

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

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Identifying Best Practices for Tobacco Cessation

## **Phase II Youth Participant 6-Month Follow-Up Survey**

**Spring 2005**

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# **HYSQ Phase II**

## **6-Month Follow-Up Participant Survey**

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## 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 first set of questions asks about your current activities and plans for the future.

2. On average, how many hours per week do you currently work in a paid or unpaid job?

- |                         |   |
|-------------------------|---|
| None.....               | 0 |
| 5 or less hours.....    | 1 |
| 6 to 10 hours.....      | 2 |
| 11 to 15 hours.....     | 3 |
| 16 to 20 hours.....     | 4 |
| 21 to 25 hours.....     | 5 |
| 26 to 30 hours.....     | 6 |
| More than 30 hours..... | 7 |

3. During an average week, how much money do you currently get from...

	None	\$1 - 5	\$6 - 10	\$11 - 20	\$21 - 35	\$36 - 50	\$51 - 75	\$76 - 125	\$126+
a. A job or other work...	0	1	2	3	4	5	6	7	8
b. Other sources (allowances, etc.)	0	1	2	3	4	5	6	7	8

4. How likely is it that you will do each of the following things after high school?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Definitely Won't</u>	<u>Probably Won't</u>	<u>Probably Will</u>	<u>Definitely Will</u>
a. Work full time	1	2	3	4
b. Attend a technical or vocational school	1	2	3	4
c. Serve in the armed forces	1	2	3	4
d. Graduate from a two-year college program	1	2	3	4
e. Graduate from college (four- year program)	1	2	3	4
f. Attend graduate or professional school after college	1	2	3	4

5. During a typical week, on how many evenings do you go out for fun and recreation?

- Less than one..... 0
- One..... 1
- Two..... 2
- Three..... 3
- Four or five..... 4
- Six or seven..... 5

6. How often do you participate in team sports where there is a coach? For example: tennis, swim team, volleyball, football, baseball, basketball, or soccer. Would you say...

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- One to a few times a year ..... 4
- Never..... 5

7. How often do you participate in other sports without a coach? For example: swimming, dancing, pick-up basketball, or skiing with your friends or family. Would you say...

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- One to a few times a year..... 4
- Never..... 5

8. How often do you go to music lessons, choir, dance, or band practice? Would you say...

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- One to a few times a year..... 4
- Never..... 5

9. How often do you participate in school clubs or activities like math or science clubs or the school paper? Would you say...

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- One to a few times a year..... 4
- Never..... 5



10. **How often do you participate in other clubs like the Boy or Girl Scouts, 4-H, or the Boys or Girls Clubs of America? Would you say...**

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- One to a few times a year..... 4
- Never..... 5

11. **How often do you attend church, temple, mosque or other religious activities? Would you say...**

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- One to a few times a year..... 4
- Never..... 5

12. **How important is religion in your life?**

- Not important..... 1
- A little important..... 2
- Pretty important..... 3
- Very important..... 4

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

13. 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

14. 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

15. 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

16. What grades do you normally get?

- Mostly A's..... 1
- Mix of A's and B's..... 2
- Mostly B's..... 3
- Mix of B's and C's..... 4
- Mostly C's..... 5
- Mix of C's and D's..... 6
- Mostly D's..... 7
- Mix of D's and F's..... 8
- Mostly F's..... 9

17. Have you been suspended or expelled from school during the past 6 months?

- No..... 0
- Yes..... 1

**These next questions ask about cigarette use.**

18. Do you see yourself as...

- Someone who never really smoked..... 1
- Someone who smokes once in a while..... 2
- A regular smoker..... 3
- Quit for now, but just temporarily..... 5
- Quit for good..... 6

**19. 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

**20. 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

**21. 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 sometime during the 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



24. **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

25. **When you smoke do you inhale deeply?**

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

26. During the past 30 days, on how many days did you smoke cigarettes on school property?

- 0 days..... 0
- 1 to 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

27. During the past 30 days, where did you buy the last pack of cigarettes you bought?

- I did not buy a pack of cigarettes during the past 30 days..... 0
- A gas station..... 1
- A convenience store..... 2
- A grocery store..... 3
- A drugstore..... 4
- A vending machine..... 5
- I bought them over the Internet..... 6
- Other..... 7

**If you have bought cigarettes in the past 30 days...**

27a. During the past 30 days, what price did you usually pay per pack or carton of cigarettes?

\$ \_\_\_\_\_ per pack OR \$ \_\_\_\_\_ per carton

28. **During the past 30 days, when you bought or tried to buy cigarettes in a store were you ever asked to show proof of age?**

- I did not try to buy cigarettes in a store during the past 30 days..... 0
- Yes, I was asked to show proof of age..... 1
- No, I was not asked to show proof of age..... 2

29. **During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?**

- I did not try to buy cigarettes in a store during the past 30 days..... 0
- Yes, someone refused to sell me cigarettes because of my age..... 1
- No, no one refused to sell me cigarettes because of my age..... 2

**These questions ask about your quit-smoking experience.**

30. **Did you try to quit smoking by the end of the stop smoking program?**

- No..... 0
- Yes..... 1

31. **Since the end of the stop-smoking program, have you smoked any cigarettes at all?**

- No..... 0
- Yes..... 1



32. Since the end of 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 end 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...**

32a. 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 at all</u>	<u>A little</u>	<u>A lot</u>	<u>All the 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

33. **Since the end of 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

OR

I have not had a cigarette since the end of the stop-smoking program.....996

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

(PLEASE CIRCLE NO OR YES OR I HAVE NOT TRIED TO QUIT FOR EACH STATEMENT BELOW.)

Did you...	<u>No</u>	<u>Yes</u>	<u>I have NOT tried to quit</u>
a. Switch to light or ultra-light cigarettes	0	1	2
b. Switch to chewing tobacco or snuff	0	1	2
c. Cut down on the amount of cigarettes you smoked	0	1	2
d. Stop buying cigarettes	0	1	2
e. Tell others you no longer smoke	0	1	2
f. Stop hanging out with friends who smoke	0	1	2
g. Stop smoking "cold turkey"	0	1	2
h. Try to quit with a friend	0	1	2
i. Exercise more	0	1	2
j. Use herbal remedies like Smoke Away for quitting smoking	0	1	2
k. Use acupuncture or hypnosis	0	1	2
l. Use a telephone quit line	0	1	2
m. Use an internet quit site	0	1	2
n. Use nicotine replacement products, like nicotine gum, patch, inhaler, nasal spray, or lozenge	0	1	2
o. Take Zyban or Wellbutrin	0	1	2
p. Do anything else? (please write in what you did) _____	0	1	2

**35. Do you want to stop smoking cigarettes?**

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

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

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

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

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

**38. 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

**39. 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

40. 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

41. 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

42. Below are reasons people quit smoking or stay quit. 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</u> <u>True</u>		<u>Sort of</u> <u>True</u>		<u>Not at</u> <u>all true</u>
a. To prove I can quit smoking or stay quit 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 or stay quit	1	2	3	4	5
e. Because people I am close to will be mad at me if I don't quit or stay 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

43. 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</u> <u>true</u>		<u>Sort of</u> <u>true</u>		<u>Not at</u> <u>all true</u>	<u>I</u> <u>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

44. 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...**

44a. Are any of the following reasons why you started smoking again?

(PLEASE ANSWER **NO** OR **YES** FOR EACH REASON BELOW.)

<b>I started smoking again because...</b>	<b><u>No</u></b>	<b><u>Yes</u></b>
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



45. **Since the end of the stop-smoking program, how many close friends have you told that you were trying to quit or stay quit?**

(PLEASE WRITE IN THE NUMBER OF FRIENDS)

\_\_\_\_\_ Close friends  
(Number of)

OR

I have not tried to quit since the end of the stop-smoking program.....996

46. **Among the friends that you told you were trying to quit or stay 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
- I have not tried to quit since the end of the stop-smoking program..... 6

47. **Since the end of 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

48. 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

49. Since the end of the stop-smoking program, have you told your parents that you were trying to quit or stay quit?

- No..... 0
- Yes..... 1
- I have not tried to quit since the end of the stop-smoking program..... 2

50. Since the end of 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</u> <u>Supportive</u>	<u>Sort of</u> <u>Supportive</u>	<u>Very</u> <u>Supportive</u>	<u>Do not</u> <u>have</u> <u>one</u>	<u>Did Not</u> <u>Know</u> <u>that I</u> <u>Smoked</u>	<u>I have</u> <u>not</u> <u>tried to</u> <u>quit</u>
a. Mother or Female Guardian	1	2	3	4	5	6
b. Father or Male Guardian	1	2	3	4	5	6
c. Boyfriend or Girlfriend	1	2	3	4	5	6

51. Since the end of 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

52. 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

53. 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

54. 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

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

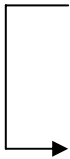
(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Often True</u>	<u>Sometimes True</u>	<u>Rarely True</u>	<u>Never True</u>	<u>I don't know</u>	<u>I am not currently 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

56. Since the end of 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.)

56a. If yes, who punished you?

Parents/guardians..... 1

School officials (For example: principal, secretary) ..... 2

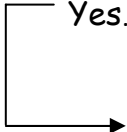
Representatives of organized groups, clubs, sports (For example: coaches, group leaders, religious group leaders) ..... 3

Community officials (For example: police, a judge or parole officer) ... 4

57. Since the end of the stop-smoking program, did you go to another stop smoking class?

No..... 0

Yes..... 1



IF YES...		
57a. Why did you go to another stop smoking class?		
(Please circle No or Yes for each statement below.)		
	<u>No</u>	<u>Yes</u>
I chose to go.....	0	1
I got caught smoking.....	0	1
My parents made me.....	0	1
Some other adult made me.....	0	1
Other (Please specify): _____.....	0	1

58. Since the end of 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.**

59. 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



60. 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

61. Do you think all public places, for example, malls, restaurants, arcades, should be smoke-free?

- Definitely yes..... 1
- Probably yes..... 2
- Probably not..... 3
- Definitely not..... 4

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

62. 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>	0	1
b. <u>Cigars, cigarillos, or little cigars</u>	0	1
c. <u>Pipe tobacco</u>	0	1
d. <u>Bidis</u>	0	1
e. <u>Clove cigarettes</u>	0	1
f. <u>Herbal cigarettes</u>	0	1
g. <u>Ariva, Revel, Exalt</u>	0	1
h. <u>SCoR</u>	0	1
i. <u>OMNI or Advance</u>	0	1
j. <u>Eclipse or Accord</u>	0	1
k. <u>Quest</u>	0	1

63. 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

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

65. **During the past 6 months**, did a doctor, dentist, nurse, or other health care professional ask you whether you smoke?

- No..... 0
- Yes..... 1
- I have not seen a health care professional in the past 6 months..... 2

66. **During the past 6 months**, did a doctor, dentist, nurse, or other health care professional tell you to stop smoking?

- No..... 0
- Yes..... 1
- I have not seen a health care professional in the past 6 months..... 2

67. **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

68. 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.)

	YES: <u>Nearly every day</u> in the past 2 weeks	YES: <u>A few days</u> in the past 2 weeks	<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

69. 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

70. 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)

71. 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...

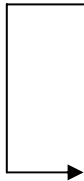
- 0 days ..... 0
- 1 day ..... 1
- 2 days ..... 2
- 3 to 5 days ..... 3
- 6 to 9 days ..... 4
- 10 to 19 days ..... 5
- 20 to 29 days ..... 6
- All 30 days ..... 7

72. During the past 6 months, 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

73. 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



73a. If more than once a month, how many times per month?  
\_\_\_\_\_ times per month

74. 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

75. What is your current height and weight?

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Weight: \_\_\_\_\_ Pounds

76. 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.**