

Cross-Cultural Tobacco Survey

Thank you for taking the time to complete this survey. The information you give will be used to develop better tobacco-quit programs for your community. All answers are confidential. DO NOT put your name on the survey.

Location of survey: _____

Date: _____

1. Do you use tobacco products? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Cigars |
| <input type="checkbox"/> Smokeless tobacco (chew) | <input type="checkbox"/> Chew Betel Nut |
| <input type="checkbox"/> Snuff | <input type="checkbox"/> Don't use tobacco |
| <input type="checkbox"/> Blunts | <input type="checkbox"/> Other _____ |

2. Who is it that lives in your home and smokes cigarettes or cigars? (Check all that apply)

- Spouse/partner
- Son or daughter
- Brother or sister
- Parent or guardian
- Grandparent
- Other family member: _____
- Friend
- No one

3. Which statement best describes the rules about smoking inside your home?

- Smoking is not allowed anywhere inside your home
- Smoking is allowed in some places or at sometimes
- Smoking is allowed anywhere inside the home
- There are not rules about smoking inside the home

4. Secondhand smoke is smoke from someone's cigarettes. In general, would you say that breathing secondhand smoke is...

- Very harmful
- Somewhat harmful
- Not very harmful
- Not harmful at all
- Don't know/not sure

5. In a typical week, how many hours would you say that you are in a room, workplace, or car with secondhand smoke?

Number of hours: _____

6. Do you think nicotine is addictive?

- Yes
- No

- 7. Where do you get most of your health information? (Check all that apply)**
- Health care provider
 - Indian Health Services
 - Faith community
 - Internet
 - Television
 - Radio
 - Magazines or newspapers
 - Friends
 - Family members
 - School
 - Other: _____
- 8. Would you say that in general your health is:**
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Don't Know/not sure
- 9. Did a doctor ever tell you that you had asthma?**
- Yes
 - No
 - Don't know/not sure
- 10. Do you still have asthma?**
- Yes
 - No
 - Don't know/not sure
- 11. Have you smoked at least 100 cigarettes (or 5 packs) in your entire life?**
- Yes
 - No → PLEASE SKIP TO QUESTION #28 ON PAGE 5.
 - Don't know/not sure
- 12. Do you now smoke cigarettes every day, some days, or not at all?**
- Every day
 - Some days
 - Not at all → PLEASE SKIP TO QUESTION #22 ON PAGE 5.

13. **What type of cigarette did you usually smoke in the past 30 days?**
- Regular/full flavor
 - Light
 - Ultra Light
 - Menthol
 - I did not have a usual type
 - Don't know/not sure
14. **How many cigarettes do you usually smoke per day?**
- Less than ½ pack
 - ½ pack to 1 pack
 - More than 1 pack but less than 2 packs
 - 2 to 2 ½ packs
 - More than 2 ½ packs
15. **What time of day do you usually smoke? (Check all that apply)**
- First thing in the morning
 - After breakfast
 - After lunch
 - During the day
 - After dinner
 - During the evening
 - Other: _____
16. **Here is a list of things that make some people think of stopping using cigarettes. Please check all that apply to you.**
- More of your friends are not smoking
 - Anti-tobacco advertisements on television
 - Anti-tobacco ads you see on posters and billboards
 - Anti-tobacco ads you hear on the radio
 - It is getting too expensive to smoke
 - You are more aware of the health problems smoking causes
 - More people you know are starting to harass smokers
 - It is getting harder to just find a place to smoke
 - Your friends tell you that you should not smoke
 - Family members tell you that you should not smoke
17. **During the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?**
- Yes
 - No

18. **How interested are you now in quitting using tobacco?**
- Not interested in quitting this time
 - Interested, but not ready to quit
 - Ready to make a quit attempt in the next 30 days
19. **Do you think you are addicted to nicotine?**
- Yes
 - No
 - Decline to answer
20. **How true is the statement, “My family will help me quit smoking” (you define your “family”).**
- Definitely true for me
 - Probably true for me
 - Probably not true for me
 - Definitely not true for me
 - Don’t know/not sure
21. **How true is the statement, “My friends will help me quit smoking.”**
- Definitely true for me
 - Probably true for me
 - Probably not true for me
 - Definitely not true for me
 - Don’t know/Not sure
22. **Have you ever received help or advice to help you stop smoking? (Check all that apply)**
- Yes, from my health care provider
 - Yes, from a class, support group, or professional
 - Yes, from a friend
 - Yes, from a family member
 - No
23. **Who minds that you smoke? (Check all that apply)**
- Coworker/supervisor
 - Spouse/partner
 - Son or daughter
 - Brother or sister
 - Parent or guardian
 - Grandparent
 - Other family member(s): _____
 - Friend
 - No one cares that I smoke/It doesn’t bother anyone

24. Which of the following would help you quit using tobacco products? (Check all that apply)

- Counseling
- Quit classes
- Patches
- Gum
- Quit line (telephone counseling)
- Support groups
- Doctor's order
- Church or Faith community
- Other

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

Age: _____

26. How old were you when you first started smoking cigarettes regularly?

Age: _____

- Decline to answer

27. Why did you start smoking?

28. Have you filled out a similar tobacco survey in the past 3 months?

- Yes
- No

The following questions are optional and confidential. Answering them will help guide us in serving all people in the community.

29. What is your age?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65-79 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 80 and over |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> 45-64 | <input type="checkbox"/> Decline to answer |

30. How many children less than 18 years of age live in your household?

Number of children: _____

- None
- Decline to answer

31. Were you born in the United States?

- Yes
- No
- Decline to answer

32. How long have you lived in the United States?

_____ Decline to answer

33. What was your biological sex at birth?

- Female Intersexed
 Male Decline to answer

34. Are you Spanish/Hispanic/Latino? (Check the “no” box if not Spanish)

- No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican-American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino: _____
 Decline to answer

35. What is your race? (Check up to three)

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Bi-racial |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Laotian | |

36. What is your sexual orientation?

- Heterosexual/Straight Bisexual
 Gay Asexual
 Lesbian Questioning
 Queer Decline to answer

37. What is your gender identity?

- Female
 Male
 Two-spirit
 Androgynous
 Transgender (do not fit traditional gender norms)
 Transsexual (F>M, M>F)
 Decline to answer

38. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 5 (elementary)
- Grades 6 through 8 (middle school)
- Grades 9 through 11 (some high school)
- Grade 12 or GED (high school graduate)
- College 1 year to 3 years (some college or technical school)
- College 4 years or more (college graduate)
- Decline to answer

39. Number of people in your household

Number in household: _____

- Decline to answer

40. What is your annual household income from all sources?

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$75,000 or more |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> \$20,000 to \$24,999 | | |

41. What is your zip code?

Zip code: _____

42. Do you participate in a religious community?

- Yes
- No → You are done with this survey. Thank you.
- Decline to answer

43. If yes, which religious affiliation(s) do you have? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Buddhist (Tibetan, Zen, etc.) | <input type="checkbox"/> Pagan (Earth-centered, Wiccan, etc.) |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Traditional Native American (Sweat Lodge, etc.) |
| <input type="checkbox"/> Greek Orthodox | <input type="checkbox"/> Unitarian |
| <input type="checkbox"/> Latter Day Saints | <input type="checkbox"/> Quaker |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Protestant (Baptist, Pentecostal, etc.) | <input type="checkbox"/> Jewish (Orthodox, Reform, etc.) |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Hindu (Sikh, Sufi, etc.) |
| <input type="checkbox"/> Pentecostal | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Decline to answer |

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