4
e. <u>Feel depressed</u>	1	2	3	4
f. <u>Have difficulty concentrating</u>	1	2	3	4
g. <u>Wake up at night</u>	1	2	3	4
h. <u>Crave a cigarette</u>	1	2	3	4

40. Since you started the stop-smoking program, did you do any of the following to help you quit smoking?

(PLEASE CIRCLE NO OR YES FOR EACH STATEMENT BELOW.)

Did you...	No	Yes
a. Switch to light or ultra-light cigarettes	0	1
b. Switch to chewing tobacco or snuff	0	1
c. Cut down on the amount of cigarettes you smoked	0	1
d. Stop buying cigarettes	0	1
e. Tell others you no longer smoke	0	1
f. Stop hanging out with friends who smoke	0	1
g. Stop smoking "cold turkey"	0	1
h. Try to quit with a friend	0	1
i. Exercise more	0	1
j. Use herbal remedies like Smoke Away for quitting smoking	0	1
k. Use acupuncture or hypnosis	0	1
l. Use a telephone quit line	0	1
m. Use an internet quit site	0	1
n. Use nicotine replacement products, like nicotine gum, patch, inhaler, nasal spray, or lozenge	0	1
o. Take Zyban or Wellbutrin	0	1
p. Do anything else? (please write in what you did) _____	0	1

41. This question asks about reasons for starting to smoke again after quitting for one day or longer.

- I never quit for one day or longer..... 0
 I quit and I am still quit 1
 I have quit for one day or longer, but started smoking again..... 2

If you quit for one day or longer, but started again...

41a. Are any of the following reasons why you started smoking again?
 (PLEASE ANSWER NO OR YES FOR EACH REASON BELOW.)

I started smoking again because...	<u>No</u>	<u>Yes</u>
a. I was feeling angry, irritable, or frustrated.	0	1
b. I was feeling anxious or nervous.	0	1
c. I was feeling hungry.	0	1
d. I was feeling impatient or restless.	0	1
e. I was feeling depressed.	0	1
f. I was having difficulty concentrating.	0	1
g. I was waking up at night.	0	1
h. I was craving a cigarette.	0	1
i. It has become a routine that was too hard to break.	0	1
j. Everyone around me smokes.	0	1
k. I have too much stress in my life.	0	1
l. I feel uncomfortable when I stop smoking.	0	1
m. I don't need to because I smoke so little now.	0	1
n. I don't want to quit.	0	1
o. I enjoy smoking too much.	0	1
p. Others encouraged me to smoke.	0	1

42. **Since you began the stop-smoking program, how many close friends have you told that you were trying to quit?**

(PLEASE WRITE IN THE NUMBER OF FRIENDS)

_____ Close friends
(Number of)

43. **Among the friends that you told you were trying to quit, how many have supported your efforts to quit smoking?**

- All 1
- Most..... 2
- Some 3
- None..... 4
- I didn't tell any of my friends that I was trying to quit 5

44. **Since you began the stop-smoking program, how many of your close friends tried to quit smoking?**

- All 1
- Most..... 2
- Some 3
- None..... 4
- None of my close friends smoke..... 5

45. **How many of your close friends that tried to stop smoking actually quit?**

- All 1
- Most..... 2
- Some 3
- None..... 4
- None of my close friends smoke..... 5
- None of my close friends tried to quit 6

46. Since you began the stop-smoking program, have you told your parents that you were trying to quit?

No..... 0
 Yes 1

47. Since you began the stop-smoking program, how supportive were each of the following people of your efforts to quit smoking?

(PLEASE CIRCLE ONE ANSWER FOR EACH PERSON BELOW.)

How supportive was your...	<u>Not At All Supportive</u>	<u>Sort of Supportive</u>	<u>Very Supportive</u>	<u>Do not have one</u>	<u>Did Not Know that I Smoked</u>
a. Mother or Female Guardian	1	2	3	4	5
b. Father or Male Guardian	1	2	3	4	5
c. Boyfriend or Girlfriend	1	2	3	4	5

48. Since you began the stop-smoking program, did any of the following people try to quit smoking?

(PLEASE CIRCLE ONE ANSWER FOR EACH PERSON BELOW.)

Did they try to quit smoking...	<u>YES, this person tried to quit smoking</u>	<u>NO, this person did not try to quit smoking</u>	<u>Do not have one</u>	<u>This person is not a smoker</u>
a. Mother or Female Guardian	1	2	3	4
b. Father or Male Guardian	1	2	3	4
c. Boyfriend or Girlfriend	1	2	3	4

The next set of questions ask about your experience in the stop-smoking program.

49. Did the stop-smoking program include any of the following services, and if so how helpful were they?

(PLEASE CIRCLE ONE ANSWER FOR EACH SERVICE BELOW.)

	<u>Not Helpful</u>	<u>Sort of Helpful</u>	<u>Very Helpful</u>	<u>I didn't use it.</u>	<u>NOT OFFERED</u>
a. Group meetings	1	2	3	4	5
b. Individual (one-to-one) meetings	1	2	3	4	5
c. Access to a website	1	2	3	4	5
d. Access to a call center or quit line	1	2	3	4	5
e. Calls from my group leader	1	2	3	4	5
f. A booklet or manual	1	2	3	4	5

50. Did your stop-smoking program talk about or do any of the following things, and if so, how helpful did you find it?

(PLEASE CIRCLE ONE ANSWER FOR EACH ITEM BELOW.)

	<i>If used during the program</i>			<u>Did not talk about this</u>
	<u>Not Helpful</u>	<u>Sort of Helpful</u>	<u>Very Helpful</u>	
a. <u>Health consequences of smoking</u>	1	2	3	4
b. <u>Keeping track of your smoking habits</u>	1	2	3	4
c. <u>Smoking until you feel ill</u>	1	2	3	4
d. <u>Throwing away your smoking stuff (ashtrays, lighters, etc.)</u>	1	2	3	4
e. <u>Reducing how many and how much of each cigarette you smoke</u>	1	2	3	4
f. <u>Changing cigarette brands</u>	1	2	3	4
g. <u>Signing contracts that reward not smoking</u>	1	2	3	4
h. <u>Signing contracts with penalties for smoking</u>	1	2	3	4
i. <u>Practicing ways to cope with smoking temptations</u>	1	2	3	4
j. <u>Practicing how to refuse cigarette offers</u>	1	2	3	4
k. <u>Identifying people to help your efforts to quit</u>	1	2	3	4
l. <u>Inviting a family member to participate</u>	1	2	3	4
m. <u>Inviting a friend to participate</u>	1	2	3	4
n. <u>Talking to younger children about not smoking</u>	1	2	3	4
o. <u>Changing your diet or making healthier food choices</u>	1	2	3	4
p. <u>Increasing physical activity</u>	1	2	3	4
q. <u>Meditation or relaxation</u>	1	2	3	4
r. <u>Planning how to deal with withdrawal symptoms</u>	1	2	3	4
s. <u>Celebrating quitting</u>	1	2	3	4
t. <u>Dealing with social pressures to smoke</u>	1	2	3	4
u. <u>Using medication</u>	1	2	3	4
v. <u>Other (Please describe _____)</u>	1	2	3	4

51. Did the stop-smoking program talk about any of the following other areas?
If it did, how helpful was it?

(PLEASE CIRCLE ONE ANSWER FOR EACH ITEM BELOW.)

If talked about during the program

	<u>Not Helpful</u>	<u>Sort of Helpful</u>	<u>Very Helpful</u>	<u>Did not talk about this</u>
a. Depression or moods	1	2	3	4
b. Feeling good about yourself	1	2	3	4
c. Stress management	1	2	3	4
d. Getting good grades	1	2	3	4
e. Going to school more often	1	2	3	4
f. Career or College plans	1	2	3	4
g. Violence prevention or Gang involvement	1	2	3	4
h. Other drug use	1	2	3	4
i. Drinking alcohol	1	2	3	4

For the next set of questions, please circle one number that best describes your answer. On a scale from 1 to 5 where 1 is "not at all", 5 is "extremely", and the other numbers mean something in between.

THESE FIRST FEW QUESTIONS ASK ABOUT THE STOP-SMOKING PROGRAM IN GENERAL.

52. Overall, how helpful were the program sessions?

1	2	3	4	5
Not at all		Somewhat		Extremely

53. Overall, how useful was the information that you got from the program?

1	2	3	4	5
Not at all		Somewhat		Extremely

54. Overall, how helpful was the program in addressing your individual needs to quit smoking?

1	2	3	4	5
Not at all		Somewhat		Extremely

NOW, THINKING ABOUT THE PROGRAM LEADER...

55. How knowledgeable was your program leader about how to quit smoking?

1	2	3	4	5
Not at all		Somewhat		Extremely

56. How comfortable did you feel talking about personal issues with the program leader?

1	2	3	4	5
Not at all		Somewhat		Extremely

57. How supportive was your program leader?

1	2	3	4	5
Not at all		Somewhat		Extremely

NOW, THINKING ABOUT THE OTHER GROUP MEMBERS...

58. How comfortable did you feel talking about personal issues with the other group members?

1	2	3	4	5
Not at all		Somewhat		Extremely

59. How supportive were the other group members?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not at all		Somewhat		Extremely

60. How much more comfortable would you have felt if the program was offered separately by gender, that is, if they were all male or all female?

1	2	3	4	5
Not at all		Somewhat		Extremely

61. Did you think the number of sessions in your stop-smoking program was:

- Too many..... 1
- Just right..... 2
- Too few..... 3

62. Did you think the length of each session in your stop-smoking program was:

- Too long..... 1
- Just right..... 2
- Too short..... 3

63. What did you like most about the stop-smoking program?

(PLEASE USE YOUR OWN WORDS TO BRIEFLY TELL US)

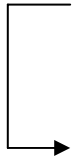
64. What did you like least about the stop-smoking program?

(PLEASE USE YOUR OWN WORDS TO BRIEFLY TELL US)

65. Did you miss 1 or more sessions of the program?

No..... 0

Yes 1



IF Yes...

65a. How important was each of the following reasons in why you missed any program session?

(PLEASE CIRCLE ONE ANSWER FOR EACH REASON BELOW.)

	<u>Not at all</u>	<u>A little</u>	<u>Somewhat</u>	<u>Very</u>
a. The location	1	2	3	4
b. The time	1	2	3	4
c. The group leader	1	2	3	4
d. I did not feel like part of the group.	1	2	3	4
e. I forgot.	1	2	3	4
f. I was sick.	1	2	3	4
g. I had too many other things to do.	1	2	3	4
h. I decided that I didn't want to quit.	1	2	3	4
i. I was not motivated to go.	1	2	3	4
j. I was feeling like I wasn't doing well with quitting.	1	2	3	4
k. I did not want to tell people where I was going.	1	2	3	4
l. The program did not address my needs.	1	2	3	4

These final questions are about your health in general and how you have felt recently.

66. Please think about your feelings in the past month. During the past 30 days, how often have you:

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>
a. Felt that you were unable to control the important things in your life?	1	2	3	4
b. Felt confident about your ability to handle your personal problems?	1	2	3	4
c. Felt that things were going your way?	1	2	3	4
d. Felt difficulties were piling up so high that you could not overcome them?	1	2	3	4

67. Now, please think about your feelings in the past 2 weeks. During the last 2 weeks, have you had any of the following problems?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>YES: Nearly every day in the past 2 weeks</u>	<u>YES: A few days in the past 2 weeks</u>	<u>NO</u>
a. Little interest or pleasure in doing things?	1	2	3
b. Feeling down, depressed, or hopeless?	1	2	3
c. Trouble falling asleep, staying asleep, or sleeping too much?	1	2	3
d. Feeling tired or having little energy?	1	2	3
e. Poor appetite, weight loss, or overeating?	1	2	3
f. Feeling bad about yourself—or that you are a failure, or have let yourself or your family down?	1	2	3
g. Trouble concentrating on things like school work, reading, or watching TV?	1	2	3
h. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety that you were moving around a lot more than usual?	1	2	3

68. In the past 2 weeks, how much have problems with feeling sad, upset, irritated, or depressed made it difficult for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all..... 1
- A little difficult 2
- Quite difficult..... 3
- Very difficult..... 4
- Extremely difficult 5

69. During the past 30 days, on how many days did you have at least one drink of alcohol? A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

_____ (number of days)

70. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? Would you say...

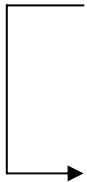
- 0 days..... 0
- 1 day..... 1
- 2 days..... 2
- 3 to 5 days..... 3
- 6 to 9 days..... 4
- 10 to 19 days..... 5
- 20 to 29 days..... 6
- All 30 days..... 7

71. During the past 30 days, how often have you gotten into trouble because of drinking alcohol?

- 0 times..... 0
- 1 to 2 times..... 1
- 3 to 4 times..... 2
- 5 to 10 times..... 3
- More than 10 times..... 4

72. How often do you exercise or participate in an active physical sport, such as jogging or bicycling?

- Never or almost never..... 1
- Less than once a month..... 2
- Once a month..... 3
- More than once a month 4



72a. If more than once a month, how many times per month?
_____ times per month

73. When you exercise or participate in an active sport, how long do you usually keep at it each time?

- Up to 15 minutes..... 1
- 16 to 30 minutes..... 2
- 31 to 45 minutes..... 3
- More than 45 minutes..... 4

74. What is your current height and weight?

Height: _____ Feet _____ Inches

Weight: _____ Pounds

75. Which of the following are you trying to do about your weight?

- Lose weight 1
- Maintain my weight or stay the same..... 2
- Gain weight..... 3
- I am not trying to do anything about my weight 4

This is the end of the Survey.

If you have time, please check your answers to make sure you have answered every question.

When you are done:

- **Put your Survey Booklet back into the envelope.**
- **Do NOT remove the paper strip on the envelope. You will seal the envelope later.**
- **Raise your hand and wait to be called to the front of the room.**

Thank you very much for taking the time to complete this Survey.

