

**APPENDIX K:  
SURVEY (MEMBER LIST VERSION)**



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Year	Interview Supervisor	Interviewer	Survey Number	Respondent ID

# Alaska Native Adult Tobacco Survey Member List Version

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## 1. INTRODUCTION

**S1. [INTRODUCTION: READ]:**

Hello, my name is [NAME]. I'm from [LEAD AGENCY]. We're gathering information on the health of residents in [NAME OF TARGET AREA]. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview will take only about 20 to 25 minutes, and any information you give me will be confidential and kept in a secure manner. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. I would like to ask you some questions about health and tobacco use among Alaska Natives.

**[IF RESPONDENT SAYS HE/SHE DOES NOT USE TOBACCO OR CIGARETTES SPECIFICALLY, PLEASE EXPLAIN THAT THIS INTERVIEW IS FOR BOTH SMOKERS AND NONSMOKERS (OR TOBACCO USERS AND NON-TOBACCO USERS).]**

**S1a. [DO NOT READ]:**

Completed introduction?

Yes ..... ☐ <sub>1</sub> **SKIP TO S2**  
 No ..... ☐ <sub>2</sub>

**S1b. [DO NOT READ]:**

Number of sentences completed in introduction (0-7).

(0-7) ..... ☐ <sub>0-7</sub>  
 Don't know / not sure ..... ☐ <sub>9</sub> **END (RETRY ON LATER OCCASION?)**

**S2. Are you [NAME FROM THE LIST]?**

**[DO NOT READ]:**

Yes ..... ☐ <sub>1</sub> **GO TO S5**  
 No ..... ☐ <sub>2</sub> **GO TO S3**

Don't know / not sure **[ASK TO SPEAK TO SOMEONE**

**ELSE.]** ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub> **(RETRY LATER)**

S3. May I speak with him or her **[FROM PREVIOUS QUESTION]**?

**[DO NOT READ]:**

Yes ..... ☐ 1

Not available **[TRY TO SCHEDULE AN APPOINTMENT  
TO REVISIT.]** ..... ☐ 2

Don't know / not sure **[ASK TO SPEAK TO SOMEONE  
ELSE.]** ..... ☐ 7

Refused ..... ☐ 9 *(RETRY LATER)*

S4. Hello, my name is [NAME]. I'm from [LEAD AGENCY]. We're gathering information on the health of residents in [NAME OF TARGET AREA]. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview will take only about 20 to 25 minutes, and any information you give me will be confidential and kept in a secure manner. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. I would like to ask you some questions about health and tobacco use among Alaska Natives.

**[IF RESPONDENT SAYS HE/SHE DOES NOT USE TOBACCO OR CIGARETTES SPECIFICALLY, PLEASE EXPLAIN THAT THIS INTERVIEW IS FOR BOTH SMOKERS AND NONSMOKERS (OR TOBACCO USERS AND NON-TOBACCO USERS).]**

S4a. **[DO NOT READ]:**

Completed introduction?

Yes ..... ☐ 1 *SKIP TO S5*

No ..... ☐ 2 *GO TO S4b*

S4b. **[DO NOT READ]:**

Number of sentences completed in introduction (0–7).

(0–7) ..... ☐ 0–7

Don't know / not sure ..... ☐ 9 *(RETRY ON LATER  
OCCASION?)*

S5. **[CONFIDENTIALITY STATEMENT: READ]:**

You don't have to answer any question you don't want to, and you can end the interview at any time.

The interview takes only about 20 to 25 minutes, and any information you give me will be confidential.

If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

S5a. **[DO NOT READ]:**

Completed confidentiality statement?

Yes ..... ☐ 1

No ..... ☐ 2

S5b. **[DO NOT READ]:**

Number of sentences completed in confidentiality statement (0-3).

(0-3) ..... ☐ 0-3

Don't know / not sure ..... ☐ 7 *(RETRY ON LATER  
OCCASION?)*

S5c. **[CONSENT FORM: READ.]**

S5d. **[DO NOT READ]:**

Completed consent form?

Yes ..... ☐ 1

No ..... ☐ 2

S6. **[INTRODUCTION: READ]:**

I would like to go over the ground rules for this interview. First, there are no right or wrong answers. I must read the questions exactly as they are written. I cannot help you with either the questions or your answers. If you need me to repeat something, please ask me, and I will be happy to do so. If we are interrupted during the interview, we will stop as needed and then continue the interview.

Do you have any questions before we begin?

Are you ready to begin?

**[BEGIN INTERVIEW.]**

## 2. 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

## 3. CIGARETTE USE

2. Have you ever smoked a cigarette, even one or two puffs?
- Yes ..... ☐ 1
- No ..... ☐ 2 **SKIP TO Q28**
- Don't know / not sure ..... ☐ 7 **SKIP TO Q28**
- Refused ..... ☐ 9 **SKIP TO Q28**
3. How old were you the first time you smoked a cigarette, even one or two puffs?
- Age (01–76 years; 76 for 76+ years)..... ☐ ☐ 01–76 (76 = 76 or older)
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99
4. Think back over your entire life to all of the cigarettes you have ever smoked. During that time, 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 started smoking **regularly**?

Never smoked regularly .....   00  
 Age (01–76 years; 76 for 76+ years) .....   01–76 (76 = 76 or older)  
 Don't know / not sure .....   77  
 Refused .....   99

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

Every day .....  1  
 Some days .....  2  
 Not at all .....  3 **IF Q4 = 1, SKIP TO Q13,  
 IF Q4 = 2–9, SKIP TO  
 Q28**  
 Don't know / not sure .....  7  
 Refused .....  9

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

None .....   00 **SKIP TO Q13**  
 Number of days (01–30) .....   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? **[NOTE TO INTERVIEWERS: 1 PACK = 20 CIGARETTES. VERIFY 61 OR MORE CIGARETTES.]**

Number of cigarettes (001–180) .....    001–180  
 Less than one cigarette a day .....    666  
 Don't know / not sure .....    777  
 Refused .....    999



9. 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

10. What brand of cigarettes do you smoke most often? **[MARK ONLY ONE.]**

I roll my own cigarettes	<input type="checkbox"/> <input type="checkbox"/> 01	Merit	<input type="checkbox"/> <input type="checkbox"/> 10
Benson & Hedges	<input type="checkbox"/> <input type="checkbox"/> 02	More	<input type="checkbox"/> <input type="checkbox"/> 11
Camel	<input type="checkbox"/> <input type="checkbox"/> 03	Newport	<input type="checkbox"/> <input type="checkbox"/> 12
Generic	<input type="checkbox"/> <input type="checkbox"/> 04	Pall Mall	<input type="checkbox"/> <input type="checkbox"/> 13
American Spirit	<input type="checkbox"/> <input type="checkbox"/> 05	Salem	<input type="checkbox"/> <input type="checkbox"/> 14
Kent	<input type="checkbox"/> <input type="checkbox"/> 06	Virginia Slims	<input type="checkbox"/> <input type="checkbox"/> 15
Kool	<input type="checkbox"/> <input type="checkbox"/> 07	Winston	<input type="checkbox"/> <input type="checkbox"/> 16
Lucky Strike	<input type="checkbox"/> <input type="checkbox"/> 08	Other (specify): _____	<input type="checkbox"/> <input type="checkbox"/> 17
Marlboro	<input type="checkbox"/> <input type="checkbox"/> 09	Whatever is convenient	<input type="checkbox"/> <input type="checkbox"/> 18

Don't know / not sure ..... ☐ ☐ 77

Refused ..... ☐ ☐ 99

11. 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 **SKIP TO Q13**

Don't know / not sure ..... ☐ 7 **SKIP TO Q13**

Refused ..... ☐ 9 **SKIP TO Q13**

12. In the **past 12 months**, have you bought cigarettes on the Internet?

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

### 3.1. Quit-Smoking Attempts

13. About how long has it been since you **last** smoked a cigarette?

- Never smoked regularly ..... ☐ ☐ 01 **SKIP TO Q28**
- 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 **SKIP TO Q15**
- Within the past 10 years  
( $> 5$  years but  $\leq 10$  years ago) ..... ☐ ☐ 07 **SKIP TO Q28**
- More than 10 years ago ..... ☐ ☐ 08 **SKIP TO Q28**
- Don't know / not sure ..... ☐ ☐ 77 **SKIP TO Q28**
- Refused ..... ☐ ☐ 99 **SKIP TO Q28**

14. During the **past 12 months**, have you stopped smoking for 1 day or longer because you were trying to quit smoking?

- Yes ..... ☐ 1
- No ..... ☐ 2 **SKIP TO Q28**
- Don't know / not sure ..... ☐ 7 **SKIP TO Q28**
- Refused ..... ☐ 9 **SKIP TO Q28**

### 3.2. Methods of Quitting (Smoking)

Ask Q15–20 of the following:

1. Current smokers who made a quit attempt in the past year (Q14 = 1, "Yes") or
2. Former smokers who quit in the past 5 years (Q13 = 03–06).

**[FORMER SMOKERS]:** When you quit smoking . . .

**[CURRENT SMOKERS]:** The last time you tried to quit smoking . . .

15. did you use a nicotine patch to help you quit?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER SMOKERS]:** When you quit smoking . . .

**[CURRENT SMOKERS]:** The last time you tried to quit smoking . . .

16. did you use nicotine gum to help you quit?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER SMOKERS]:** When you quit smoking . . .

**[CURRENT SMOKERS]:** The last time you tried to quit smoking . . .

17. did you use any medications like Zyban, Chantix, or nicotine lozenges to help you quit?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER SMOKERS]:** When you quit smoking . . .

**[CURRENT SMOKERS]:** The last time you tried to quit smoking . . .

18. did you go "cold turkey" (on your own) to quit?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER SMOKERS]:** When you quit smoking . . .

**[CURRENT SMOKERS]:** The last time you tried to quit smoking . . .

19. did you use prayer or did you take a pledge?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER SMOKERS]:** When you quit smoking . . .

**[CURRENT SMOKERS]:** The last time you tried to quit smoking . . .

20. did you use any other help, such as attending stop-smoking classes, calling a quit line, or receiving counseling?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**Former smokers who quit in the past year (Q13 = 03–05), SKIP TO Q24.  
If Q13 = 06–99, SKIP TO Q28 (Iqmik section).**

### 3.3. Readiness to Quit Smoking (Current Smokers Only; Q6 = 1 or 2)

21. Do you want to quit smoking cigarettes?
- Yes ..... ☐ 1
- No ..... ☐ 2
- Don't know / not sure ..... ☐ 7
- Refused ..... ☐ 9
22. Are you thinking about quitting smoking cigarettes within the **next 6 months**?
- Yes ..... ☐ 1
- No ..... ☐ 2 **SKIP TO Q24**
- Don't know / not sure ..... ☐ 7 **SKIP TO Q24**
- Refused ..... ☐ 9 **SKIP TO Q24**
23. Are you planning to quit smoking cigarettes within the next 30 days, within the next 2 to 3 months, or within the next 4 to 6 months?
- Within the next 30 days ..... ☐ 1
- Within the next 2 to 3 months..... ☐ 2
- Within the next 4 to 6 months..... ☐ 3
- Don't know / not sure ..... ☐ 7
- Refused ..... ☐ 9

### 3.4. Physician and Health Professional Advice to Quit Smoking

24. In the **past 12 months**, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?
- Yes ..... ☐ 1
- No ..... ☐ 2 **SKIP TO Q28**
- Don't know / not sure ..... ☐ 7 **SKIP TO Q28**
- Refused ..... ☐ 9 **SKIP TO Q28**

25. During the **past 12 months** did any doctor, nurse, or other health professional ask if you smoke?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

26. During the **past 12 months** did any doctor, nurse, or other health professional advise you not to smoke?

Yes ..... ☐ 1

No ..... ☐ 2 **SKIP TO Q28**

Don't know / not sure ..... ☐ 7 **SKIP TO Q28**

Refused ..... ☐ 9 **SKIP TO Q28**

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

27a. Prescribe or recommend a nicotine patch to help you quit smoking?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

27b. Prescribe or recommend nicotine gum to help you quit smoking?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

27c. Prescribe or recommend nasal or nose spray to help you quit smoking?

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

27d. Prescribe or recommend an inhaler to help you quit smoking?

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

27e. Prescribe or recommend medicines like Zyban, Chantix, or nicotine lozenges to help you quit smoking?

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

27f. Suggest that you use a stop-smoking class, a telephone quit line, or counseling to help you quit smoking?

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

27g. Suggest that you set a specific date to stop smoking?

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

27h. Provide you with booklets, videos, or other materials to help you stop smoking?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

#### 4. IQMIK USE

28. Have you ever used iqmik, even one time?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub> **SKIP TO Q53**

Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q53**

Refused ..... ☐ <sub>9</sub> **SKIP TO Q53**

29. Have you used iqmik **at least 20 times** in your **entire life**?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

30. Have you ever used iqmik **regularly**?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub> **SKIP TO Q33**

Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q33**

Refused ..... ☐ <sub>9</sub> **SKIP TO Q33**



31. How old were you when you started using iqmik **regularly**?
- Never used iqmik regularly ..... ☐ ☐ 00
- Age (01–76 years; 76 for 76+ years) ..... ☐ ☐ 01–76 (76 = 76 years or older)
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99
32. Are you now a regular user of iqmik?
- Yes ..... ☐ 1
- No ..... ☐ 2
- Don't know / not sure ..... ☐ 7
- Refused ..... ☐ 9
33. Do you now use iqmik every day, some days, or not at all?
- Every day ..... ☐ 1
- Some days ..... ☐ 2
- Not at all ..... ☐ 3 *IF Q29=1, SKIP TO Q38,  
IF Q29=2–9, SKIP TO Q53*
- Don't know / not sure ..... ☐ 7 *IF Q29=1, SKIP TO Q38,  
IF Q29=2–9, SKIP TO Q53*
- Refused ..... ☐ 9 *IF Q29=1, SKIP TO Q38,  
IF Q29=2–9, SKIP TO Q53*
34. During the **past 30 days**, on how many days did you use iqmik?
- None ..... ☐ ☐ 00 *SKIP TO Q38*
- Number of days ..... ☐ ☐ 01–30
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99

35. On average, on days when you used iqmik during the past 30 days, about how many times **per day** did you use iqmik?

Number of times (01–76; 76 for 76+)..... ☐ ☐ <sub>01–76</sub>

Don't know / not sure ..... ☐ ☐ <sub>77</sub>

Refused ..... ☐ ☐ <sub>99</sub>

36. Where do you obtain iqmik?

From other people..... ☐ <sub>1</sub>

I make my own..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

37. How soon after you wake up do you use iqmik?

Within 5 minutes..... ☐ <sub>1</sub>

6–30 minutes ..... ☐ <sub>2</sub>

31–60 minutes ..... ☐ <sub>3</sub>

After 60 minutes ..... ☐ <sub>4</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

#### 4.1. Quit-Iqmik Attempts

38. About how long has it been since you **last** used iqmik?

- Never used iqmik regularly ..... ☐ ☐ <sub>01</sub> **SKIP TO Q53**
- Within the past month ( $\leq 1$  month ago) ..... ☐ ☐ <sub>02</sub>
- Within the past 3 months  
(>1 month but  $\leq 3$  months ago) ..... ☐ ☐ <sub>03</sub>
- Within the past 6 months  
(>3 months but  $\leq 6$  months ago) ..... ☐ ☐ <sub>04</sub>
- Within the past year  
(>6 months but  $\leq 1$  year ago) ..... ☐ ☐ <sub>05</sub>
- Within the past 5 years  
(>1 year but  $\leq 5$  years ago) ..... ☐ ☐ <sub>06</sub> **SKIP TO Q40**
- Within the past 10 years  
(>5 years but  $\leq 10$  years ago) ..... ☐ ☐ <sub>07</sub> **SKIP TO Q53**
- More than 10 years ago ..... ☐ ☐ <sub>08</sub> **SKIP TO Q53**
- Don't know / not sure ..... ☐ ☐ <sub>77</sub> **SKIP TO Q53**
- Refused ..... ☐ ☐ <sub>99</sub> **SKIP TO Q53**

39. During the **past 12 months**, have you stopped using iqmik for 1 day or longer because you were trying to quit using iqmik?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub> **SKIP TO Q53**
- Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q53**
- Refused ..... ☐ <sub>9</sub> **SKIP TO Q53**

## 4.2. Methods of Quitting (Iqmik)

Ask Q40–45 of the following:

1. Current iqmik users who made a quit attempt in the past year (Q39 = 1, "Yes") or
2. Former smokers who quit in the past 5 years (Q38 = 03–06).

**[FORMER IQMIK USERS]:** When you quit using iqmik . . .

**[CURRENT IQMIK USERS]:** The last time you tried to quit using iqmik . . .

40. did you use a nicotine patch to help you quit?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>

**[FORMER IQMIK USERS]:** When you quit using iqmik . . .

**[CURRENT IQMIK USERS]:** The last time you tried to quit using iqmik . . .

41. did you use nicotine gum to help you quit?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>

**[FORMER IQMIK USERS]:** When you quit using iqmik . . .

**[CURRENT IQMIK USERS]:** The last time you tried to quit using iqmik . . .

42. did you use any medications like Zyban, Chantix, or nicotine lozenges to help you quit?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>

**[FORMER IQMIK USERS]:** When you quit using iqmik . . .

**[CURRENT IQMIK USERS]:** The last time you tried to quit using iqmik . . .

43. did you go “cold turkey” (on your own) to quit?

- Yes ..... ☐ 1
- No ..... ☐ 2
- Don’t know / not sure ..... ☐ 7
- Refused ..... ☐ 9

**[FORMER IQMIK USERS]:** When you quit using iqmik . . .

**[CURRENT IQMIK USERS]:** The last time you tried to quit using iqmik . . .

44. did you use prayer or did you take a pledge?

- Yes ..... ☐ 1
- No ..... ☐ 2
- Don’t know / not sure ..... ☐ 7
- Refused ..... ☐ 9

**[FORMER IQMIK USERS]:** When you quit using iqmik . . .

**[CURRENT IQMIK USERS]:** The last time you tried to quit using iqmik . . .

45. The **last time** you tried to quit using iqmik, did you use any other help, such as stop-using-tobacco classes, a telephone quit line, or counseling?

- Yes ..... ☐ 1
- No ..... ☐ 2
- Don’t know / not sure ..... ☐ 7
- Refused ..... ☐ 9

**Former iqmik users who quit in the past year (Q38 = 03–05), *SKIP TO Q49.***  
**If Q38 = 06–99, *SKIP TO Q53* (Chewing/Spit Tobacco Use section).**

**4.3. Readiness to Quit Using Iqmik (Current Iqmik Users Only;  
Q33 = 1 or 2)**

46. Do you want to quit using iqmik?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

47. Are you thinking about quitting using iqmik within the **next 6 months**?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub> **SKIP TO Q49**

Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q49**

Refused ..... ☐ <sub>9</sub> **SKIP TO Q49**

48. Are you planning to quit using iqmik within the next 30 days, within the next 2 to 3 months, or within the next 4 to 6 months?

Within the next 30 days ..... ☐ <sub>1</sub>

Within the next 2 to 3 months..... ☐ <sub>2</sub>

Within the next 4 to 6 months..... ☐ <sub>3</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

#### 4.4. Physician and Health Professional Advice to Quit Using Iqmik

49. In the **past 12 months**, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub> **SKIP TO Q53**  
 Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q53**  
 Refused ..... ☐ <sub>9</sub> **SKIP TO Q53**

50. During the **past 12 months** did any doctor, nurse, or other health professional ask if you used iqmik?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub>  
 Don't know / not sure ..... ☐ <sub>7</sub>  
 Refused ..... ☐ <sub>9</sub>

51. During the **past 12 months** did any doctor, nurse, or other health professional advise you not to use iqmik?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub> **SKIP TO Q53**  
 Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q53**  
 Refused ..... ☐ <sub>9</sub> **SKIP TO Q53**

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

- 52a. Prescribe or recommend a nicotine patch to help you quit using iqmik?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub>  
 Don't know / not sure ..... ☐ <sub>7</sub>  
 Refused ..... ☐ <sub>9</sub>

52b. Prescribe or recommend nicotine gum to help you quit using iqmik?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

52c. Prescribe or recommend nasal or nose spray to help you quit using iqmik?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

52d. Prescribe or recommend an inhaler to help you quit using iqmik?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

52e. Prescribe or recommend medicines like Zyban, Chantix, or nicotine lozenges to help you quit using iqmik?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

52f. Suggest that you use a stop-tobacco-use class, a telephone quit line, or counseling to help you quit using iqmik?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9



52g. Suggest that you set a specific date to stop using iqmik?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

52h. Provide you with booklets, videos, or other materials to help you stop using iqmik?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

## 5. CHEWING TOBACCO (SPIT)

53. Have you ever used chewing or spit tobacco such as Red Man, Levi Garrett, Beech-Nut, Taylor's Pride, Smokey Mountain, or any other, **even one time**?

Yes ..... ☐ 1

No ..... ☐ 2 **SKIP TO Q80**

Don't know / not sure ..... ☐ 7 **SKIP TO Q80**

Refused ..... ☐ 9 **SKIP TO Q80**

54. Have you used chewing tobacco, such as Red Man, Levi Garret, Beech-Nut, or any other, **at least 20 times** in your **entire life**?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

55. Have you ever used chewing tobacco **regularly**?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub> **SKIP TO Q58**
- Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q58**
- Refused ..... ☐ <sub>9</sub> **SKIP TO Q58**

56. How old were you when you started using chewing tobacco **regularly**?

- Never used chew regularly ..... ☐ ☐ <sub>00</sub>
- Age (01–76 years; 76 for 76+ years) ..... ☐ ☐ <sub>01–76 (76 = 76 or older)</sub>
- Don't know / not sure ..... ☐ ☐ <sub>77</sub>
- Refused ..... ☐ ☐ <sub>99</sub>

57. Are you now a regular user of chewing tobacco?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>

58. Do you now use chewing tobacco every day, some days, or not at all?

- Every day ..... ☐ <sub>1</sub>
- Some days ..... ☐ <sub>2</sub>
- Not at all ..... ☐ <sub>3</sub> **IF Q54 = 1, SKIP TO Q65,  
IF Q54 = 2–9, SKIP TO Q80**
- Don't know / not sure ..... ☐ <sub>7</sub> **IF Q54 = 1, SKIP TO Q65,  
IF Q54 = 2–9, SKIP TO Q80**
- Refused ..... ☐ <sub>9</sub> **IF Q54 = 1, SKIP TO Q65,  
IF Q54 = 2–9, SKIP TO Q80**

59. During the **past 30 days**, on how many days did you use chewing tobacco (spit)?

None ..... ☐ ☐ <sub>00</sub> **SKIP TO Q65**

Number of days ..... ☐ ☐ <sub>01-30</sub>

Don't know / not sure ..... ☐ ☐ <sub>77</sub>

Refused ..... ☐ ☐ <sub>99</sub>

60. On the average, on days when you used chewing (spit) tobacco during the **past 30 days**, about how many pouches of chewing tobacco **per day** did you use?

Number of pouches (01-76; 76 for 76+) ..... ☐ ☐ <sub>01-76 (76 = 76 or older)</sub>

Don't know / not sure ..... ☐ ☐ <sub>77</sub>

Refused ..... ☐ ☐ <sub>99</sub>

61. How soon after you wake up do you use chewing tobacco?

Within 5 minutes ..... ☐ <sub>1</sub>

6-30 minutes ..... ☐ <sub>2</sub>

31-60 minutes ..... ☐ <sub>3</sub>

After 60 minutes ..... ☐ <sub>4</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

62. What brand of chewing tobacco do you use most often? **[MARK ONLY ONE.]**

Red Man ..... <input type="checkbox"/> <input type="checkbox"/> <sub>01</sub>	Beech-Nut ..... <input type="checkbox"/> <input type="checkbox"/> <sub>04</sub>
Levi Garrett ..... <input type="checkbox"/> <input type="checkbox"/> <sub>02</sub>	Taylor's Pride ..... <input type="checkbox"/> <input type="checkbox"/> <sub>05</sub>
Smokey Mountain ..... <input type="checkbox"/> <input type="checkbox"/> <sub>03</sub>	Other (specify): _____ .. <input type="checkbox"/> <input type="checkbox"/> <sub>06</sub>
	Whatever is convenient ..... <input type="checkbox"/> <input type="checkbox"/> <sub>07</sub>

Don't know / not sure ..... ☐ ☐ <sub>77</sub>

Refused ..... ☐ ☐ <sub>99</sub>

63. 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 ..... ☐ <sub>1</sub>  
 Sometimes..... ☐ <sub>2</sub>  
 Not at all ..... ☐ <sub>3</sub> **SKIP TO Q65**  
  
 Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q65**  
 Refused ..... ☐ <sub>9</sub> **SKIP TO Q65**

64. In the **past 12 months**, have you bought chewing tobacco on the Internet?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub>  
  
 Don't know / not sure ..... ☐ <sub>7</sub>  
 Refused ..... ☐ <sub>9</sub>

### 5.1. Quit-Chewing-Tobacco Attempts

65. About how long has it been since you **last** chewed tobacco?

Never used chew tobacco regularly ..... ☐ ☐ <sub>01</sub> **SKIP TO Q80**  
 Within the past month ( $\leq 1$  month ago) ..... ☐ ☐ <sub>02</sub>  
 Within the past 3 months  
     ( $> 1$  month but  $\leq 3$  months ago) ..... ☐ ☐ <sub>03</sub>  
 Within the past 6 months  
     ( $> 3$  months but  $\leq 6$  months ago) ..... ☐ ☐ <sub>04</sub>  
 Within the past year  
     ( $> 6$  months but  $\leq 1$  year ago) ..... ☐ ☐ <sub>05</sub>  
 Within the past 5 years  
     ( $> 1$  year but  $\leq 5$  years ago) ..... ☐ ☐ <sub>06</sub> **SKIP TO Q67**  
 Within the past 10 years  
     ( $> 5$  years but  $\leq 10$  years ago) ..... ☐ ☐ <sub>07</sub> **SKIP TO Q80**  
 More than 10 years ago ..... ☐ ☐ <sub>08</sub> **SKIP TO Q80**  
  
 Don't know / not sure ..... ☐ ☐ <sub>77</sub> **SKIP TO Q80**  
 Refused ..... ☐ ☐ <sub>99</sub> **SKIP TO Q80**

66. During the **past 12 months**, have you stopped chewing tobacco for 1 day or longer because you were trying to quit smoking?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub> **SKIP TO Q80**

Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q80**

Refused ..... ☐ <sub>9</sub> **SKIP TO Q80**

## 5.2. Methods of Quitting (Chewing/Spit)

Ask Q67–72 of the following:

1. **Current tobacco chewers who made a quit attempt in the past year (Q66 = 1, "Yes") or**
2. **Former tobacco chewers who quit in the past 5 years (Q65 = 03–06)**

**[FORMER TOBACCO CHEWERS]:** When you quit using chewing tobacco . . .

**[CURRENT TOBACCO CHEWERS]:** The last time you tried to quit using chewing tobacco . . .

67. did you use a nicotine patch to help you quit?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

**[FORMER TOBACCO CHEWERS]:** When you quit using chewing tobacco . . .

**[CURRENT TOBACCO CHEWERS]:** The last time you tried to quit using chewing tobacco . . .

68. did you use nicotine gum to help you quit?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

**[FORMER TOBACCO CHEWERS]:** When you quit using chewing tobacco . . .

**[CURRENT TOBACCO CHEWERS]:** The last time you tried to quit using chewing tobacco . . .

69. did you use any medications like Zyban, Chantix, or nicotine lozenges to help you quit?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER TOBACCO CHEWERS]:** When you quit using chewing tobacco . . .

**[CURRENT TOBACCO CHEWERS]:** The last time you tried to quit using chewing tobacco . . .

70. did you go "cold turkey" (on your own) to quit?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER TOBACCO CHEWERS]:** When you quit using chewing tobacco . . .

**[CURRENT TOBACCO CHEWERS]:** The last time you tried to quit using chewing tobacco . . .

71. did you use prayer or did you take a pledge?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

72. did you use any other help, such as stop-using-tobacco classes, a telephone quit line, or counseling?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**Former Chewing Tobacco (Spit) users who quit in the past year (Q65 = 03–05),  
SKIP TO Q76. If Q65 = 06–99, SKIP to Q80 (Snuff/Dip Tobacco Use section).**

### **5.3. Readiness to Quit Chewing Tobacco (Current Chewing/Spit Tobacco Users Only; Q58 = 1 or 2)**

73. Do you want to quit chewing tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

74. Are you thinking about quitting chewing tobacco within the **next 6 months**?

Yes ..... ☐ 1

No ..... ☐ 2 **SKIP TO Q76**

Don't know / not sure ..... ☐ 7 **SKIP TO Q76**

Refused ..... ☐ 9 **SKIP TO Q76**

75. Are you planning to quit chewing tobacco within the next 30 days, within the next 2 to 3 months, or within the next 4 to 6 months?

Within the next 30 days ..... ☐ 1

Within the next 2 to 3 months..... ☐ 2

Within the next 4 to 6 months..... ☐ 3

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

#### 5.4. Physician and Health Professional Advice to Quit Chewing Tobacco

76. In the **past 12 months**, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub> **SKIP TO Q80**
- Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q80**
- Refused ..... ☐ <sub>9</sub> **SKIP TO Q80**

77. During the **past 12 months** did any doctor, nurse, or other health professional ask if you chew tobacco?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>

78. During the **past 12 months** did any doctor, nurse, or other health professional advise you not to chew tobacco?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub> **SKIP TO Q80**
- Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q80**
- Refused ..... ☐ <sub>9</sub> **SKIP TO Q80**

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

79a. Prescribe or recommend a nicotine patch to help you quit chewing tobacco?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>



79b. Prescribe or recommend nicotine gum to help you quit chewing tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

79c. Prescribe or recommend nasal or nose spray to help you quit chewing tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

79d. Prescribe or recommend an inhaler to help you quit chewing tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

79e. Prescribe or recommend medicines like Zyban, Chantix, or nicotine lozenges to help you quit chewing tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

79f. Suggest that you use a stop-tobacco-use class, a telephone quit line, or counseling to help you quit chewing tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

79g. Suggest that you set a specific date to stop chewing tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

79h. Provide you with booklets, videos, or other materials to help you stop chewing tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

## 6. SNUFF OR DIP TOBACCO

80. Have you ever used snuff or dip tobacco such as Kodiak, Skoal, Copenhagen, Skoal Bandits, Hawken, Grizzly, Navy, Tube Rose, or any other, **even one time**?

Yes ..... ☐ 1

No ..... ☐ 2 **SKIP TO Q107**

Don't know / not sure ..... ☐ 7 **SKIP TO Q107**

Refused ..... ☐ 9 **SKIP TO Q107**

81. Have you used snuff or dip, such as Kodiak, Skoal, Copenhagen, Skoal Bandits, or any other, **at least 20 times** in your **entire life**?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

82. Have you ever used snuff or dip **regularly**?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub> **SKIP TO Q85**
- Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q85**
- Refused ..... ☐ <sub>9</sub> **SKIP TO Q85**

83. How old were you when you started using snuff or dip **regularly**?

- Never used snuff/dip regularly ..... ☐ ☐ <sub>00</sub>
- Age (01–76 years; 76 for 76+ years) ..... ☐ ☐ <sub>01–76 (76 = 76 or older)</sub>
- Don't know / not sure ..... ☐ ☐ <sub>77</sub>
- Refused ..... ☐ ☐ <sub>99</sub>

84. Are you now a regular user of snuff or dip?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>

85. Do you now use snuff or dip every day, some days or not at all?

- Everyday ..... ☐ <sub>1</sub>
- Some days ..... ☐ <sub>2</sub>
- Not at all ..... ☐ <sub>3</sub> **IF Q81 = 1, SKIP TO Q92,  
IF Q81 = 2–9, SKIP TO  
Q107**
- Don't know / not sure ..... ☐ <sub>7</sub> **IF Q81 = 1, SKIP TO Q92,  
IF Q81 = 2–9, SKIP TO  
Q107**
- Refused ..... ☐ <sub>9</sub> **IF Q81 = 1, SKIP TO Q92,  
IF Q81 = 2–9, SKIP TO  
Q107**

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

None ..... ☐ ☐ <sub>00</sub> **SKIP TO Q92**

Number of days ..... ☐ ☐ <sub>01-30</sub>

Don't know / not sure ..... ☐ ☐ <sub>77</sub>

Refused ..... ☐ ☐ <sub>99</sub>

87. On the average, on days when you used snuff or dip during the past 30 days, about how many cans of snuff or dip per day did you use?

Number of cans (76 for 76+) ..... ☐ ☐ <sub>01-76</sub>

Don't know / not sure ..... ☐ ☐ <sub>77</sub>

Refused ..... ☐ ☐ <sub>99</sub>

88. How soon after you wake up do you use snuff or dip?

Within 5 minutes ..... ☐ <sub>1</sub>

6-30 minutes ..... ☐ <sub>2</sub>

31-60 minutes ..... ☐ <sub>3</sub>

After 60 minutes ..... ☐ <sub>4</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

89. What brand of snuff or dip do you use most often? **[MARK ONLY ONE.]**

Kodiak ..... <input type="checkbox"/> <input type="checkbox"/> <sub>01</sub>	Grizzly ..... <input type="checkbox"/> <input type="checkbox"/> <sub>06</sub>
Skoal ..... <input type="checkbox"/> <input type="checkbox"/> <sub>02</sub>	Navy ..... <input type="checkbox"/> <input type="checkbox"/> <sub>07</sub>
Copenhagen ..... <input type="checkbox"/> <input type="checkbox"/> <sub>03</sub>	Tube Rose ..... <input type="checkbox"/> <input type="checkbox"/> <sub>08</sub>
Skoal Bandits ..... <input type="checkbox"/> <input type="checkbox"/> <sub>04</sub>	Other (specify): _____ ... <input type="checkbox"/> <input type="checkbox"/> <sub>09</sub>
Hawken ..... <input type="checkbox"/> <input type="checkbox"/> <sub>05</sub>	Whatever is convenient ..... <input type="checkbox"/> <input type="checkbox"/> <sub>10</sub>

Don't know / not sure ..... ☐ ☐ <sub>77</sub>

Refused ..... ☐ ☐ <sub>99</sub>

90. 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 ..... ☐ <sub>1</sub>  
 Sometimes..... ☐ <sub>2</sub>  
 Not at all ..... ☐ <sub>3</sub> **SKIP TO Q92**  
  
 Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q92**  
 Refused ..... ☐ <sub>9</sub> **SKIP TO Q92**

91. In the **past 12 months**, have you bought snuff or dip tobacco on the Internet?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub>  
  
 Don't know / not sure ..... ☐ <sub>7</sub>  
 Refused ..... ☐ <sub>9</sub>

### 6.1. Quit-Snuff Attempts

92. About how long has it been since you **last** used snuff or dip tobacco?

Never used snuff/dip tobacco regularly..... ☐ ☐ <sub>01</sub> **SKIP TO Q107**  
 Within the past month ( $\leq 1$  month ago) ..... ☐ ☐ <sub>02</sub>  
 Within the past 3 months  
     ( $> 1$  month but  $\leq 3$  months ago) ..... ☐ ☐ <sub>03</sub>  
 Within the past 6 months  
     ( $> 3$  months but  $\leq 6$  months ago) ..... ☐ ☐ <sub>04</sub>  
 Within the past year  
     ( $> 6$  months but  $\leq 1$  year ago) ..... ☐ ☐ <sub>05</sub>  
 Within the past 5 years  
     ( $> 1$  year but  $\leq 5$  years ago) ..... ☐ ☐ <sub>06</sub> **SKIP TO Q94**  
 Within the past 10 years  
     ( $> 5$  years but  $\leq 10$  years ago) ..... ☐ ☐ <sub>07</sub> **SKIP TO Q107**  
 More than 10 years ago ..... ☐ ☐ <sub>08</sub> **SKIP TO Q107**  
  
 Don't know / not sure ..... ☐ ☐ <sub>77</sub> **SKIP TO Q107**  
  
 Refused ..... ☐ ☐ <sub>99</sub> **SKIP TO Q107**

93. During the **past 12 months**, have you stopped using snuff or dip tobacco for 1 day or longer because you were trying to quit using snuff?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub> **SKIP TO Q107**
- Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q107**
- Refused ..... ☐ <sub>9</sub> **SKIP TO Q107**

## 6.2. Methods of Quitting (Snuff or Dip)

Ask Q94–99 of the following:

1. Current users of snuff or dip who made a quit attempt in the past year (Q93 = 1, "Yes") or
2. Former users of snuff or dip who quit in the past 5 years (Q92 = 03–06).

**[FORMER USERS OF SNUFF OR DIP]:** When you quit using snuff or dip . . .

**[CURRENT USERS OF SNUFF OR DIP]:** The last time you tried to quit using snuff or dip . . .

94. did you use a nicotine patch to help you quit?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>

**[FORMER USERS OF SNUFF OR DIP]:** When you quit using snuff or dip . . .

**[CURRENT USERS OF SNUFF OR DIP]:** The last time you tried to quit using snuff or dip . . .

95. did you use nicotine gum to help you quit?

- Yes ..... ☐ <sub>1</sub>
- No ..... ☐ <sub>2</sub>
- Don't know / not sure ..... ☐ <sub>7</sub>
- Refused ..... ☐ <sub>9</sub>

**[FORMER USERS OF SNUFF OR DIP]:** When you quit using snuff or dip . . .

**[CURRENT USERS OF SNUFF OR DIP]:** The last time you tried to quit using snuff or dip . . .

96. did you use any medications like Zyban, Chantix, or nicotine lozenges to help you quit?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER USERS OF SNUFF OR DIP]:** When you quit using snuff or dip . . .

**[CURRENT USERS OF SNUFF OR DIP]:** The last time you tried to quit using snuff or dip . . .

97. did you go "cold turkey" (on your own) to quit?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER USERS OF SNUFF OR DIP]:** When you quit using snuff or dip . . .

**[CURRENT USERS OF SNUFF OR DIP]:** The last time you tried to quit using snuff or dip . . .

98. did you use prayer or did you take a pledge?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**[FORMER USERS OF SNUFF OR DIP]:** When you quit using snuff or dip . . .

**[CURRENT USERS OF SNUFF OR DIP]:** The last time you tried to quit using snuff or dip . . .

99. did you use any other help, such as stop-using-tobacco classes, a telephone quit line, or counseling?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

**Former users of snuff or dip who quit in the past year (Q92 = 03–05), *SKIP TO Q103*. If Q92 = 06–99, *SKIP TO Q107* (Secondhand Smoke Exposure section).**

### **6.3. Readiness to Quit Using Snuff Tobacco (Current Snuff/Dip Users Only; Q85 = 1 or 2)**

100. Do you want to quit using snuff or dip tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

101. Are you thinking about quitting using snuff or dip tobacco within the **next 6 months?**

Yes ..... ☐ 1

No ..... ☐ 2 ***SKIP TO Q103***

Don't know / not sure ..... ☐ 7 ***SKIP TO Q103***

Refused ..... ☐ 9 ***SKIP TO Q103***



102. Are you planning to quit using snuff or dip tobacco within the next 30 days, within the next 2 to 3 months, or within the next 4 to 6 months?

Within the next 30 days ..... ☐ <sub>1</sub>  
 Within the next 2 to 3 months..... ☐ <sub>2</sub>  
 Within the next 4 to 6 months..... ☐ <sub>3</sub>  
 Don't know / not sure ..... ☐ <sub>7</sub>  
 Refused ..... ☐ <sub>9</sub>

#### 6.4. Physician and Health Professional Advice to Quit Using Snuff or Dip Tobacco

103. In the **past 12 months**, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub> **SKIP TO Q107**  
 Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q107**  
 Refused ..... ☐ <sub>9</sub> **SKIP TO Q107**

104. During the **past 12 months**, did any doctor, nurse, or other health professional ask if you used snuff or dip tobacco?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub>  
 Don't know / not sure ..... ☐ <sub>7</sub>  
 Refused ..... ☐ <sub>9</sub>

105. During the **past 12 months**, did any doctor, nurse, or other health professional advise you not to use snuff or dip tobacco?

Yes ..... ☐ <sub>1</sub>  
 No ..... ☐ <sub>2</sub> **SKIP TO Q107**  
 Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q107**  
 Refused ..... ☐ <sub>9</sub> **SKIP TO Q107**

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

106a. Prescribe or recommend a nicotine patch to help you quit using snuff or dip tobacco?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

106b. Prescribe or recommend nicotine gum to help you quit using snuff or dip tobacco?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

106c. Prescribe or recommend nasal or nose spray to help you quit using snuff or dip tobacco?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

106d. Prescribe or recommend an inhaler to help you quit using snuff or dip tobacco?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

106e. Prescribe or recommend medicines like Zyban, Chantix, or nicotine lozenges to help you quit using snuff or dip tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

106f. Suggest that you use a stop-tobacco-use class, a telephone quit line, or counseling to help you quit using snuff or dip tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

106g. Suggest that you set a specific date to stop using snuff or dip tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

106h. Provide you with booklets, videos, or other materials to help you stop using snuff or dip tobacco?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

## 7. SECONDHAND SMOKE EXPOSURE

107. 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

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

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

109. During the **past 7 days**, that is, since **[FILL IN THE DAY]**, on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

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

110. What rules do you have about smoking **inside** your home? Smoking is . . .

Not allowed anywhere or at any time inside the home ..... ☐ <sub>1</sub>

Allowed in some places or at some times inside  
the home ..... ☐ <sub>2</sub>

Allowed everywhere and at any time inside the home..... ☐ <sub>3</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

### 7.1. Workplace Policy and Exposure

111. Do you work outside the home?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub> **SKIP TO Q114**

Don't know / not sure ..... ☐ <sub>7</sub> **SKIP TO Q114**

Refused ..... ☐ <sub>9</sub> **SKIP TO Q114**

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

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

113. As far as you know, in the **past 7 days**, that is, since **[FILL IN THE DAY]**, has anyone smoked inside the building where you work?

Yes ..... ☐ <sub>1</sub>

No ..... ☐ <sub>2</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

## 8. RISK PERCEPTION

114. 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's quitting smoking. Do you . . .

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

115. Do you think that secondhand smoke 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

116. Do you believe that breathing secondhand smoke is more harmful to your health than smoking your own cigarettes?

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

117. Do you believe that secondhand smoke causes lung cancer in adults?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

118. Do you believe that secondhand smoke causes heart disease in adults?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

119. Do you believe that secondhand smoke causes colon cancer or stomach cancer in adults?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

120. Do you believe that secondhand smoke causes respiratory problems or breathing problems in children?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

121. 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

122. If you had to regularly breathe secondhand smoke from other people's cigarettes, would you be . . .

Very concerned about your health? ..... ☐ 1  
Somewhat concerned about your health? ..... ☐ 2  
Not very concerned about your health? ..... ☐ 3  
Not at all concerned about your health? ..... ☐ 4  
  
Don't know / not sure ..... ☐ 7  
Refused ..... ☐ 9

123. Do you believe that using smokeless tobacco like chewing or spit tobacco, or snuff or dip, or iqmik is less dangerous to your health than smoking cigarettes?

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

124. Do you believe that using iqmik is less dangerous to your health than smoking cigarettes?

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



125. Do you believe that using smokeless tobacco like chew or spit, snuff or dip, or iqmik causes cancers of the mouth?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

126. Do you believe that using smokeless tobacco like chew, snuff, or iqmik causes teeth and gum disease?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

127. Do you believe that using iqmik is safe for pregnant women to use?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

128. Do you believe that iqmik use by pregnant women hurts the babies they are carrying?

Yes ..... ☐ 1

No ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

## 9. DEMOGRAPHICS

129. What is your age? (Specify.)

Age (18–76 years; 76 for 76+ years)..... ☐ ☐ 18–76 (76 = 76 years or older)

Don't know / not sure ..... ☐ ☐ 77

Refused ..... ☐ ☐ 99

130. **[DO NOT ASK UNLESS NECESSARY: WRITE DOWN SEX OF RESPONDENT.]**

Male..... ☐ 1

Female ..... ☐ 2

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

131. Are you currently . . .

Married?..... ☐ 1

A member of an unmarried couple? ..... ☐ 2

Divorced?..... ☐ 3

Widowed?..... ☐ 4

Separated?..... ☐ 5

Never married? ..... ☐ 6

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

132. How many children live in your household who are . . .

Newborn up to 11 months old?..... ☐ 1

1 through 4 years old?..... ☐ 2

5 through 11 years old? ..... ☐ 3

12 to 17 years old? ..... ☐ 4

Don't know / not sure ..... ☐ 7

Refused ..... ☐ 9

133. Are you **[READ LIST; ENTER ONE ANSWER ONLY]** . . .

- Yupik? ..... ☐ ☐ 01
- Aleut? ..... ☐ ☐ 02
- Athabascan? ..... ☐ ☐ 03
- Tlingit-Haida? ..... ☐ ☐ 04
- Multi-ethnic (two different Alaska Native origins or  
part Alaska Native)? ..... ☐ ☐ 05
- Inuit? ..... ☐ ☐ 06
- Other ..... ☐ ☐ 07
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99

134a. Are you enrolled in a tribe, a corporation, or an IRA?

- Yes ..... ☐ 1
- No ..... ☐ 2 **SKIP TO Q135**
- Don't know / not sure ..... ☐ 7 **SKIP TO Q135**
- Refused ..... ☐ 9 **SKIP TO Q135**

134b. Which one? (Specify.)

- Enter code ..... ☐ ☐ 01-76
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99

135. Is there any (other) tribe or corporation that you feel part of, but are not enrolled in? (Specify.)

- Enter code ..... ☐ ☐ 01-76
- No ..... ☐ ☐ 00
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99

136. Do you speak your native (tribal) language?

- Yes ..... ☐ 1
- No (not much/ a little bit)..... ☐ 2
- Don't know / not sure ..... ☐ 7
- Refused ..... ☐ 9

137. Which language do you use most often? (Specify.)

- Enter code ..... ☐ ☐ 01-76
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99

138. Were you born on this island / in this village / in this hub?

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

139. How long have you lived in this island / village / hub? (Specify years.)

- Enter years (00 for less than 1 year;  
76 for 76+ years) ..... ☐ ☐ 00-76 (76 = 76 years or  
more)
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99

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

- Never attended school or attended only kindergarten ..... ☐ ☐ 01
- Grades 1 through 8 (elementary) ..... ☐ ☐ 02
- Grades 9 through 11 (some high school) ..... ☐ ☐ 03
- Grade 12 (high school graduate) ..... ☐ ☐ 04
- GED ..... ☐ ☐ 05
- Some college, no degree ..... ☐ ☐ 06
- AA, technical/vocational ..... ☐ ☐ 07
- AA, academic ..... ☐ ☐ 08
- BA, BS (college graduate) ..... ☐ ☐ 09
- Some graduate or professional school ..... ☐ ☐ 10
- Graduate or professional degree..... ☐ ☐ 11
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99

141. Is your household yearly income from all sources . . .

- \$0 to \$10,000? ..... ☐ ☐ 01
- \$10,001 to \$15,000? ..... ☐ ☐ 02
- \$15,001 to \$20,000? ..... ☐ ☐ 03
- \$20,001 to \$25,000? ..... ☐ ☐ 04
- \$25,001 to \$30,000? ..... ☐ ☐ 05
- \$30,001 to \$35,000? ..... ☐ ☐ 06
- \$35,001 to \$40,000? ..... ☐ ☐ 07
- \$40,001 to \$45,000? ..... ☐ ☐ 08
- Greater than \$45,000?..... ☐ ☐ 09
- Don't know / not sure ..... ☐ ☐ 77
- Refused ..... ☐ ☐ 99

**[INTERVIEWER: AS THE QUESTION IS READ, READ ALOUD THE NUMBERS (E.G., "1. HETEROSEXUAL OR STRAIGHT; 2. GAY OR LESBIAN; 3, BISEXUAL." THIS ALLOWS THE RESPONDENT TO SAY A NUMBER IF, FOR WHATEVER REASON, HE OR SHE IS UNCOMFORTABLE WITH SAYING THE WORDS.)]**

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

- Heterosexual or straight..... ☐ 1
- Gay or lesbian ..... ☐ 2
- Bisexual..... ☐ 3
- Does not understand responses..... ☐ 4
- Don't know / not sure ..... ☐ 7
- Refused ..... ☐ 9

143. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid? Please tell us only about health coverage plans and **not** about Indian Health Service, HIS, or tribal clinics or doctors where uninsured patients are charged according to their income.

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

## 10. USER-SELECTED ITEMS

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

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

**[ASK Q145a ONLY IF RESPONDENT IS A FEMALE. IF RESPONDENT IS A MALE, SKIP TO Q145b.]**

145a. Were you told you had diabetes only during pregnancy (called “gestational diabetes”), or were you told you had diabetes even if you were not pregnant?

Only when pregnant (gestational diabetes) ..... ☐ 1

Regardless of pregnancy status..... ☐ 2

Don’t know / not sure ..... ☐ 7

Refused ..... ☐ 9

145b. Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or that you are a borderline diabetic?

Yes ..... ☐ 1

No ..... ☐ 2

Don’t know / not sure ..... ☐ 7

Refused ..... ☐ 9

146. In the **past 7 days**, that is, since **[FILL IN THE DAY]**, have you been in a car with someone who was smoking?

Yes ..... ☐ 1

No ..... ☐ 2

Don’t know / not sure ..... ☐ 7

Refused ..... ☐ 9

147. In the indoor areas of tribal or corporation 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

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

Allowed in all areas? ..... ☐ <sub>1</sub>

Allowed in some areas? ..... ☐ <sub>2</sub>

Not allowed at all? ..... ☐ <sub>3</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

149. During the **past 6 months**, that is, since **[FILL IN THE DATE]** how many times have you talked to the children in your home about tobacco use?

Never ..... ☐ <sub>1</sub>

Once ..... ☐ <sub>2</sub>

Twice ..... ☐ <sub>3</sub>

Three or more times ..... ☐ <sub>4</sub>

Don't know / not sure ..... ☐ <sub>7</sub>

Refused ..... ☐ <sub>9</sub>

150. **[INTERVIEWER: ENTER DATE OF COMPLETED INTERVIEW]:**

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

151. This interview was conducted in

English ..... ☐ <sub>1</sub>

Native Alaskan language ..... ☐ <sub>2</sub>

Both ..... ☐ <sub>3</sub>

**Thank you!**

**[END OF INTERVIEW]**