

OREGON COMMUNITY COLLEGE STUDENTS
FINAL FIELD DRAFT – MAY 8, 2007

Today's Date/_____/_____/07

Interview # _____
Phone #(_____) _____-_____
Cluster # _____

Sex of respondent

male 1
female 2

Interview completion

First attempt 1
First call back 2
2nd call backs 3
3+ callbacks 4

Verification

verified 1
not verified 2

Interviewer ID # _____
Time begin: _____
Time end: _____

Split Version

A 1
B 2

Community College Code _____

Zip Code _____

**OREGON COMMUNITY COLLEGE STUDENTS
FINAL FIELD DRAFT – MAY 8, 2007**

Hello. My name is _____. I'm calling from _____ and I'm calling on behalf of an independent research firm. We are conducting a public opinion survey of Oregon community college students and I would like to ask you some questions regarding specific health issues, beliefs and practices. We are not selling anything, and I will not ask you for a contribution or a donation. Your responses will be kept strictly confidential.

Are you currently attending any classes at a community college?

Yes **CONTINUE**

No **TERMINATE**

[ROTATE Q1-Q6]

On which of the following health topics have you received information from your college? **[READ/ROTATE]**

	Yes	No	DK
__1. Tobacco use prevention.....	1	2	3
__2. Alcohol and other drug use prevention	1	2	3
__3. Sexually transmitted disease prevention.....	1	2	3
__4. Information about quitting smoking	1	2	3
__5. Physical activity and fitness	1	2	3
__6. Other [RECORD]	1	2	3

7. Based on what you know: Which of the following statements best describes the rules for cigarette smoking on your campus?

[READ]

- Smoking is not allowed near buildings or entrances.....1
- Smoking is allowed only in designated smoking areas2
- Smoking is allowed only in parking lots3
- Smoking is not allowed on campus.....4
- DK.....5
- Other..... **[RECORD RESPONSE]**

8. Secondhand smoke is smoke from someone else's cigarette, cigar, or pipe that you breathe. How often would you say you are exposed to secondhand smoke on campus? **[READ]**

- A few times a day;1
- Every day;2
- A few times a week;3
- A few times a month;4
- Less than that or never;.....**[GO TO Q11]**
- [DON'T READ]** DK.....6

9. Would you say secondhand smoke on campus typically bothers you a lot, a little, or not at all?

- A lot1
- A little2
- Not at all**[GO TO Q11]**
- DK.....4

10. Have you experienced any immediate health effects from secondhand smoke on campus, such as coughing, wheezing, or allergic reaction?

- Yes.....1
- No2
- DK3

I'm going to read you a list of statements about tobacco use and secondhand smoke. After each, please tell me overall whether you agree or disagree with the following statement. **[READ BELOW/ROTATE]**

[IF "AGREE"/ "DISAGREE," ASK:] Is that _____ **[AGREE/DISAGREE]** strongly or not so strongly?

	Agree Strongly	Agree Not Strly	Disagree Not Strly	Disagree Strongly	No opin
__11. It's okay for colleges to prohibit smoking on campus if that is necessary to keep secondhand smoke away from other students and staff	1	2	3	4	5
__12. Daily exposure to even small amounts of secondhand smoke is a serious health risk.....	1	2	3	4	5
__13. Other things being equal, I would choose a "smoke free" college over a college that allows smoking on campus.....	1	2	3	4	5

14. During the past year, have you ever received a free cigarette as part of a promotion or other tobacco product sample or coupons?

- Yes.....1
- No**[GO TO Q17]**
- DK3

15. Where did you receive the free sample or coupon, was it on-campus or off-campus? **[READ]**

- On-campus1
- Off-campus2
- [DON'T READ]** DK3

16. Thinking over your entire life, have you smoked at least 100 cigarettes in you life, 50 but less than 100, less than 50 or have you never smoked? **[5 packs = 100 cigarettes]**

- At least 100.....1
- 50 but less than 1002
- Less than 503
- Never**[GO TO Q20]**
- DK/Refused**[GO TO Q20]**

17. Do you now smoke cigarettes every day, some days, hardly ever or not at all?

- Every day.....1
- Some days.....2
- Hardly ever**[GO TO Q20]**
- Not at all**[GO TO Q25]**
- DK**[GO TO Q26]**
- Refused**[GO TO Q26]**

[ASK ONLY OF THOSE WHO RESPONDED CODES 1 OR 2 IN Q17]

18. At what age did you start smoking regularly? **[RECORD]**

RECORD (UP TO 74) _____

75 or older	1
Never smoked regularly	2
DK	3
Refuse	4

[ASK ONLY OF THOSE WHO RESPONDED CODE 1 IN Q17]

19. On the average, about how many cigarettes a day do you now smoke? **[1 PACK = 20 CIGARETTES]**

RECORD _____

DK.....	77
Refuse	99

[ASK ONLY OF THOSE WHO RESPONDED CODE 2 OR 3 IN Q17]

20. On how many of the past 30 days did you smoke cigarettes?

RECORD _____

DK.....	77
Refuse	99

[ASK ONLY OF THOSE WHO RESPONDED CODE 2 OR 3 IN Q17]

21. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[1 PACK = 20 CIGARETTES]

RECORD _____

DK.....	77
Refuse	99

[ASK ONLY OF THOSE WHO RESPONDED CODE 1, 2 OR 3 IN Q17]

22. Would you like to quit smoking?

Yes.....	1
No	2
DK	3
Refuse	4

[ASK ONLY OF THOSE WHO RESPONDED CODE 1, 2 OR 3 IN Q17]

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

Yes.....	1
No	2
DK	3
Refuse	4

[ASK ONLY OF THOSE WHO RESPONDED CODE 1, 2 OR 3 IN Q17]

24. Since taking classes at this college, has the amount you smoked increased, stayed about the same, or decreased?

Increased	1
Stayed about the same.....	2
Decreased	3

[ASK ONLY THOSE WHO RESPONDED CODE 3 OR 4 IN Q17]

25. Do you think you will smoke a cigarette anytime during the next year? **[IF "YES" OR "NO," ASK:]** Is that [YES/NO] definitely or [YES/NO] probably?

- Yes, definitely1
- Yes, probably2
- Probably not.....3
- Definitely no4
- DK.....5

26. Do you currently use any smokeless tobacco products? **[READ]**

- Chewing tobacco1
- Snuff2
- Both3
- Neither **[GO TO Q29]**
- DK..... **[GO TO Q29]**
- Refused **[GO TO Q29]**

[ASK ONLY THOSE WHO RESPONDED CODES 1, 2 OR 3 IN Q26]

27. How many containers of chew, snuff or both, do you use per week?

RECORD _____

DK.....	77
Refuse	99

28. In the past 30 days, what types of other tobacco products have you used? **[RECORD ALL AND READ ONLY IF NECESSARY]**

Cigar	1
Cigarillos.....	2
Hookah	3
Herbal/Clove cigarettes, or bidis.....	4
Pipe tobacco	5
Snus.....	6
DK.....	7
None	8
Refused	9

29. What percent of students at your college do you think smokes cigarettes? **[RECORD PERCENT]**

RECORD _____

DK.....	77
Refuse	99

30. Have you heard of the Oregon Tobacco Quit Line?

Yes.....	1
No	2
DK	3

31. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Yes	1
No.....	[GO TO Q36]
DK	[GO TO Q36]
Refused.....	[GO TO Q36]

32. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

RECORD _____

DK.....	77
None	[GO TO Q36]
Refuse	99

33. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you have on the average? **[RECORD]**

RECORD _____

DK	77
Refused	99

34. Considering all types of alcoholic beverages, how many times during the past 30 days did you have _____ **[5 FOR A MALE, 4 FOR A FEMALE]** or more drinks on one occasion? **[RECORD]**

RECORD _____

None	88
DK.....	77
Refused	99

35. During the past 30 days, what is the largest number of drinks you had on any occasion? **[RECORD]**

RECORD _____
 DK77
 Refused99

36. In the last 12 months, have you been told by a doctor or other health professional that you have symptoms of or may be suffering from depression?

Yes 1
 No 2
 DK 3
 Refused 4

37. Has a doctor, nurse, or other health professional ever told you that you had heart disease, high cholesterol or high blood pressure?

Yes 1
 No 2
 DK 3
 Refused 4

38. Has a doctor, nurse, or other health professional ever told you that you have asthma?

Yes 1
 No **[GO TO Q40]**
 DK **[GO TO Q40]**
 Refused **[GO TO Q40]**

39. Do you still have asthma?

Yes 1
 No 2
 DK 3
 Refused 4

Thank you. The few remaining questions are for classification purposes only.

40. What is your age? **[RECORD ACTUAL AGE HERE _____ AND CODE BELOW.]**

18-29 1
 30-39 2
 40-49 3
 50-59 4
 60-69 5
 70+ 6
 DK/NA 7

41. What was the last level of schooling you completed? **[CIRCLE BELOW – IF THROUGH 12TH GRADE, PROBE TO DETERMINE IF RECEIVED HIGH SCHOOL DIPLOMA OR GED]**

Never attended school or only attended kindergarten 1
 Grades 1 through 8 (elementary school) 2
 Grades 9 through 11 (some high school) 4
 Grade 12 (through 12th grade, received diploma) 5
 Grade 12 (through 12th grade, received G.E.D) 6
 College 1 to 3 years (some college or technical school) 7
 College 4 years or more (college graduate) 8
 NA 9

42. Do you have any children under the age of 18 living at home?
 Yes, children 1
 No 2
 DK/NA 3

43. Is this a cellular phone?
 Yes..... 1
 No [GO TO Q45] 2
 DK..... 3
 Refused..... 4

44. Do you also pay to have a landline telephone number?
 Yes..... 1
 No 2
 DK..... 3
 Refused..... 4

45. Are you white, black or African American, Hispanic or Latino, Asian, Native American or something else?
 White 1
 Black/African American 2
 Hispanic/Latino 1
 Asian 3
 Native America..... 4
 Something else 4
 DK/NA 5

46. Do you regularly speak a language other than English at home?
 Yes..... 1
 No 2
 DK..... 3
 Refused..... 4

47. How many hours a week do you work for pay? [RECORD: NO WORK AS ZERO]
RECORD _____
 DK..... 77

48. Do you have any kind of health care coverage, including insurance, prepaid plans such as HMOs, or government plans such as Medicare?
 Yes..... 1
 No 2
 DK..... 3
 Refused..... 4

49. In feet and inches, how tall do you happen to be?
RECORD _____ feet
RECORD _____ inches

50. And how much do you think you currently weigh?
[RECORD ACTUAL WEIGHT] _____pounds

51. Are you trying to do any of the following about your weight? Are you, **[READ]**
- Not trying to do anything to your weight; 1
 - Trying to stay at the same weight; 2
 - Trying to lose weight; or 3
 - Trying to gain weight 4
 - DK/NA **[DO NOT READ]**..... 5

52. What is your current GPA? **[RECORD ACTUAL NUMBER]**
- RECORD** _____ . _____
- RESPONDENT IS A NON-CREDIT STUDENT777
 - DK/REFUSED999

[ASK ONLY IF RESPONDENT ATTENDS THESE COLLEGES]

53. Do you live in student housing on campus or do you live off-campus?
- On-campus 1
 - Off-campus 2
 - DK 3

This completes our public opinion survey. Thank you very much for your time and cooperation. Your confidential responses will be combined with those of other community college students statewide and will provide valuable input on campus health issues.

[IF ASKED ABOUT HELP FOR QUITTING SMOKING] For help quitting smoking, call the Oregon Tobacco Quit Line, 1-800-QUIT-NOW.