

AI ATS 2018 Questionnaire

Date of Interview	Support Center	Tribe	Village	Clinic	Interview Supervisor	Interviewer ID	Case ID Number

**American Indian  
Adult Tobacco Survey  
Core Questions  
(Updated July 2018)**

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**INTERVIEWER, PLEASE READ THE FOLLOWING STATEMENT TO THE PARTICIPANT:**

“Thank you for agreeing to participate in the survey. My name is <<Interviewer Name>> and I am from <<organization name>>. We are gathering information about health and tobacco use. Your answers will be combined with those from other people to identify tobacco use behaviors and needs specific to your community. It also will help to improve services and programs aimed at preventing or decreasing commercial tobacco product use and its health effects.

Before we begin, I would like to go over the ground rules for this interview. First, this is a confidential survey, which means that your name will be kept private.

Also, I must read the questions and response options exactly as they are written. I cannot tell you how you should answer the questions. If you need a question or response repeated, please ask, and I will be happy to do so.

Lastly, there are no right or wrong answers. If you are uncomfortable with any question, you can refuse to answer that question. If we are distracted during the interview, we will stop as needed and then continue the interview. You can stop this interview at any time.”

“Do you have any questions before we begin?”

“Are you ready to begin?” <<If participant agrees, then>>

**BEGIN INTERVIEW**

**SECTION 1: GENERAL HEALTH**

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

- Excellent .....  1
- Very good .....  2
- Good .....  3
- Fair .....  4
- Poor .....  5
- Don't know/not sure .....  7
- Refused.....  9

**SECTION 2: COMMERCIAL CIGARETTE USE**

This section is about commercial cigarette use. Do not include electronic cigarettes (e-cigarettes) or other electronic vaping products. **Do not include ceremonial, traditional, or sacred smoking.** Traditional tobacco is tobacco and/or other plant mixtures grown or harvested and used by American Indians and Alaska Natives for ceremonial or medicinal purposes.

2. Have you ever smoked a cigarette, even one or two puffs?

- Yes .....  1
- No.....  2 **Skip to Q23**
- Don't know/Not sure .....  7 **Skip to Q23**
- Refused .....  9 **Skip to Q23**

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

- Age .....    01-120
- Don't know/Not sure .....  777
- Refused .....  999

4. We want you to think of all the cigarettes you ever smoked in your entire life, not on a single day. In your entire life, have you smoked at least 100 cigarettes, about 5 packs?

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

5. How old were you when you first started smoking cigarettes **every day**?

- Never smoked every day .....   00
- Age .....    01-120
- Don't know/Not sure .....   777
- Refused .....   999

6. Do you **now** smoke cigarettes every day, some days, or not at all?

- Every day .....  1
- Some days.....  2
- Not at all.....  4 **Skip to Q13**

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Don't know/Not sure .....  7 **Skip to Q13**  
Refused .....  9 **Skip to Q13**

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

None .....   00 **Skip to Q9**  
Number of days ..... \_ \_ 01-30  
Don't know/Not sure .....   77  
Refused .....   99

8. On the days that you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Number of cigarettes ..... \_ \_ \_ 001-180  
Don't know/Not sure .....    777  
Refused .....    999

**(Note to interviewer:** One pack = 20 cigarettes.)

9. The last time you bought cigarettes for yourself, did you buy them by the pack or by the carton (a carton usually contains 10 packs)?

By the pack .....  1  
By the carton .....  2  
OTHER .....  3  
Don't know/Not sure .....  7  
Refused .....  9

10. Please report the cost after discounts or coupons. What price did you pay for the last pack or carton of cigarettes you bought?

\$ \_ \_ . \_ \_

Don't know/Not sure .....  777  
Refused .....  999

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11. What brand of cigarettes do you use most often? **(MARK ONLY ONE.)**

Marlboro ..... <input type="checkbox"/> <input type="checkbox"/> 01	American Spirit..... <input type="checkbox"/> <input type="checkbox"/> 06
Newport..... <input type="checkbox"/> <input type="checkbox"/> 02	Winston ..... <input type="checkbox"/> <input type="checkbox"/> 07
Camel..... <input type="checkbox"/> <input type="checkbox"/> 03	Kool ..... <input type="checkbox"/> <input type="checkbox"/> 08
Pall Mall ..... <input type="checkbox"/> <input type="checkbox"/> 04	Maverick ..... <input type="checkbox"/> <input type="checkbox"/> 09
L&M ..... <input type="checkbox"/> <input type="checkbox"/> 05	Other (specify): _____

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

Refused .....   99

12. Usually, how soon after you wake up do you smoke your first cigarette?

Within 5 minutes .....  1

6–30 minutes .....  2

31–60 minutes.....  3

After 60 minutes.....  4

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

Refused .....  9

**2.1 QUIT CIGARETTE SMOKING ATTEMPTS**

13. About how long has it been since you last smoked a cigarette, even one or two puffs?

- Never smoked cigarettes.....   01 **Skip to Q15**
- Number of days .....   01-30 02
- Number of weeks .....   01-52 03
- Number of months .....   01-12 03
- Number of years .....   01-60 04
- Don't know/Not sure .....   77 **Skip to Q15**
- Refused .....   99 **Skip to Q15**

14. During the **past 12 months**, that is since [date fill], how many times have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes for good?

- Number of times .....    01-365
- None .....   000
- Don't know/Not sure .....   777
- Refused .....   999

## 2.2 METHODS OF QUITTING CIGARETTE SMOKING

Ask Q15-Q16 among:

- (1) **CURRENT SMOKERS** (Q4 = 1 "At least 100 lifetime cigarettes" AND Q6 = 1 "Every Day" or 2 "Some Day") who made a quit attempt within the past year (Q14 > 1 quit attempt) or
- (2) **FORMER SMOKERS** (Q4 = 1 "At least 100 lifetime cigarettes" AND Q6 = 3 "Not at all" ) who quit in the last 5 years (Q13 ≤ 5 years)

15. **[FORMER SMOKERS]:** When you quit smoking cigarettes,  
**[CURRENT SMOKERS]:** When you last tried to quit smoking cigarettes,

Did you do any of the following? (Select all that apply)

- Gave up cigarettes all at once .....  1
- Gradually cut back on cigarettes .....  2
- Substituted some regular cigarettes with e-cigarettes .....  3
- Used a nicotine patch or nicotine gum .....  4
- Switched completely to e-cigarettes .....  5
- Switched to "mild" cigarettes.....  6
- Got help from a doctor or other health professional.....  7
- Used FDA approved medications such as Zyban or Chantix ....  8
- Got help from a website such as smokefree.gov.....  9
- Got help from a telephone quitline .....  10
- Used any traditional methods (For example, attended a sweat lodge or talking circle, used herbs, or prayer) .....  11
- Used some other method .....  12
- Don't know/Not sure .....  77
- Refused .....  99

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16. **[FORMER SMOKERS]:** When you quit smoking,  
**[CURRENT SMOKERS]:** When you last you tried to quit smoking,

What were the reasons? (Select all that apply)

- Because I was concerned about my health .....  1
- Because I was concerned about the health of those around  
me (e.g. children, other family, and/or, friends) .....  2
- Because a healthcare professional advised me to quit  
smoking .....  3
- Because of the financial cost of cigarettes .....  4
- Because my family or friends encouraged me to quit smoking  5
- Because I lost a family or friend to a disease caused by  
smoking.....  6
- Because of spiritual reasons .....  7
- Some other reason.....  8
- Don't know/Not sure .....  77
- Refused .....  99

**INTERVIEWER CHECKPOINT**

**FORMER SMOKERS who quit within the past 5 years (Q13 ≤ 5 years) SKIP TO Q20.**

## 2.3 READINESS TO QUIT SMOKING CIGARETTES

Ask Q17-Q19 among:

(1) **CURRENT SMOKERS (Q4 = 1 "At least 100 lifetime cigarettes"  
AND Q6 = 1 "every day" or Q6 = 2 "some days")**

17. Do you want to quit smoking cigarettes?

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

18. Are you seriously thinking about quitting smoking cigarettes within the **next six months**?

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

19. How soon are you likely to quit smoking? Would you say...

- Within the next 30 days.....  1  
Within the next 6 months.....  2  
Within the year.....  3  
Longer than a year.....  4  
Don't know/Not sure .....  7  
Refused .....  9

## 2.4 PHYSICIAN AND HEALTH PROFESSIONAL ADVICE TO QUIT SMOKING

Ask Q20-Q21 among:

- (1) **CURRENT SMOKERS** (Q4 = 1 "At least 100 lifetime cigarettes" AND Q6 = 1 "every day" or Q6 = 2 "some days")
- (2) **FORMER SMOKERS** (Q4 = 1 "At least 100 lifetime cigarettes" AND Q6 = 3 "Not at all" ) who quit in the last 5 years (Q13 ≤ 5 years)

20. [**FORMER SMOKERS**]: During the **12 months before you completely quit smoking cigarettes**, did you see a doctor, dentist, or other health professional to get a checkup or any kind of care for yourself?

[**CURRENT SMOKERS**]: In the **past 12 months** have you seen a doctor, dentist, or other health professional to get a checkup or any kind of care for yourself?

- Yes .....  1
- No.....  2 **Skip to Q23**
- Don't know/Not sure .....  7 **Skip to Q23**
- Refused .....  9 **Skip to Q23**

21. [**FORMER SMOKERS**]: During the **12 months before you completely quit smoking cigarettes**, did any doctor, dentist, or health professional ask if you smoke?

[**CURRENT SMOKERS**]: During the **past 12 months** did any doctor, dentist, or other health professional ask if you smoke?

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

22. [**FORMER SMOKERS**]: During the **12 months before you completely quit smoking cigarettes**, did any doctor, dentist or health professional advise you to stop smoking?

[**CURRENT SMOKERS**]: During the **past 12 months** did any doctor, dentist or other health professional advise you to stop smoking?

- Yes .....  1

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

## SECTION 3: OTHER COMMERCIAL TOBACCO PRODUCT USE

### 3.1 COMMERCIAL CIGAR USE

This section is about commercial cigar use. Cigars refers to any kind of cigar, including big cigars, cigarillos or even little cigars that look like cigarettes. Some common brands are Black and Mild's, Swisher Sweets, and Dutch Masters. **Do not include ceremonial, traditional, or sacred smoking.**

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

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

24. How old were you the first time you smoked a cigar?

- Age .....     01-120
- Don't know/Not sure .....   777
- Refused .....   999

25. We want you to think of all the cigars you ever smoked in your entire life. Have you smoked cigars at least 50 times in your entire life?

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

26. How old were you when you first started smoking cigars **every day**?

- Never smoked cigars every day .....   00
- Age .....     01-120
- Don't know/Not sure .....   777
- Refused .....   999

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

- Every day .....  1  
 Some days .....  2  
 Not at all.....  3 **Skip to Q32**  
 Don't know/Not sure .....  7 **Skip to Q32**  
 Refused .....  9 **Skip to Q32**

28. During **the past 30 days**, on how many days did you smoke cigars?

- None .....  00 **Skip to Q30**  
 Number of days .....   01-30  
 Don't know/Not sure .....   77  
 Refused .....   99

29. On the days that you smoked **during the past 30 days**, about how many cigars did you smoke a day?

- Number of cigars .....    001-180  
 Less than one cigar a day .....    666  
 Don't know/Not sure .....    777  
 Refused .....    999

30. What brand of cigars do you use most often? **(MARK ONLY ONE.)**

Swisher Sweets ..... <input type="checkbox"/> <input type="checkbox"/> 01	Dutch Masters ..... <input type="checkbox"/> <input type="checkbox"/> 06
Black and Milds ..... <input type="checkbox"/> <input type="checkbox"/> 02	Backwoods ..... <input type="checkbox"/> <input type="checkbox"/> 07
Garcia y Vega ..... <input type="checkbox"/> <input type="checkbox"/> 03	PT Djarum ..... <input type="checkbox"/> <input type="checkbox"/> 08
Cheyenne..... <input type="checkbox"/> <input type="checkbox"/> 04	Other (specify): _____ <input type="checkbox"/> <input type="checkbox"/> 09
White Owl ..... <input type="checkbox"/> <input type="checkbox"/> 05	

31. Usually, how soon after you wake up do you smoke your first cigar?

Within 5 minutes .....  1

6–30 minutes .....  2

31–60 minutes .....  3

After 60 minutes .....  4

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

Refused .....  9

### 3.2 COMMERCIAL PIPE USE

This section is about commercial pipe use. **Do not include ceremonial, traditional, or sacred smoking.**

32. Have you ever smoked a pipe, even one or two puffs?

- Yes .....  1  
No.....  2 **Skip to Q40**  
Don't know/Not sure .....  7 **Skip to Q40**  
Refused .....  9 **Skip to Q40**

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

- Age .....    01-120  
Don't know/Not sure .....   777  
Refused .....   999

34. We want you to think of all the times you have smoked a pipe in your entire life, not on a single day. Have you smoked a pipe at least 50 times in your entire life?

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

35. How old were you when you started smoking pipes **every day**?

- Never smoked pipes every day .....   00  
Age .....    01-120  
Don't know/Not sure .....   777  
Refused .....   999

36. Do you **now** smoke commercial pipes every day, some days, or not at all?

- Every day .....  1
- Some days .....  2
- Not at all .....  3 **Skip to Q40**
- Don't know/Not sure .....  7 **Skip to Q40**
- Refused .....  9 **Skip to Q40**

37. **During the past 30 days**, on how many days did you smoke a pipe?

- None .....   00 **Skip to Q39**
- Number of days .....   1-30
- Don't know/Not sure .....   77
- Refused .....   99

38. On the days that you smoked a pipe during the past 30 days, about how many times a day did you smoke?

- Number of times .....    001-180
- Less than one pipe a day .....    666
- Don't know/Not sure .....    777
- Refused .....    999

39. Usually, how soon after you wake up do you smoke your first pipe?

- Within 5 minutes .....  1
- 6-30 minutes .....  2
- 31-60 minutes .....  3
- After 60 minutes .....  4
- Don't know/Not sure .....  7
- Refused .....  9

### 3.3 COMMERCIAL CHEWING TOBACCO, SNUFF, OR SNUF USE

This section is about commercial chewing tobacco (spit tobacco), snuff (dip), and snus. These products are also known as smokeless tobacco. Snus is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. **Do not include ceremonial, traditional, or sacred tobacco use.**

40. Have you ever used chewing tobacco, snuff, or snus, even one time?

- Yes .....  1
- No.....  2 **Skip to Q48**
- Don't know/Not sure .....  7 **Skip to Q48**
- Refused .....  9 **Skip to Q48**

41. How old were you the first time you used chewing tobacco, snuff, or snus, even one time?

- Age .....    01-120
- Don't know/Not sure .....   777
- Refused .....   999

42. We want you to think of all the times you have used chewing tobacco, snuff, or snus in your entire life, not on a single day. Have you used chewing tobacco, snuff, or snus at least 20 times in your entire life?

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

43. How old were you when you started using chewing tobacco, snuff, or snus **every day**?

- Never used every day.....   00
- Age .....    01-120
- Don't know/Not sure .....   777
- Refused .....   999

44. Do you **now** use chewing tobacco, snuff, or snus every day, some days, or not at all?

- Every day .....  1
- Some days .....  2
- Not at all .....  3 **Skip to Q48**
- Don't know/Not sure .....  7 **Skip to Q48**
- Refused .....  9 **Skip to Q48**

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

- None .....   00
- Number of days .....   01-30
- Don't know/Not sure .....   77
- Refused .....   99

46. What brand of chewing tobacco do you use most often? (**MARK ONLY ONE.**)

Copenhagen ..... <input type="checkbox"/> <input type="checkbox"/> 01	Red Seal ..... <input type="checkbox"/> <input type="checkbox"/> 05
Grizzly ..... <input type="checkbox"/> <input type="checkbox"/> 02	Red Man ..... <input type="checkbox"/> <input type="checkbox"/> 06
Skoal ..... <input type="checkbox"/> <input type="checkbox"/> 03	Kodak ..... <input type="checkbox"/> <input type="checkbox"/> 07
Longhorn ..... <input type="checkbox"/> <input type="checkbox"/> 04	Other (specify): _____ <input type="checkbox"/> <input type="checkbox"/> 08

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

47. Usually, how soon after you wake up do you use chewing tobacco, snuff, or snus?

- Within 5 minutes .....  1
- 6-30 minutes .....  2
- 31-60 minutes .....  3
- After 60 minutes .....  4
- Don't know/Not sure .....  7
- Refused .....  9

### 3.5 COMMERCIAL ELECTRONIC CIGARETTE USE

This section is about commercial electronic cigarette (e-cigarette) or electronic vaping product use. Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. **Do not include ceremonial, traditional, or sacred tobacco use.**

48. Have you ever used an e-cigarette or other electronic vaping product, even just one time in your entire life?

- Yes .....  1
- No.....  2 **Skip to Q55**
- Don't know/Not sure .....  7 **Skip to Q55**
- Refused .....  9 **Skip to Q55**

49. How many times in total do you think you have used an e-cigarette or other electronic vaping product during your lifetime?

- 1-10.....  1
- 11-20.....  2
- 21-49.....  3
- 50 or more times .....  4
- Don't know/Not sure .....  7
- Refused .....  9

50. Do you now use e-cigarettes or other electronic vaping product every day, some days, or not at all?

- Every day .....  1
- Some days.....  2
- Not at all.....  3 **Skip to Q52**
- Don't know/Not sure .....  7 **Skip to Q52**
- Refused .....  9 **Skip to Q52**

51. During the past 30 days, on how many days did you use e-cigarettes or other electronic vaping products?

- None .....   00
- Number of days .....   01-30
- Don't know/Not sure .....   77

Refused .....   99

52. Were any of the e-cigarettes or other electronic vaping products that you have ever used flavored to taste like menthol, mint, clove, spice, candy, fruit, chocolate, or other sweets?

Yes .....  1

No.....  2

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

Refused .....  9

53. Were any of the e-cigarettes or other electronic vaping products that you have ever used flavored to taste like menthol, mint, clove, spice, candy, fruit, chocolate, or other sweets?

Menthol or mint flavored.....  1

Clove, spice, or herb flavored .....  2

Fruit flavored.....  3

Alcohol flavor .....  4

Candy, chocolate, or other sweet flavored.....  5

Other .....  6

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

Refused .....  9

54. What brand of e-cigarettes or other electronic vaping products do you use most often? **(MARK ONLY ONE.)**

JUUL ..... <input type="checkbox"/> <input type="checkbox"/> 01	Logic..... <input type="checkbox"/> <input type="checkbox"/> 05
Vuse..... <input type="checkbox"/> <input type="checkbox"/> 02	NJOY..... <input type="checkbox"/> <input type="checkbox"/> 06
MarkTen ..... <input type="checkbox"/> <input type="checkbox"/> 03	No Brand ..... <input type="checkbox"/> <input type="checkbox"/> 07
Blu ..... <input type="checkbox"/> <input type="checkbox"/> 04	Other (specify): _____ <input type="checkbox"/> <input type="checkbox"/> 08

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

Refused .....  9

55. In the past 30 days, which of the following substances have you used in an e-cigarette or other electronic vaping product? (Select all that apply)

- Nicotine .....  1
- Marijuana or cannabis, including hash oil or shatter wax  2
- Spice or synthetic marijuana .....  3
- Flavors .....  4
- Something else.....  5
- I have not used any electronic vaping products in the  
past 30 days .....  6
- Don't know/Not sure .....  7
- Refused .....  9

### 3.6 COMMERCIAL HOOKAH USE

This section is about commercial hookah use. Hookah is a type of water pipe. Do not include e-hookah or electronic hookah use. **Do not include ceremonial, traditional, or sacred smoking.**

56. Have you ever smoked tobacco in a hookah in your entire life?

- Yes .....  1  
No.....  2 **Skip to Q63**  
Don't know/Not sure .....  7 **Skip to Q63**  
Refused .....  9 **Skip to Q63**

57. How many times in total have you smoked tobacco in a hookah during your lifetime?

- 1-10 .....  1  
11-20 .....  2  
21-49 .....  3  
50 or more times .....  4  
Don't know/Not sure .....  7  
Refused .....  9

58. Do you now smoke tobacco in a hookah every day, some days, or not at all?

- Every day .....  1  
Some days.....  2  
Not at all.....  3 **Skip to Q60**  
Don't know/Not sure .....  7 **Skip to Q60**  
Refused .....  9 **Skip to Q60**

59. During the past 30 days, on how many days did you smoke tobacco in a hookah?

- None .....   00  
Number of days .....   01-30  
Don't know/Not sure .....   77  
Refused .....   99

60. Was any of the tobacco that you have ever smoked in a hookah flavored to taste like menthol, mint, clove, spice, candy, fruit, chocolate, or other sweets?

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

61. Was any of the tobacco that you have ever smoked in a hookah flavored to taste like menthol, mint, clove, spice, candy, fruit, chocolate, or other sweets?

- Menthol or mint flavored.....  1
- Clove, spice, or herb flavored .....  2
- Fruit flavored.....  3
- Alcohol flavor .....  4
- Candy, chocolate, or other sweet flavored.....  5
- Other .....  6
- Don't know/Not sure .....  7
- Refused .....  9

62. Where have you smoked a hookah? (Select all that apply)

- At home.....  1
- At a hookah bar .....  2
- At a friend or family member's home.....  3
- Don't know/Not sure .....  7
- Refused .....  9

### 3.7 COMMERCIAL FLAVORED TOBACCO PRODUCT USE

This section is about commercial flavored tobacco use. This includes cigarettes, e-cigarettes or other electronic vaping products, cigars, pipes, chewing tobacco (spit tobacco), snuff (dip), snus, and hookah. **Do not include ceremonial, traditional, or sacred tobacco use.**

63. Which of the following tobacco products that you used within the past 30 days were flavored to taste like menthol (mint), alcohol (wine, cognac), candy, fruit, chocolate or other sweets? (Select all that apply)

- Cigarettes .....  1
- Cigars, cigarillos or little filtered cigars .....  2
- E-cigarettes or other electronic vaping products.....  3
- Pipe filled with tobacco (not water pipe) .....  4
- Chewing or spit tobacco .....  5
- Snuff .....  6
- I did not use any of the flavored products listed above  
in the past 30 days .....  7
- Don't know/Not sure .....  8
- Refused .....  9

## SECTION 4: QUITTING ALL COMMERCIAL TOBACCO PRODUCT USE

### Ask among EVER TOBACCO USERS:

- (1) Ever cigar users (Q23 = 1 "Yes") OR
- (2) Ever pipe users (Q32 = 1 "Yes") OR
- (3) Ever chewing tobacco, snuff, or snus user (Q40 = 1 "Yes") OR
- (4) Ever e-cigarette or other electronic vaping product user (Q48 = 1 "Yes") OR
- (5) Ever hookah user (Q56 = 1 "Yes")

### 4.1 QUIT ALL COMMERCIAL TOBACCO PRODUCT USE ATTEMPTS

This section is about quitting all commercial tobacco product use. This includes cigarettes, e-cigarettes or other electronic vaping products, cigars, pipes, chewing tobacco (spit tobacco), snuff (dip), snus, and hookah. **Do not include ceremonial, traditional, or sacred tobacco use.**

64. About how long has it been since you last used any tobacco products?

- Never used any tobacco product .....   01 **Skip to Q66**
- Number of days .....   01-30 02
- Number of months .....   01-12 03
- Number of years .....   01-60 04
- Don't know/Not sure .....   77 **Skip to Q66**
- Refuse .....   99 **Skip to Q66**

65. During the past **12 months**, that is since [date fill], how many times have you stopped using all tobacco products for one day or longer because you were trying to quit smoking all tobacco products for good?

- Number of times .....    001-365
- None .....   000
- Don't know/Not sure .....   777
- Refused .....   999

## 4.2 METHODS OF QUITTING ALL COMMERCIAL TOBACCO PRODUCTS

Ask Q66 among:

- (1) **THOSE WHO QUIT IN THE PAST 5 YEARS (Q64 ≤ 5 years)**
- (2) **TOBACCO USERS WHO MADE A QUIT ATTEMPT IN THE PAST YEAR (Q65 > 1 "Yes")**

66. **[Those Who Quit in the Past 5 Years]:** When you quit using all tobacco products,  
**[Those Who Made a Quit Attempt in the Past Year]:** When you last tried to quit using all tobacco products,

Did you do any of the following? (Select all that apply)

- Gave up tobacco products all at once .....  1
- Gradually cut back on all tobacco products .....  2
- Used a nicotine patch or nicotine gum .....  3
- Got help from a doctor or other health professional .....  4
- Used FDA approved medications such as Zyban  
or Chantix .....  5
- Got help from a website such as smokefree.gov .....  6
- Got help from a telephone quitline .....  7
- Used any traditional methods (For example, did you  
go to sweat lodge or talking circle, use herbs, or pray.)  8
- Used some other method .....  9
- Don't know/Not sure .....  77
- Refused .....  99

**INTERVIEWER CHECKPOINT**  
**FORMER TOBACCO USERS who quit within the past 5 years**  
**(Q64 ≤ 5 years) SKIP TO Q70.**

### 4.3 READINESS TO QUIT ALL COMMERCIAL TOBACCO USE

Ask Q67 to Q69 among current tobacco users:

- (1) Current cigar user (Q27 = 1 "Every Day" or 2 "Some Day") OR
- (2) Current pipe user (Q36 = 1 "Every Day" or 2 "Some Day") OR
- (3) Current chewing tobacco, snuff, or snus (Q44 = 1 "Every Day" or 2 "Some Day") OR
- (4) Current e-cigarette or other electronic vaping product (Q50 = 1 "Every Day" or 2 "Some Day") OR
- (5) Current hookah (Q58 = 1 "Every Day" or 2 "Some Day")

67. Do you want to quit using all tobacco products?

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

68. Are you seriously thinking about quitting using all tobacco products within the **next six months**?

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

69. How soon are you likely to quit using all tobacco products? Would you say...

- Within the next 30 days.....  1
- Within the next 6 months.....  2
- Within the year.....  3
- Longer than a year.....  4
- Don't know/Not sure .....  7
- Refused .....  9

**4.4 PHYSICIAN AND HEALTH PROFESSIONAL  
ADVICE TO QUIT USING ALL TOBACCO  
PRODUCTS**

70. **[Those Who Quit in the Past 5 Years]:** During the **12 months before you completely quit using tobacco**, did you see a doctor, dentist, or other health professional to get a checkup or any kind of care for yourself?

**[Those Who Made a Quit Attempt in the Past Year]:** In the **past 12 months** have you seen a doctor, dentist, or other health professional to get a checkup or any kind of care for yourself?

- Yes .....  1
- No.....  2 **Skip to Q73**
- Don't know/Not sure .....  7 **Skip to Q73**
- Refused .....  9 **Skip to Q73**

71. **[Those Who Quit in the Past 5 Years]:** During the **12 months before you completely quit using tobacco**, did any doctor, dentist, or health professional ask if you use any tobacco products?

**[Those Who Made a Quit Attempt in the Past Year]:** During the **past 12 months** did any doctor, dentist, or other health professional ask if you use any tobacco products?

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

72. **[Those Who Quit in the Past 5 Years]:** During the **12 months before you completely quit using tobacco**, did any doctor, dentist or health professional advise you to stop using all tobacco products?

**[Those Who Made a Quit Attempt in the Past Year]:** During the **past 12 months** did any doctor, dentist or other health professional advise you to stop using all tobacco products?

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

**SECTION 5: SECONDHAND SMOKE EXPOSURE**

This section is about commercial secondhand smoke exposure. **Do not include secondhand smoke exposure from ceremonial, traditional, or sacred smoking.**

73. Not including yourself, how many people live in your household?

- 0.....  0
- 1.....  1
- 2.....  2
- 3.....  3
- 4.....  4
- 5 or more .....  5
- Don't know/Not sure .....  7
- Refused .....  9

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

- 0.....  0
- 1.....  1
- 2.....  2
- 3.....  3
- 4.....  4
- 5 or more .....  5
- Don't know/Not sure .....  7
- Refused .....  9

75. Not counting decks, porches, or detached garages, during the **past 7 days**, that is, since **(FILL IN THE DAY)**, on how many days did someone other than you smoke tobacco inside your home?

- Number of days .....   00-07
- Don't know/Not sure .....   77
- Refused .....   99

76. In your opinion, inside a home, should smoking....

- Always be allowed .....  1



Never allowed in any vehicle .....  3  
Respondents family does not own or lease a vehicle .....  4  
Don't know/Not sure .....  7  
Refused .....  9

## SECTION 6: DEMOGRAPHICS

81. What is your age?

- Age in years .....    18-120  
Don't know/Not sure .....   777  
Refused .....   999

82. Are you male, female, transgender, Two-Spirit, or other?

- Male .....  1  
Female .....  2  
Transgender .....  3  
Two-Spirit .....  4  
Other .....  5  
Don't know/Not sure .....  7  
Refused .....  9

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

- Number of children .....   01-76  
Don't know/Not sure .....   77  
Refused .....   99

84. Which one or more of the following do you consider yourself to be?  
(Select all that apply)

- White .....  1  
Black or African American .....  2  
Asian .....  3  
Native Hawaiian or Other Pacific Islander .....  4  
American Indian or Alaska Native .....  5  
Some other racial category .....  6  
Don't know/Not sure .....  7  
Refused .....  9

85. Which one or more of the following describes your Hispanic origin or ancestry?

- Mexican, Mexican American, Chicano.....  1
- Puerto Rican.....  2
- Cuban .....  3
- Hispanic or Latino .....  4
- Another Hispanic, Latino, or Spanish origin .....  5
- Don't know/Not sure .....  7
- Refused .....  9

86. Are you enrolled in a tribe?

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

87. If so which one?

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

88. Are there any other tribes that you are a part of, but are not enrolled in?

- Yes .....  1
- If yes, please specify \_\_\_\_\_
- No.....  2
- Don't know/Not sure .....  7
- Refused .....  9

89. Which of the following best describes how you think of yourself?

- Heterosexual or straight .....  1
- Gay or lesbian .....  2
- Bisexual.....  3
- Other (specify) \_\_\_\_\_ .....  4
- Don't know/Not sure .....  7

Refused .....  9

90. Are you now...?

Married .....  1

Living with a partner .....  2

Divorced .....  3

Widowed .....  4

Separated .....  5

Single, that is, never married and not now living  
with a partner .....  6

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

Refused .....  9

91. What is the highest level of school you completed or the highest degree  
you received? *(Please stop me when I get to your answer selection)*

5<sup>th</sup> grade .....   01

6<sup>th</sup> grade .....   02

7<sup>th</sup> grade .....   03

8<sup>th</sup> grade .....   04

9<sup>th</sup> grade .....   05

10<sup>th</sup> grade .....   06

11<sup>th</sup> grade .....   07

12<sup>th</sup> grade .....   08

GED or equivalent .....   09

High school diploma .....   10

Some college, no degree .....   11

Certificate, diploma, or associate degree, occupational,  
technical, or vocational program .....   12

Bachelor's degree .....   13

Master's degree .....   14

Professional school (MD, DDS, DVM, LLB, JD) .....   15

Doctoral degree .....   16

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

Refused .....   99

92. Now I would like to ask about the combined income of everybody who lives with you. Combined income includes income from all sources for all persons in this household, including income from jobs, Social Security, retirement income, public assistance, and all other sources. Is your annual household income from all sources...?

- \$0 to \$10,000 .....   01
- \$10,001 to \$25,000 .....   02
- \$25,001 to \$50,000 .....   03
- \$50,001 to \$75,000 .....   04
- Greater than \$75,000 .....   05
- Don't know/Not sure .....   77
- Refused .....   99

93. In what type of living space do you currently reside?

- A one-family house detached from any other house .....   01
- A one-family house attached to one or more houses.....   02
- A building with 2 apartments or living units.....   03
- A building with 3 to 9 apartments or living units .....   04
- A building with 10 or more apartments or living units ...   05
- A mobile home, boat, RV, or van .....   06
- Some other type of living space .....   07
- Don't know/Not sure .....   77
- Refused .....   99

**Interviewer:** Enter date of completed interview:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
(Month) (Day) (Year)

**Thank you!**  
**[END OF INTERVIEW)**

**SECTION 7: SUPPLEMENTAL QUESTIONS**

**Purchase Patterns**

This section is about commercial cigarette use. Do not include electronic cigarettes (e-cigarettes). **Do not include ceremonial, traditional, or sacred smoking.**

- S1. In the past 12 months, have you ever bought cigarettes in a neighboring state?
  - Yes .....  1
  - No.....  2
  - Don't know/Not sure .....  7
  - Refused .....  9
  
- S2. In the past 12 months, have you ever bought cigarettes in a neighboring country?
  - Yes .....  1
  - No.....  2
  - Don't know/Not sure .....  7
  - Refused .....  9
  
- S3. In the past 12 months, have you ever bought cigarettes on an Indian Reservation?
  - Yes .....  1
  - No.....  2
  - Don't know/Not sure .....  7
  - Refused .....  9
  
- S4. In the past 12 months, did you have access to a computer and the internet all the time, sometimes, or not at all?
  - All the time .....  1
  - Sometimes.....  2
  - Not at all .....  3
  - Don't know/Not sure .....  7
  - Refused .....  9

S5. In the past 12 months, have you ever bought cigarettes on the internet?

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

S6. In the past 12 months, have you ever bought cigarettes in a tribal smoke shop?

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

S7. In the past 12 months, have you ever bought cigarettes in a tribal casino?

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

## Ceremonial or Sacred Use

**This section is about ceremonial or sacred smoking.** This includes traditional tobacco used for prayer, medicinal, or traditional purposes. Traditional tobacco is tobacco and/or other plant mixtures grown or harvested and used by American Indians and Alaska Natives for ceremonial or medicinal purposes.

S8. Do you use tobacco for ceremonial or sacred reasons?

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

S9. When you used tobacco for ceremonial or sacred reasons, what type of tobacco did you use? (Select all that apply)

- Traditional tobacco .....  1  
Commercial tobacco products such as Marlboro, etc. ....  2  
Don't know/Not sure .....  7  
Refused .....  9

S10. Have you ever smoked a pipe for ceremonial or sacred reasons?

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

S11. When you smoked a pipe for ceremonial or sacred reasons, what type of tobacco did you use? (Select all that apply)

- Traditional tobacco.....  1
- Commercial tobacco such as Marlboro or Camel.....  2
- Other (Specify)\_\_\_\_\_ .  3
- Don't know/Not sure .....  7
- Refused .....  9

S12. Have you ever used an e-cigarette or other electronic vaping product for sacred or ceremonial purposes?

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

## Electronic Cigarettes

This section is about commercial electronic cigarette (e-cigarette) or electronic vaping product use. Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. **Do not include ceremonial, traditional, or sacred tobacco use.**

S13. Before today, had you ever heard of e-cigarettes or other electronic vaping products?

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

S14. How old were you the first time you used an e-cigarette or other electronic vaping products, even one or two puffs?

- Age .....    01-120  
Don't know/Not sure .....   777  
Refused .....   999

S15. How old were you when you started smoking e-cigarettes or other electronic vaping products daily?

- Age .....    01-120  
Don't know/Not sure .....   777  
Refused .....   999

S16. Do you think you will use an e-cigarette or electronic other vaping product in the next year? Would you say...

- Definitely yes .....  1  
Probably yes .....  2  
Probably not.....  3  
Definitely not.....  4  
Don't know/Not sure .....  7  
Refused .....  9

## Hookah

This section is about commercial cigarette use. Do not include electronic hookah or e-hookah. **Do not include ceremonial, traditional, or sacred smoking.**

- S17. How old were you the first time you smoked tobacco in a hookah, even one or two puffs?

Age .....    01-120  
Don't know/Not sure .....   777  
Refused .....   999

- S18. How old were you when you started smoking tobacco in a hookah daily?

Age .....    01-120  
Don't know/Not sure .....   777  
Refused .....   999

- S19. Do you think you will smoke tobacco in a hookah within the next year?  
Would you say...

Definitely yes .....  1  
Probably yes .....  2  
Probably not.....  3  
Definitely not.....  4  
Don't know/Not sure .....  7  
Refused .....  9

## Workplace Secondhand Smoke Exposure

This section is about commercial secondhand smoke exposure. **Do not include secondhand smoke from ceremonial, traditional, or sacred smoking.**

- S20. Does your workplace have an official policy, such as signs, personal contracts, or written statements about smoking?

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

S21. Is the policy enforced?

- Always.....  1
- Sometimes.....  2
- Rarely .....  3
- Never .....  4
- Don't know/Not sure .....  7
- Refused .....  9

### Attitudes about Clean Indoor Air Policies

This section is about policies on commercial tobacco product smoking. For the following areas, do you think smoking should be allowed in all areas, some areas or not at all?

S22. In the indoor work areas, do you think smoking should be...

- Allowed** in all areas.....  1
- Allowed** in some areas .....  2
- Not allowed** at all.....  3
- Don't know/Not sure .....  7
- Refused .....  9

S23. In the indoor areas of restaurants, do you think smoking should be...

- Allowed** in all areas.....  1
- Allowed** in some areas .....  2
- Not allowed** at all.....  3
- Don't know/Not sure .....  7
- Refused .....  9

S24. In the indoor areas of shopping malls, do you think smoking should be...

- Allowed** in all areas.....  1
- Allowed** in some areas .....  2
- Not allowed** at all.....  3
- Don't know/Not sure .....  7
- Refused .....  9

S25. In the indoor areas of tribal buildings, do you think smoking should be...

- Allowed** in all areas.....  1
- Allowed** in some areas .....  2
- Not allowed** at all.....  3
- Don't know/Not sure .....  7
- Refused .....  9

S26. In the indoor areas of community centers, do you think smoking should be...

- Allowed** in all areas.....  1
- Allowed** in some areas .....  2
- Not allowed** at all.....  3
- Don't know/Not sure .....  7
- Refused .....  9

S27. In the indoor areas of casinos or bingo halls, do you think smoking should be...

- Allowed** in all areas.....  1
- Allowed** in some areas .....  2
- Not allowed** at all.....  3
- Don't know/Not sure .....  7
- Refused .....  9

## Commercial Cigarette Risk Perceptions

This section is about commercial cigarette use. Do not include electronic cigarettes (e-cigarettes) or other electronic vaping products. **Do not include ceremonial, traditional, or sacred smoking.**

S28. Think about someone who has smoked a pack of cigarettes a day for more than 20 years. Now suppose that I tell you there is **NO** health benefit to that person quitting smoking. Do you...

- Strongly agree.....  1
- Agree .....  2
- Disagree .....  3
- Strongly disagree.....  4
- Don't know/Not sure .....  7
- Refused .....  9

S29. Do you think that breathing smoke from other people's cigarettes is:

- Very harmful to one's health .....  1
- Somewhat harmful to one's health .....  2
- Not very harmful to one's health .....  3
- Not harmful to one's health .....  4
- Don't know/Not sure .....  7
- Refused .....  9

S30. Do you believe that breathing smoke from other people's cigarette causes lung cancer in adults?

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

S31. Do you believe that breathing smoke from other people's cigarette causes heart disease in adults?

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

S32. Do you believe that breathing smoke from other people's cigarette causes colon cancer in adults?

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

S33. Do you believe that breathing smoke from other people's cigarette causes respiratory problems in children?

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

S34. Do you believe that breathing smoke from other people's cigarettes causes sudden infant death syndrome (also called SIDS or crib death)?

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

**Asthma**

S35. Have you ever been told by a doctor or other health professional that you had asthma?

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

S36. Do you still have asthma?

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

**Diabetes**

S37. Have you ever been told by a doctor or other health professional that you have diabetes?

- Yes, but I am female and was told this only when I was pregnant (gestational diabetes).....  1
- Yes .....  2
- No.....  3
- No, but I have been told that I am prediabetic or border line .....  4
- Don't know/Not sure .....  7
- Refused .....  9

**Hypertension Awareness**

S38. Have you ever been told by a doctor or other health professional that you have high blood pressure?

- Yes, but I am female and was told this only when I was pregnant (gestational diabetes).....  1
- Yes .....  2
- No.....  3
- Don't know/Not sure .....  7
- Refused .....  9

S39. Are you currently taking medicine for your high blood pressure?

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

**Cholesterol Awareness**

S40. Blood cholesterol is a fatty substance found in the blood. High blood cholesterol is a condition that causes the levels of certain fats, or lipids, to be too high in the blood. Have you ever had your cholesterol checked?

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

S41. About how long has it been since you last had your blood cholesterol checked?

- Within the past year (anytime less than 12 months ago) .....  1
- Within the past 2 years (1 year but less than 2 years ago) .....  2
- Within the past 5 years (2 years but less than 5 years ago) .....  3
- 5 or more years ago .....  4
- Don't know/Not sure .....  7
- Refused .....  9

S42. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

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

**Cardiovascular Disease/Stroke**

S43. Has a doctor or other health professional ever told you that you have had a heart attack, also called a myocardial infarction?

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

S44. At what age did you have your first heart attack?

- Age (76 = 76+) .....   01-76
- Don't know/Not sure .....   77
- Refused .....   99

S45. Has a doctor or other health professional ever told you that you have angina or coronary heart disease?

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

S46. Has a doctor or other health professional ever told you that you have had a stroke?

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

S47. At what age did you have your first stroke?

- Age (76 = 76+) .....   01-76
- Don't know/Not sure .....   77
- Refused .....   99

**Pregnancy and Cigarette Smoking**

This section is about commercial cigarette use. Do not include electronic cigarettes (e-cigarettes) or other electronic vaping products. **Do not include ceremonial, traditional, or sacred smoking.**

S48. During any of your prenatal care visits, did a doctor or other health professional talk with you about how cigarette smoking during pregnancy could affect your baby?

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

S49. In the **3 months before** you got pregnant, how many cigarettes did you smoke on an average day (pack = 20 cigarettes)?

- None (0 cigarettes) .....  1
- Less than 1 cigarette .....  2
- 1 to 5 cigarettes .....  3
- 6 to 10 cigarettes.....  4
- 11 to 20 cigarettes.....  5
- 21 to 40 cigarettes.....  6
- 41 cigarettes or more .....  7
- Don't know/Not sure .....  77
- Refused .....  99

S50. In the **last 3 months** of your pregnancy, how many cigarettes did you smoke on an average day (pack = 20 cigarettes)?

- None (0 cigarettes) .....  1
- Less than 1 cigarette .....  2
- 1 to 5 cigarettes .....  3
- 6 to 10 cigarettes.....  4
- 11 to 20 cigarettes.....  5
- 21 to 40 cigarettes.....  6
- 41 cigarettes or more .....  7
- Don't know/Not sure .....  77
- Refused .....  99

## Quitting Cigarette Smoking

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

S51. Prescribe or recommend a nicotine patch to help you quit smoking cigarettes?

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

S52. Prescribe or recommend nicotine gum to help you quit smoking cigarettes?

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

S53. Prescribe or recommend nasal spray to help you quit smoking cigarettes?

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

S54. Prescribe or recommend an inhaler to help you quit smoking cigarettes?

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

S55. Prescribe or recommend nicotine lozenges to help you quit smoking cigarettes?

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

S56. Prescribe or recommend pills such as Wellbutrin or Zyban to help you quit smoking cigarettes?

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

S57. Prescribe or recommend pills such as Varenicline or Chantix to help you quit smoking cigarettes?

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

S58. Suggest that you set a specific date to stop smoking cigarettes?

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

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

S59. Suggest that you use a smoking cessation class to help you quit smoking cigarettes?

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

S60. Suggest that you use a smoking cessation program or class to help you quit smoking cigarettes?

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

S61. Suggest that you use a smoking cessation quit line or telephone counseling to help you quit smoking cigarettes?

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

**In the past 12 months, when a doctor, dentist, or other health professional advised you to quit smoking cigarettes, did they also...**

S62. Provide you with booklets, videos, or other materials to help you quit smoking cigarettes?

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

S63. Suggest that you use ceremonial prayer or traditional methods to help you quit smoking cigarettes?

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

S64. In the **past 12 months**, have you seen a traditional or native healer to get any kind of care for yourself?

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

S65. Excluding ceremonial or sacred use, during the **past 12 months**, did a traditional healer ask if you smoke cigarettes?

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

S66. Excluding ceremonial or sacred use, during the **past 12 months**, did a traditional healer advise you not to smoke cigarettes?

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

S67. In the past 12 months, when a traditional healer advised you to quit smoking cigarettes, did they suggest you use traditional methods (i.e., herbs, sweat lodge, or prayer) to assist in quitting?

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

## Quitting All Tobacco Product Use

This section is about quitting all commercial tobacco products use. This includes cigarettes, e-cigarettes or other electronic vaping products, cigars, pipes, chewing tobacco (spit tobacco), snuff (dip), snus, and hookah. **Do not include ceremonial, traditional, or sacred smoking.**

S68. About how long has it been since you **last** used any tobacco products? Would you say it was...

- Never used tobacco regularly .....   01
- Within the past month ( $\leq 1$  month ago) .....   02
- Within the past 3 months ( $> 1$  month but  $\leq 3$  months ago) .....   03
- Within the past 6 months ( $> 3$  months but  $\leq 6$  months ago) .....   04
- Within the past year ( $> 6$  months but  $\leq 1$  year ago) .....   05
- Within the past 5 years ( $> 1$  year but  $\leq 5$  years ago) .....   06
- Within the past 10 years ( $> 5$  years but  $\leq 10$  years ago) .....   07
- Over 10 years ago .....   08
- Don't know/Not sure .....   77
- Refused .....   99

S69. During the **past 12 months**, have you stopped using all tobacco products for one day or longer because you were trying to quit smoking?

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

S70. **[FORMER TOBACCO USERS]:** When you quit using tobacco,  
**[CURRENT TOBACCO USERS]:** The last time you tried to quit using tobacco,

Did you use the nicotine patch to help you quit?

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

S71. **[FORMER TOBACCO USERS]:** When you quit using tobacco,  
**[CURRENT TOBACCO USERS]:** The last time you tried to quit using tobacco,

Did you use nicotine gum to help you quit?

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

## Readiness to Quit Using All Commercial Tobacco Products

This section is about quitting all commercial tobacco products. This includes cigarettes, e-cigarettes or other electronic vaping products, cigars, pipes, chewing tobacco (spit tobacco), snuff (dip), snus, and hookah. **Do not include ceremonial, traditional, or sacred tobacco use.**

S72. Do you want to quit using all commercial tobacco products?

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

S73. Are you seriously thinking about quitting all commercial tobacco product use within the **next 6 months**?

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

S74. Are you planning to quit using all commercial tobacco products within the next 30 days?

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

**In the past 12 months, when a doctor, dentist, or other health professional advised you to quit using tobacco, did they also do any of the following?**

S75. Prescribe or recommend a nicotine patch to help you quit using tobacco?

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

S76. Prescribe or recommend nicotine gum to help you quit using tobacco?

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

S77. Prescribe or recommend nasal spray to help you quit using tobacco?

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

S78. Prescribe or recommend an inhaler to help you quit using tobacco?

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

S79. Prescribe or recommend pills such as nicotine lozenges to help you quit using tobacco?

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

S80. Prescribe or recommend pills such as Wellbutrin or Zyban to help you quit using tobacco?

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

S81. Prescribe or recommend pills such as Varenicline or Chantix to help you quit using tobacco?

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

S82. Suggest that you set a specific date to stop using tobacco?

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

**In the past 12 months, when a doctor, dentist, or other health professional advised you to quit using tobacco, did they also do any of the following?**

S83. Suggest that you use a smoking cessation class to help you quit using tobacco?

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

S84. Suggest that you use a smoking cessation program to help you quit using tobacco?

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

S85. Suggest that you use a smoking cessation quit line or telephone counseling to help you quit using tobacco?

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

**In the past 12 months, when a doctor, dentist, or other health professional advised you to quit using tobacco, did they also...**

S86. Provide you with booklets, videos, or other materials to help you quit using tobacco?

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

S87. Suggest that you use ceremonial prayer or traditional methods to help you quit using tobacco?

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

S88. During the **past 12 months** did a traditional healer ask if you use commercial tobacco products?

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

S89. During the **past 12 months** did a traditional healer advise you not to use commercial tobacco products?

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

S90. In the past 12 months, when a traditional healer advised you to quit using tobacco, did they suggest you use traditional methods (i.e., herbs, sweat lodge, or prayer) to assist in quitting?

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