



## **2017 Alaska Supplemental BRFSS Survey**

# Contents

Contents .....	2
2017 Interviewer’s Script Landline Sample .....	3
Adult Random Selection.....	4
Interviewer’s Script Cell Sample.....	6
INTRO Statement for ALL Respondents .....	8
Section 1: Health Status .....	8
Section 2: Healthy Days — Health-Related Quality of Life .....	8
Section 3: Health Care Access.....	10
Section 4: Mental Health-related questions.....	11
Section 5: Diabetes and Pre-Diabetes .....	13
Section 6: Tobacco.....	14
6A: Cigarette Use.....	14
6B: Cigarette Purchase Patterns .....	15
6C: Initiation and Duration of Smoker Status.....	16
6D: Cessation.....	18
6E: Stages of Readiness (for Quitting Smoking) .....	19
6F: Health Professional Ask and Advise.....	20
6G: Cessation Benefit question .....	23
6H: Electronic Cigarette Use.....	24
6I: Other Smoked Tobacco Products.....	27
6J: Smokeless Tobacco Use – all respondents.....	29
6K: Smokeless Tobacco Cessation .....	32
6L: Dual Use: SLT and (Conventional) Cigarettes.....	35
6M: Secondhand Smoke Exposure and Policies.....	36
6O: Attitudes about Secondhand Smoke.....	38
6P: Social Norms and Secondhand Smoke.....	39
6Q: Alaska Quit Line .....	42
Section 7: Demographics .....	43
Section 8: Alcohol Consumption .....	52
Section 9: Marijuana and Other Drugs .....	53
Section 10: Alcohol and Drug Treatment .....	56
Closing Section.....	57

## 2017 Interviewer's Script Landline Sample

HELLO, I am calling for the Alaska Department of Health and Social Services. My name is       (name)      . This project is being conducted by the health department to gather information about the health of Alaska residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.1 Is this       (phone number)       ?

**[CATI NOTE: IF "NO": Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. CATI NOTE: STOP]**

### PVTRES

LL.2 Is this a private residence?

Read only if necessary: "By private residence, we mean someplace like a house or apartment."

**INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1. Yes           **[GO TO STATE OF RESIDENCE]**
2. No           **[GO TO COLLEGE HOUSING]**

**[CATI NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME."STOP]**

### College Housing

LL.3 Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

1. Yes           **[GO TO CELLULAR PHONE]**
2. No

**[CATI NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]**

### State of Residence

LL4.7 Do you currently live in       (state)      ?

1. Yes   **[GO TO LANDLINE]**
2. No   **[CATI NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [ ] STATE AT THIS TIME. STOP]**

## Cellular Phone

LL.5 Is this a cell telephone?

**INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).**

Read only if necessary: “By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

**[CATI NOTE: IF “YES”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES AND FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]**

**[CATI NOTE: IF (COLLEGE HOUSING = YES) CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]**

## Adult

LL.6 Are you 18 years of age or older?

- |   |                           |                             |
|---|---------------------------|-----------------------------|
| 1 | Yes, respondent is male   | <b>[GO TO NEXT SECTION]</b> |
| 2 | Yes, respondent is female | <b>[GO TO NEXT SECTION]</b> |
| 3 | No                        |                             |

**[CATI NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]**

## **Adult Random Selection**

**I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?**

LL.6 \_\_\_ Number of adults  
If "1,": **Are you the adult?**

If "yes,":

**Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).**

**[GO TO PAGE 8]**

**[CATI NOTE: IF "NO,": IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]? ]**

**[GO TO "CORRECT RESPONDENT" ON THE NEXT PAGE]**

LL.7 How many of these adults are men?

\_\_\_ Number of men

**So the number of women in the household is \_\_\_**

\_\_\_ Number of women

Is that correct?

**INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.**

The person in your household that I need to speak with is \_\_\_\_\_.

If "you," [GO TO NEXT SECTION]

**Cellular Phone**

Is this a cellular telephone?

**INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).**

**Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."**

**If "Yes"**

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

**No**

**CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult**

Are you 18 years of age or older?

- |   |                           |                |
|---|---------------------------|----------------|
| 1 | Yes, respondent is male   | [Go to Page 6] |
| 2 | Yes, respondent is female | [Go to Page 6] |
| 3 | No                        |                |

**If "No",**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

**(IF NOT "YOU", To the correct respondent: )**

HELLO, I am calling for the **Alaska Department of Health and Social Services**. My name is           (name)          . This project is being conducted by the health department to gather information about the health of Alaska residents. Your telephone number has been chosen randomly, and I would like to ask some questions about your health and health practices.

## Interviewer's Script Cell Sample

HELLO, I am calling for the Alaska Department of Health and Social Services. My name is       (name)      . This project is being conducted by the health department to gather information about the health of Alaska residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.1 Is this a safe time to talk with you?

1. Yes           [GOTO PHONE]
2. No

**[CATI NOTE: IF "NO": THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]**

### Phone

CP.2 Is this      (phone number)      ?

1. Yes           [GO TO CELLULAR PHONE]
2. No           INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER

**[CATI NOTE: IF "NO": THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]**

### Cellular Phone

CP.3 Is this a cell telephone?

Read only if necessary: "By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

1. Yes           [GO TO ADULT]
2. No

**[CATI NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]**

### Adult

CP.4 Are you 18 years of age or older?

1. Yes, respondent is male           [GO TO PRIVATE RESIDENCE]
2. Yes, respondent is female       [GO TO PRIVATE RESIDENCE]
3. No

**[CATI NOTE: IF "NO", THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]**

**INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.**

**Private Residence**

CP.5 Do you live in a private residence?

Read only if necessary: “By private residence, we mean someplace like a house or apartment.”

**INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]

**College Housing**

CP.6 Do you live in college housing?

Read only if necessary: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

1. Yes [GO TO STATE OF RESIDENCE]
2. No

**[CATI NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]**

**State of Residence**

CP.7 Do you currently live in \_\_\_\_\_ (state) \_\_\_\_\_?

1. Yes [GO TO LANDLINE]
2. No [GO TO STATE]

**State**

CP.8 In what state do you currently live?

\_\_\_\_\_ ENTER FIPS STATE

**Landline**

CP. 9 Do you also have a landline telephone in your home that is used to make and receive calls?

Read only if necessary: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

**INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).**

1. Yes
2. No

**[CATI NOTE: IF COLLEGE HOUSING = “YES”, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]**

**NUMADULT**

CP.10 How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults

**[CATI NOTE: IF COLLEGE HOUSING = “YES” THEN NUMBER OF ADULTS IS SET TO 1.]**

## INTRO Statement for ALL Respondents

To correct respondent—LANDLINE OR CELL:

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 1-877-655-2793

## Section 1: Health Status

---

1.1 Would you say that in general your health is—

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## Section 2: Healthy Days — Health-Related Quality of Life

---

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

— — Number of days (1 thru 30)

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**2.2 [Ask if Q2.1<=30]** During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?

**[POORHLTHP]**

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**2.3** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- Number of days (1 thru 30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**2.4 [ask if Q2.3<=30]** During the past 30 days, for about how many days did poor mental health or emotional problems keep you from doing your usual activities, such as self-care, work, or recreation?

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 3: Health Care Access

---

**3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Native Health Service or Indian Health Service?

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?

**If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"**

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

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

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
  
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## Section 4: Mental Health-related questions

---

**[Interviewer Note: If respondent provides specific number of days or seems unsure of how to answer, 0-1 days=1, 2 to 6 days=2, 7 to 11 days=3, and 12 to 14 days=4. Information included in parentheses in answer category is NOT read aloud, but is used by the interviewer if needed.]** Over the last 2 weeks, how often have you been bothered by the following problems?

### 4.1 Little interest or pleasure in doing things

**Please read:**

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

### 4.2 Feeling down, depressed or hopeless

**Please read:**

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

### 4.3 Feeling nervous, anxious or on edge

**Please read:**

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

4.4 Not being able to stop or control worrying

**Read only if necessary:**

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

4.5 During the past 12 months, have you received treatment, medication or counseling from a doctor or other health professional for for any type of mental health condition or emotional problem?

**[MHTX12]**

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

4.6 **[ask if 4.5=1]** Are you currently receiving treatment, medication or counseling from a doctor or other health professional for any type of mental health condition or emotional problem?

**[MHTXNW]**

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

## Section 5: Diabetes and Pre-Diabetes

---

5.1 Have you ever been told by a doctor that you have diabetes?

**INTERVIEWER NOTES:**

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

If respondent says pre-diabetes or borderline diabetes, use response code 4.

**[DIABETE2]**

- 1 Yes **[Skip to 5.2, then to next module]**
- 2 Yes, but female told only during pregnancy **[Skip to 5.3]**
- 3 No **[Skip to 5.3]**
- 4 No, pre-diabetes or borderline diabetes **[Skip to 5.3]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 5.3]**
- 9 Refused **[Skip to 5.3]**

5.2. How old were you when you were told you have diabetes?

-- Code age in years **[97 = 97 and older]**

- 9 8 Don't know / Not sure
- 9 9 Refused

5.3. Have you had a test for high blood sugar or diabetes within the past three years?

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

**CATI note: If 5.1 = 4 (No, pre-diabetes or borderline diabetes); answer 5.4 “Yes” (code = 1).**

5.4 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 Don't know / Not sure
- 9 Refused

## Section 6: Tobacco

---

### 6A: Cigarette Use

6.1 Have you smoked at least 100 cigarettes in your entire life?

[SMOKE100 – same as Core 9.1]

**INTERVIEWER NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Skip to 6.22]

**Do not read**

- 7 Don't know / Not sure [Skip to 6.22]
- 9 Refused [Skip to 6.22]

**INTERVIEWER NOTE: if necessary, say:**

**“For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”**

6.2 Do you now smoke cigarettes every day, some days, or not at all?

[SMOKDAY2 – same as Core 9.2]

- 1 Every day
- 2 Some days
- 3 Not at all [Skip to 6.11]

**Do not read**

- 7 Don't know / Not sure [Skip to 6.22]
- 9 Refused [Skip to 6.22]

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

[CIGS30D]

**Do not read**

- \_\_\_ 1-30 Number of Days [If 6.3 = 0, probe for a number; if answer is still “0”, then code as 88 and Skip to 6.6]
- 88 None [Skip to 6.6]
- 77 Don't Know / Not Sure [Skip to 6.6]
- 99 Refused [Skip to 6.6]

**[Note different wording depending on whether respondent is daily or some days smoker.]**

6.4 [if 6.2=2 add: “On the days when you smoked during the past 30 days” ] On the average, about how many cigarettes did you smoke a day?

[NUMCIG]

**Do not read**

- 0-180 Number of Cigarettes
- 666 Less than one cigarette a day
- 777 Don't Know / Not Sure
- 999 Refused

[Note different wording depending on whether respondent is daily or some days smoker.]

6.5 **if 6.2=2 add: "On the days that you smoke",** How soon after you wake up do you usually smoke your first cigarette? Would you say

[FRSTCIG3]

**Please read**

- 1 Within 30 minutes
- 2 31 to 60 minutes
- 3 More than 60 minutes

**Do not read**

- 7 Don't know/ Not sure
- 9 Refused

## 6B: Cigarette Purchase Patterns

6.6 Where do you usually buy cigarettes?

[BUYCIGS]

**Please read**

- 1 In your community
- 2 In another community in Alaska
- 3 In a community outside Alaska **[Skip to 6.8]**
- 4 Using the Internet **[Skip to 6.10]**
- 5 Using a mail-order source or an 800 number **[Skip to 6.10]**

**Do not read**

- 7 Don't Know / Not Sure **[Skip to 6.9]**
- 9 Refused **[Skip to 6.9]**

**Ask of those who usually buy in Alaska (6.6 = 1 or 2)**

6.7 In what type of store do you usually buy cigarettes?

[STORECIG]

**Please read**

- 1 Convenience stores/gas stations **[Skip to 6.9]**
- 2 Supermarkets **[Skip to 6.9]**
- 3 Liquor or drug stores (pharmacies) **[Skip to 6.9]**
- 4 Tobacco discount stores **[Skip to 6.9]**
- 5 Other discount stores, such as Wal-Mart **[Skip to 6.9]**
- 6 Military commissaries **[Skip to 6.9]**
- 7 Other type of store (**specify**) \_\_\_\_\_ **[Skip to 6.9]**  
[STORCIGT]
- 77 Don't know **[Skip to 6.9]**
- 99 Refused **[Skip to 6.9]**

**Ask of those who usually buy outside Alaska (6.6=3)**

**6.8** From which state do you usually buy them? (**open-ended answer**)  
**[STATECIG]**

---

**Ask of those who usually buy in Alaska or outside Alaska (Ask if 6.6 = 1, 2, 3, 7 or 9 [exclude those who reported that they usually purchase by mail-order or Internet])**

**6.9** In the last year, have you bought cigarettes over the Internet, or using a mail-order source?  
**[MAILCIG]**

- 1 Yes  
2 No **[Skip to 6.11]**

**Do not read**

- 7 Don't Know / Not Sure **[Skip to 6.11]**  
9 Refused **[Skip to 6.11]**

**Ask of those who usually buy thru Internet/mail order [6.6 = 4 or 5] or have done so in the last year [6.9 = 1]**

**6.10** In the last three months, about how many cartons or packs of cigarettes have you bought through the Internet or using a mail-order source?  
**[MAILNUM]**

\_\_\_ \_\_\_ \_\_\_ number of (1 = packs, 2 = cartons)

**Do not read**

- 7777 Don't Know / Not Sure  
8888 None  
9999 Refused

## **6C: Initiation and Duration of Smoker Status**

**Ask of Current and Former Smokers (6.2=1,2,3)**

**6.11** How old were you when you first started smoking cigarettes regularly?  
**[BEGSMOKE]**

\_\_\_ \_\_\_ **Code age in years (1-100)**

- 888 Never smoked regularly (**don't read**)  
777 Don't Know / Not Sure  
999 Refused

**6.12** Around this time 12 months ago, were you smoking cigarettes every day, some days, or not at all?  
**[SMKYRAGO]**

- 1 Every Day
- 2 Some Days
- 3 Not at all

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

**If 06.02 = 3 and 06.11 = 888 then go to 6.22**

**Ask of Former Smokers (6.1 = 1 and 6.2 = 3) else skip to 6.14: REVISED ANSWER CATEGORIES**

**For 2016: Revised answer categories to get a “quit smoking in past TWO years” measure**

**6.13 [LASTSMK4] (NOTE for CATI Programming): this is different from Core 9.4, but should be same as state-added item in Standard survey)**

About how long has it been since you last smoked cigarettes regularly? Was that...

**INTERVIEWER NOTE: Pause between each response category to allow respondent to answer “Yes” or “No” to each category.**

**INTERVIEWER NOTE: If respondent refuses at any level, code 99 (Refused). If respondent answers “Don’t know” or “Not sure” at any level, ask about the next level. If respondent answers “Don’t know” or “Not sure” to two levels in a row, code 77 (Don’t know/Not sure).**

**Please read:**

- 1 1 10 years or more (If “No,” ask 10; if “Yes,” code 11)
- 1 0 At least 5 years but less than 10 years ago  
(If “No,” ask 09; if “Yes,” code 10)
- 0 9 At least 2 years but less than 5 years ago  
(If “No,” ask 08; if “Yes,” code 09)
- 0 8 More than a year ago (but less than 2 years ago)  
(If “No,” ask 07; if “Yes,” code 08)
- 0 7 About 1 year ago  
**[Interviewer note: Can add, “That is, roughly 12 months” if needed]**  
(If “No,” ask 06; if “Yes,” code 07)
- 0 6 At least 6 months but less than one year ago  
(If “No,” ask 05; if “Yes,” code 06)
- 0 5 At least 3 months but less than 6 months ago  
(If “No,” ask 04; if “Yes,” code 05)
- 0 4 At least 30 days ago but less than 3 months ago  
(If “No,” ask 03; if “Yes,” code 04)
- 0 3 At least 7 days ago but less than 30 days ago  
(If “No,” ask 02; if “Yes,” code 03)
- 0 2 At least 24 hours ago but less than 7 days ago  
(If “No,” ask 01; if “Yes,” code 02)
- 0 1 Within the past 24 hours

**Do not read:**

- 7 7 Don't know / Not sure **[Skip to 6.22]**
- 9 9 Refused **[Skip to 6.22]**

## 6D: Cessation

**Ask of Current Smokers (6.2 = 1 or 2)**

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

[STOPSMK2 – same as Core 9.3]

- 1 Yes
- 2 No [Skip to 6.19]
- Do not read**
- 7 Don't know / Not sure [Skip to 6.19]
- 9 Refused [Skip to 6.19]

**6.15** How many times during the past 12 months have you stopped smoking because you were trying to quit smoking?

[TIMESSM]

**Interviewer note: If R says "none" go back and ask previous question C06Q14.**

- \_\_\_ 1 -400 times
- 777 Don't know/Not sure
- 999 Refused

**6.16** During the past 12 months, what is the longest length of time you stopped smoking because you were trying to quit smoking?

[LENGTHSM]

**Do not read**

- 1\_\_ days
- 2\_\_ weeks
- 3\_\_ months
- 777 Don't know/Not sure
- 999 Refused

**Methods of Quitting - Ask of Current Smokers who have tried to quit during past 12 months (6.14 = 1) or Former Smokers who quit within past 5 years (6.13 = 01-09)**

**6.17 Former Smokers:**  
When you quit smoking for good...

**Current Smokers:**  
The last time you tried to quit smoking...

**[MEDQUIT]** Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

**6.18 Former Smokers:**  
When you quit smoking for good...

**Current Smokers:**  
The last time you tried to quit smoking...

**[CLASSQT]** Did you use any other assistance, such as classes or counseling?

- 1 Yes
- 2 No

**Do not read**  
7 Don't know / Not sure  
9 Refused

**[Former Smokers (6.1 = 1 and 6.2 = 3) skip to 6.22]**

## 6E: Stages of Readiness (for Quitting Smoking)

<b>Ask of Current Smokers (6.2 = 1 or 2)</b>
--

**6.19** **[If 6.14>1]** Would you like to quit smoking?  
**[If 6.14=1]** Would you [still] like to quit smoking?

**[LIKESTOP]**

- 1 Yes
- 2 No **[Skip to 6.22]**

**Do not read**  
7 Don't know / Not sure **[Skip to 6.22]**  
9 Refused **[Skip to 6.22]**

**6.20** Are you seriously considering stopping smoking within the next 6 months?

**[LKSTP6MO]**

- 1 Yes
- 2 No **[Skip to 6.22]**

**Do not read**  
7 Don't know / Not sure **[Skip to 6.22]**  
9 Refused **[Skip to 6.22]**

**6.21** Are you planning to stop smoking within the next 30 days?

**[LKSTP30D]**

- 1 Yes
- 2 No

**Do not read**  
7 Don't know / Not sure  
9 Refused

## 6F: Health Professional Ask and Advise

### Ask 6.22 of All Respondents

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

[GETCARE]

- 1 Yes
- 2 No [skip to 6.25]

**Do not read**

- 7 Don't know / Not sure [skip to 6.25]
- 9 Refused [skip to 6.25]

### Ask of Current Smokers (6.2 = 1 or 2)

**6.23** In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

[QUITSMOK]

- 1 Yes [Skip to 6.29]
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

### Ask of Never Smokers (6.1 = 2, 7, or 9), Former Smokers (6.1 = 1 and 6.2 = 3), and Current Smokers who were not advised to quit (6.23 = 2, 7, or 9)

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

[DOCASK]

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

If 6.11 = 888 then go to 6.30

### Ask of Former Smokers who quit within the past 5 years (6.1 = 1 and 6.2 = 3 and 6.13 <= 09)

**[Note that we have changed the order for FDOCTALK and FDOCCARE, which changes skip pattern and so I've changed variable names. ]**

**6.25** Now we would like to ask you some questions about the 12 months prior to when you quit smoking. Earlier you said that you quit smoking [autofill with answer from 6.13]. Did you have a health visit to get any kind of care for yourself, in the 12 months prior to when you quit smoking?

[FDOCCARE2]

- 1 Yes
- 2 No [skip to 6.30]

**Do not read**

- 7 Don't Know/Not Sure [skip to 6.30]
- 9 Refused [skip to 6.30]

**6.26** [Ask if If 6.25=1]  
 In the 12 months prior to your quitting, did any doctor, dentist, or other health professional talk to you about your smoking?

[FDOCTALK2]

- 1 Yes
- 2 No [skip to 6.30]
- Do not read**
- 7 Don't Know/Not Sure [skip to 6.30]
- 9 Refused [skip to 6.30]

**Ask of Former Smokers who quit within the past 5 years and who talked to provider about smoking (6.26 = 1)**

**6.27** In the 12 months prior to your quitting, did any doctor, dentist, or other health professional advise you to quit smoking?

[FDOCPRIOR]

- 1 Yes
- 2 No [skip to 6.30]
- Do not read**
- 7 Don't Know/Not Sure [skip to 6.30]
- 9 Refused [skip to 6.30]

**6.28** In the 12 months prior to your quitting, when a doctor or other health professional advised you to quit smoking, did they also do any of the following?

[FDOCDRUG]

(a) Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

[FDOCDATE]

(b) Suggest that you set a specific date to stop smoking?

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

[FDOCCLASS]

(c) Suggest that you use a smoking cessation class, program, quit line, or counseling?

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

(d) Provide you with booklets, videos, or other materials to help you quit smoking on your own?

[FDOCBOOK]

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

(e) Follow up with you to discuss your quit attempt or your smoking?

[FDOCFOLLOW]

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**Additional Interviewer Notes for 6.28e: probe if needed: "By 'follow up' I mean did the provider schedule another appointment or phone call to talk about how you were doing with your quit attempt or to talk about getting ready to quit?"**

**Ask of Current Smokers advised to quit (6.23 = 1)**

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

[DOCDRUG]

(a) Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

(b) Suggest that you set a specific date to stop smoking?

[DOCDATE]

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

(c) Suggest that you use a smoking cessation class, program, quit line, or counseling?

[DOCCLASS]

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

(d) Provide you with booklets, videos, or other materials to help you quit smoking on your own?

[DOCBOOK]

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

(e) Follow up with you to discuss your smoking or quit attempt?

[DOCFOLLOW]

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

**Additional Interviewer Notes for 6.29e: probe if needed: "By 'follow up' I mean did the provider schedule another appointment or phone call to talk about how you were doing with your quit attempt or to talk about getting ready to quit?"**

## 6G: Cessation Benefit question

**Ask of respondents who have some health insurance coverage (3.1=1) skip if 3.1 = 2,7,9**

**6.30** Does your health insurance coverage pay for the cost of any help to quit using tobacco, such as a stop-smoking or stop-chewing program, or nicotine patches, pills, or other medications?

[QUITINS]

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know/Not sure
- 9 Refused

## 6H: Electronic Cigarette Use

[This Module was moved in front of “Other Smoked Tobacco” for 2016]. Q6.31 and Q6.32 were revised to match CDC Core question (10.1 and 10.2 in 2017), and the “every day, some days or not at all” question is added from Core.]

<b>Ask of All Respondents</b>
-------------------------------

The next 2 questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.”

**INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.**

**Read if necessary: 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.**

**6.31** Have you ever used an e-cigarette or other electronic vapor product, **even just one time, in your entire life?**  
[VAPEEV]

- 1 Yes
- 2 No **[Skip to 6.43]**

**Do not read**

- 7 Don't know/Not sure **[Skip to 6.43]**
- 9 Refused **[Skip to 6.43]**

**6.32** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?  
[VAPENOW2]

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 6.38]**

**Do not read**

- 7 Don't know/Not sure **[Skip to 6.38]**
- 9 Refused **[Skip to 6.38]**

<b>Ask 6.33 if respondent is current e-cig user (6.32=1 or 2)</b>
---

**6.33** During the past 30 days, on how many days did you use an e-cigarette or other electronic “vaping” product?  
[VAPE30NOW]

**Do not read**

\_\_ 1 thru 30 Number of Days

- 88 None **[skip to 6.35]**
- 77 Don't Know / Not Sure
- 99 Refused **[skip to 6.35]**

**6.34** When you used an e-cigarette, vaping pen or other vaping product in the past 30 days, what did you use it to inhale? **[INTERVIEWER NOTE: READ EACH ANSWER AND PAUSE TO HEAR A YES OR NO FOR EACH ITEM. MARK ALL THAT APPLY.]**

**[VAPENICO, VAPEFLAV, VAPEOTH, VAPEOTHT]**

- 1 Nicotine
- 3 Flavor
- 4 Something Else (Specify) \_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

**Ask 6.35 of current e-cig users (6.32=1 or 2)**

**6.35** Where do you usually buy your electronic vaping products?

**[VAPEBUY]**

- 1 In your community
- 2 In another community in Alaska
- 3 In a community outside Alaska **[Skip to 6.37]**
- 4 Using the Internet **[Skip to 6.37]**
- 5 Using a mail-order source or an 800 number **[Skip to 6.37]**

**Do not read**

- 7 Don't Know / Not Sure **[Skip to 6.37]**
- 9 Refused **[Skip to 6.37]**

**Ask 6.36 of those who usually buy in Alaska (6.35 = 1 or 2)**

**6.36** In what type of store do you usually buy electronic vaping products?

**[VAPESTORE]**

- 1 Convenience stores/gas stations
- 2 Supermarkets or discount stores such as Walmart
- 3 Drug stores or pharmacies
- 4 Liquor stores or tobacco shops
- 5 Vape shops
- 6 Military commissaries
- 7 Other (**specify**) \_\_\_\_\_ **[STORVAPT]**

**Do not read**

- 77 Don't know
- 99 Refused

**Ask 6.37 of current e-cig users (6.32=1 or 2)**

**6.37** This question is about product choice. Do you usually use:  
**[VAPECHC]**

- 1 A refillable vaping product with a reservoir or tank to fill
- 2 A rechargeable kit with replaceable cartridges
- 3 A disposable product
- or
- 4 Something else (**specify**) \_\_\_\_\_  
 [STORVAPT]

**Do not read**

- 7 Don't know
- 9 Refused

**Ask only if respondent said they EVER used e-cigarettes or other vaping product (6.31=1)**

**6.38** How old were you when you first started using e-cigarettes or other vaping products?  
**[BEGVAPE]**

\_\_ \_\_ **Code age in years (1-100)**

- 888** Never used regularly (*Interviewer note: do not read*)
- 777 Don't Know / Not Sure
- 999 Refused

**Ask only if respondent is a current smoker who also currently uses e-cigs (6.2 = 1 or 2 AND (6.32<=2)**

**6.39** Earlier you said that you also smoke regular or conventional cigarettes. Do you ever use e-cigarettes or other vaping products in situations where you can't smoke or in situations where you would prefer not to smoke conventional cigarettes?  
**[CIGALTEC]**

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

**6.40** Do you currently use e- cigarettes or other vaping products because you are trying to quit smoking conventional cigarettes?  
**[CIGALTQTEC]**

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

**Ask only if respondent is a FORMER smoker who quit in the past FIVE years who also EVER used e-cigs (6.2 = 3 AND (6.13<=09 AND 6.31=1))**

**6.41** Did you use e-cigarettes because you were trying to quit smoking conventional cigarettes?  
**[CIGFMREC]**

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**Ask if respondent is a CURRENT user of e-cigs/vaping products (6.32<=2)**

**6.42** Would you like to quit using e-cigarettes or vaping products?  
**[VAPEWNTQT]**

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

## 6I: Other Smoked Tobacco Products

**Ask of All Respondents**

**6.43** The next questions are about other types of smoked tobacco that you light and smoke. Have you **EVER** tried smoking **even one or two puffs** of any of these types of tobacco: cigars, cigarillos, or tobacco in a hookah or water pipe?

**[OTHSMKEV3]**

**Interviewer note: (Read if respondent is unsure what these words mean)**

**Examples of full-sized cigars would be Dutch Master, White Owl, King Edward, Muriel.**

**Examples of smaller-sized cigars or cigarillos would be Swisher Sweets, Cheyenne or Winchester.**

**A water pipe is also called a hookah.**

**NOTE: Do not include electronic cigarettes.**

- 1 Yes
- 2 No **[Skip to 6.48]**

**Do not read**

- 7 Don't know/Not sure **[Skip to 6.48]**
- 9 Refused **[Skip to 6.48]**

**6.44** Which of these types of tobacco have you ever smoked?  
**[OTHSMKEV31, 32, 35 and 36]**

**Interviewer note: Repeat list if needed.**

**If respondent indicates he/she is unsure what these words mean: Examples of full-sized cigars would be Dutch Master, White Owl, King Edward, Muriel. Examples of smaller-sized cigars or cigarillos would be Swisher Sweets, Cheyenne or Winchester. A water pipe is also called a hookah.**

**CHECK ALL THAT APPLY**

- 1 Yes, full-sized cigars
- 2 Yes, cigarillos or small cigars
- 5 Yes, tobacco in a hookah or water pipe
  
- 8 No (none) (verify)

**Interviewer note: If R says “none” go back and re-ask previous question C06Q43**

- Do not read
- 7 Don't know/Not sure **[Skip to 6.48]**
- 9 Refused **[Skip to 6.48]**

**Ask of Respondents who said yes to “Ever” questions (if 6.44=1)**

**6.45** In the past 30 days, did you smoke **FULL SIZE** cigars?  
**[CIGARNOW]**

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**Ask of Respondents who said yes to “Ever” questions (if 6.44=2)**

**6.46** In the past 30 days, did you smoke **CIGARILLOS**, or **SMALL CIGARS**?  
**[CIGRLONOW]**

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**Ask of Respondents who said yes to “Ever” questions (if 6.44=5)**

**6.47** In the past 30 days, did you smoke tobacco in a HOOKAH or a WATER PIPE?  
**[HOOKAHNOW]**

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6J: Smokeless Tobacco Use – all respondents**

**Current SLT use (REVISED QUESTION FROM CORE)**

**6.48** Do you CURRENTLY use chewing tobacco, snuff, Snus, or Iq'mik every day, some days, or not at all?  
**[USENOW3] [same as Core 9.5 as modified for Alaska since 2011]**

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 6.50a]**

**Do not read:**

- 7 Don't know / Not sure **[Skip to 6.50a]**
- 9 Refused **[Skip to 6.50a]**

**Additional Interviewer Notes: Snus (rhymes with 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

**NOTE ALSO: Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and “punk ash”, which is the ash generated by burning a fungus that grows on birch trees.**

**Current SLT use Type (REVISED QUESTION)**

Ask if 6.48<3

**6.49** Which smokeless tobacco products do you currently use? Chewing tobacco, snuff, Snus, or Iq'mik\* (also known as Blackbull)? [**Probe for which.**]

**CATI Note: All responses to 6.49 go to 6.50b**

**Interviewer note: If R says “none” go back and ask previous question C06Q48.  
[USENWAK5, USENWAK6, USENWAK7, USENWAK8, USENWAK9]**

**Check all that apply**

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) \_\_\_\_\_ [USENWAKT]

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**NOTE: Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and “punk ash”, which is the ash generated by burning a fungus that grows on birch trees.**

**INTERVIEWER NOTE: E-cigarettes are not included in “smokeless tobacco”; if this is the only product mentioned, go back to previous question C06Q48 and do recode=3.**

**Lifetime (former) SLT use Type (REVISED QUESTION)**

Ask of all respondents

**6.50 A – Asked of those who did NOT say they are current smokeless users 6.48 = 3,7,9**

**6.50 B - CATI NOTE: AUTOFILL SMOKELESS TYPES FROM 6.49=1-5, then revise question for current users this way:**

**Besides [types filled from 6.49]....? DO NOT MARK OUT “OTHER”**

**For 6.49=7,9, Wording for 6.50b is: What types of smokeless tobacco products have you EVER used or tried?**

**6.50A** Have you EVER used or tried any smokeless tobacco products such as chewing tobacco, snuff, , Snus, or Iq'mik\* (also known as Blackbull)? **Probe for which.**

**[USEEVAK5, USEEVAK6, USEEVAK7, USEEVAK8]**

**Check all that apply**

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) \_\_\_\_\_ [USEEVAKT]
- 6 No, None [**Skip to 6.62**]

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

**NOTE ALSO: Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.**

**6.50 B - Besides [fill smokeless types named in 6.49], have you ever used or tried any other smokeless tobacco products? [Probe for which.]**  
**[USEEVAKA, USEEVAKB, USEEVAKC, USEEVAKD]**

**Check all that apply**

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) \_\_\_\_\_ **[USEEVAKO]**
- 6 No, None

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

**NOTE ALSO: Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.**

**Current SLT use –measure of Addiction Ask if 6.48<3**

**6.51** In how many of the past 30 days did you use smokeless tobacco products?

**Do not read**

\_\_ \_\_ Days

- 88 None
- 77 Don't know/not sure
- 99 Refused

**6.52** On the days that you use smokeless tobacco, how soon after you wake up do you usually use smokeless tobacco for the first time? Would you say ...

**[FRSTSMKL3]**

**Please read:**

- 1 Within 30 minutes
- 2 31 to 60 minutes
- 3 More than 60 minutes

**Do not read**

- 7 Don't know/ Not sure
- 9 Refused

**Age at Initiation – ask of Current and Former SLT users (Ask if 6.48<3 OR 6.49 <= 5, or 6.50a <=5)**

**6.53** How old were you when you first started using smokeless tobacco regularly?

**[BEGSMKLS]**

\_\_\_ Code age in years (1 – 100)

- 888 Never used smokeless tobacco regularly
- 777 Don't know/not sure
- 999 Refused

**6K: Smokeless Tobacco Cessation**

**Ask of Current SLT Users (6.48 < 3)**

**6.54** During the past 12 months have you stopped using smokeless tobacco for one day or longer because you were trying to quit?

**[SMKLSSTP]**

- 1 Yes
- 2 No **[Skip to 6.57]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.57]**
- 9 Refused **[Skip to 6.57]**

**6.55** How many times during the past 12 months have you stopped using smokeless tobacco because you were trying to quit?

**[TIMESST]**

**Interviewer note: If R says “none” go back and re-ask previous question 6.54.**

\_\_\_ **[1 -400 times]**

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

**6.56** During the past 12 months, what is the longest length of time you stopped using smokeless tobacco because you were trying to quit?

**[LENGTHST]**

**Do not read**

- 1\_\_ days
- 2\_\_ weeks
- 3\_\_ months
- 777 Don't know/Not sure
- 999 Refused

**6.57** [If 6.54=1] Would you [still] like to quit using smokeless tobacco?  
 [If 6.54>1] Would you like to quit using smokeless tobacco?

[SMKLSQT]

- 1 Yes
- 2 No [Skip to 6.61]

**Do not read**

- 7 Don't know / Not sure [Skip to 6.61]
- 9 Refused [Skip to 6.61]

**6.58** Are you seriously considering quitting smokeless tobacco products within the next 6 months?

[SMKLS6MO]

- 1 Yes
- 2 No [Skip to 6.61]

**Do not read**

- 7 Don't know / Not sure [Skip to 6.61]
- 9 Refused [Skip to 6.61]

**6.59** Are you seriously considering quitting smokeless tobacco products within the next 30 days?

[SMKLS30D]

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

If 6.53 = 888, AUTOFILL 6.60=1

**Ask of Former Smokeless Tobacco Users (6.48 >= 3 AND 6.50a <= 5)**

**6.60** About how long has it been since you last used smokeless tobacco regularly?

[LASTSMKL]

1 **[do not read]** Never regularly used smokeless tobacco

**Please read**

- 2 Within the past month
- 3 Within the past 3 months
- 4 Within the past 6 months
- 5 Within the past year
- 6 Within the past 5 years

7 Within 10 years

8 10 or more years ago

**Do not read**

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

**Ask of Current ST Users (6.48<3)**

**6.61** In the past 12 months, has any doctor, dentist or other health professional advised you to stop using smokeless tobacco?

**[SMKLADV]**

- 1 Yes **[Skip to 6.63]**
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**Ask of Never ST users (6.48 = 3, 7, or 9 and 6.50a=6), Former ST users (6.50a<=5), and Current ST users NOT advised to quit (6.61 = 2, 7, or 9)**

**6.62** In the past 12 months, has any doctor, dentist or other health professional asked if you use smokeless tobacco products such as chewing tobacco, snuff, Snus, or Iq'mik?

**[SMKLSASK]**

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**Interviewer note: Can add that Blackbull is a form of Iq'mik, if needed**

## 6L: Dual Use: SLT and (Conventional) Cigarettes

Ask only if respondent is a current smoker who also currently uses smokeless (6.2 = 1-2 AND (6.48 <3))

**6.63** How long have you used both cigarettes and smokeless tobacco?  
[DUALLONGA]

**Please read:**

- 1 For less than 1 month
- 2 For at least 1 month but less than 6 months
- 3 For at least 6 months but less than 1 year
- 4 For about a year
- 5 For more than a year but less than 5 years
- 6 For 5 years or more

**Do not read**

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

Ask only if respondent is a current smoker who also currently uses either smokeless products (6.2 <= 2 AND 6.48 <3)

**6.64** Do you ever use smokeless tobacco in situations where smoking is not allowed or in situations where you would prefer not to smoke conventional cigarettes?  
[CIGALTSMK3]

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6.65** Do you currently use smokeless tobacco because you are trying to quit smoking cigarettes?  
[CIGALTQTSMK3]

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

## 6M: Secondhand Smoke Exposure and Policies

<b>Ask of All Respondents</b>
-------------------------------

**6.66** How many people, including you, who live in your household currently smoke cigarettes, cigars, or pipes?

**[NUMSMOKE]**

**Do not read**

- Number of current smokers in household
- 88 No current smokers in household
- 77 Don't know/not sure
- 99 Refused

**6.67** In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

**[TOBACCO]**

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

***[removed 4 questions about home smoking bans and rules in rental or shared housing; plan to re-administer every other year]***

<b>Now I am going to ask you some questions about workplace policies</b>
--

**6.68** While working at your job, are you indoors most of the time?

**[INDOORS]**

- 1 Yes
- 2 No
- 3 Not employed **[Skip to 6.72]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.71]**
- 9 Refused **[Skip to 6.71]**

**6.69** (If 6.68 = 2 add: Even though most of the time you do not work indoors), In the past 30 days, were you exposed to smoke from someone else's cigarettes, cigars, or pipes anywhere indoors at your workplace?

**[SHSINDR2]**

- 1 Yes
- 2 No
- 3 My workplace does not have any indoor area **[skip to 6.71]**

**Do not read**

- 7 Don't know / Not sure **[skip to 6.71]**
- 9 Refused **[skip to 6.71]**

**6.70** In the past 30 days, were you exposed to smoke from someone else's cigarettes, cigars, or pipes outside, but NEAR the entrances or doorways to indoor areas of your workplace?

**[SHSENTR]**

- 1 Yes
- 2 No
- 3 My workplace does not have any indoor area

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6.71** Which of the following best describes your place of work's official smoking policy for work areas?

**[SMKWORK2]**

- 1 Smoking is not allowed in any work areas
- 2 Smoking is allowed in some work areas
- 3 Smoking is allowed in all work areas

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6.72** In indoor work areas, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

**[SMKINDOR]**

- 1 All areas
- 2 Some areas
- 3 Not allowed at all

**Do not read**

- 7 Don't know / Not sure (no opinion)
- 9 Refused

***[removed Section 6N: SHS Exposure in Cars; plan to re-administer every other year]***

## 60: Attitudes about Secondhand Smoke

### Ask of All Respondents

**6.73** In restaurants, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

[SMKREST]

- 1 All areas
- 2 Some areas
- 3 Not allowed at all

**Do not read**

- 7 Don't know / Not sure (no opinion)
- 9 Refused

**6.74** Is smoking currently allowed inside bars and cocktail lounges in your community?

[SMBARNOW]

- 1 Yes
- 2 No [Skip to 6.76]
- 3 No bars in community [Skip to 6.77]

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**Ask of those who either (a) do not have an ordinance banning smoking in bars, or (b) do not know if they do or not, or (c) refused. (6.74 = 1, 7, or 9)**

**6.75** If smoking were not allowed in bars and cocktail lounges, would you visit them more, less, or would it make no difference?

[BARDIFF]

- 1 More [Skip to 6.77]
- 2 Less [Skip to 6.77]
- 3 No Difference [Skip to 6.77]

**Do not read**

- 7 Don't know / Not sure [Skip to 6.77]
- 9 Refused [Skip to 6.77]

### Ask of those who do have an ordinance banning smoking in bars (6.74= 2)

**6.76** Since smoking has not been allowed in bars and cocktail lounges, have you visited them more, less, or has it not made any difference?

[BARSINCE]

- 1 More
- 2 Less
- 3 No Difference

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

<b>Ask of All Respondents</b>
-------------------------------

**6.77** How strongly do you agree or disagree with the following statement?

People should be protected from smoke from other people’s cigarettes.

**[SMKPROT]**

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

**Do not read**

- 7 Don’t know / Not sure
- 9 Refused

**6.78** Do you think that breathing smoke from other people’s cigarettes is:

**[ETSHARM]**

- 1 Very harmful to one’s health
- 2 Somewhat harmful to one’s health
- 3 Not very harmful to one’s health
- 4 Not harmful at all to one’s health

**Do not read**

- 7 Don’t know / Not sure
- 9 Refuse

## **6P: Social Norms and Secondhand Smoke**

**Ask of All Respondents**

**6.79** In the last year, have you visited a school in your community?

**[SCHLVIST]**

- 1 Yes
- 2 No **[Skip to 6.83]**

**Do not read**

- 7 Don’t know / Not sure **[Skip to 6.83]**
- 9 Refused **[Skip to 6.83]**

**6.80** In the last year, how often have you seen people—including students, staff or visitors—smoking or using tobacco outside on school grounds, during school hours?

**[SCHLSEEN]**

**Please read:**

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

- 7 Don’t know / Not sure
- 9 Refused

**6.81** In the last year, how often have you seen people (students, staff or visitors) smoking or using tobacco outside on school grounds, but after school hours?  
**[SCHLAFTR]**

**Please read:**

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6.82** In the last year, how often have you seen people (students, staff or visitors) smoking or using tobacco inside school buildings, but after school hours?  
**[SCHLINAF]**

**Please read:**

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6.83** In the last year, how often have you seen students, school staff or other people smoking or using tobacco at school sponsored events held off school grounds?  
**[SCHLSOFF]**

**Read only if necessary:**

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6.84** In the last year, have you visited a hospital in your community?  
**[HOSPVIST]**

- 1 Yes
- 2 No **[Skip to 6.86]**

**Do not read**

- 7 Don't know / Not sure **[skip to 6.86]**
- 9 Refused **[skip to 6.86]**

**6.85** In the last year, how often have you seen people smoking or using tobacco on hospital grounds, such as walkways or outside building entrances?

[HOSPOUT]

**Please read:**

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6.86** In the last year, have you visited a health clinic in your community? *(If needed say, a health clinic is a medical facility where patients do not stay overnight)*

[CLNCVIST]

- 1 Yes
- 2 No **[Skip to 6.88]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.88]**
- 9 Refused **[Skip to 6.88]**

**6.87** In the last year, how often have you seen people smoking or using tobacco on clinic grounds, such as walkways or outside building entrances?

[CLNCOUT]

**Please read:**

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

***[removed ATTITUDES ABOUT SMOKING IN AND AROUND SCHOOLS, HOSPITALS AND CLINICS, AND preference about being around smoking; plan to re-administer every other year]***

**6.88** Some communities have local groups that work on tobacco prevention. To your knowledge, has there been a local group doing tobacco prevention work in your community over the past few years?

[TOBPRECO]

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

**6.89** About how many adults in your community are smokers? Would you say...  
**[ADTSMOKE]**

- 1 More than half
- 2 About half
- 3 Less than half

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

## 6Q: Alaska Quit Line

<b>Ask of All Respondents</b>
-------------------------------

**6.90** Are you aware of Alaska's Tobacco Quit Line, which is a telephone service that can help people quit smoking or using smokeless tobacco?

**[QUITLINE]**

- 1 Yes
- 2 No **[Skip to 6.92]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.92]**
- 9 Refused **[Skip to 6.92]**

**6.91** And how did you become aware of Alaska's Tobacco Quit Line?

**[QLAWARE, QLAWARE1 thru QLAWARE6]**

**[Interviewer: DO NOT PROMPT; but do mark all that apply]**

- 1 TV/Commercial [e.g., an ad or public service announcement on TV]
- 2 Radio (Ad or PSA)
- 3 Health Professional
- 4 Family or Friends
- 5 Print (Ad) [Interviewer Note: includes Brochure/Newsletter/Flyer/Poster/Newspaper]
- 6 Employer
- 7 Health Insurance
- 8 Other (specify:\_\_\_\_\_)

**[Interviewer Note: for open-end, type only the first answer mentioned, if it does NOT fit one of the categories above]**

**Do not read**

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

**6.92** Would you like the toll free number? 1-800-QUITNOW (784-8669)

**[QUITNUM]**

**[Note for CATI Programmer – For non-smokers add “for a friend or family member that smokes”]**

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure
- 9 Refused

## Section 7: Demographics

[NOTE: Order of questions MAY NOT BE the same as core BRFSS, but CDC changes to the order have been accommodated as much as possible. ]

- 7.1 Are you ...
- 1 Male
  - 2 Female

**INTERVIEWER NOTE: THIS QUESTION MUST BE ASKED EVEN IF INTERVIEWER HAD PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS. IT WILL NOT BE ASKED OF PERSONS WHO HAVE SELF-IDENTIFIED SEX IN LL HOUSEHOLD ENUMERATION.**

**[CATI NOTE: THIS QUESTION MAY BE POPULATED BY LANDLINE HOUSEHOLD ENUMERATION ONLY. IT MAY NOT BE POPULATED BY INTERVIEWER ASSIGNMENT OF SEX DURING THE SCREENING FOR CELL PHONE OR PERSONS LIVING IN COLLEGE HOUSING]**

- 7.2 What is your age?  
[AGE]
- – Code age in years
  - 0 7 Don't know / Not sure
  - 0 9 Refused

- 7.3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

**Interviewer Note: One or more categories may be selected.**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

- 5 No
- 7 Don't know / Not sure
- 9 Refused

**7.4** Which one or more of the following would you say is your race?

**Interviewer Note: Select all that apply.**

**Interviewer Note: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**Please read:**

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
  
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
  
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

**CATI note: If more than one response to Q7.4; continue. Otherwise, go to Q7.6.**

**7.5** Which one of these groups would you say best represents your race?

**INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."**

**Please read:**

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

**7.6** Are you...?

[MARITAL]

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

**7.7** Now I'm going to ask you a question about sexual orientation. Do you think of yourself as: A. Gay or lesbian, B. Straight, that is, not lesbian or gay, C. Bisexual, or D. something else?

**[SXORIENT]**

**[Interviewer Notes: Please read the letters with the answer categories, so that respondent may use either the letter or words to give their answer. You may use the descriptions below if respondent asks for clarification.]**

**IF NEEDED:**

**Gay or Lesbian—A person who is gay or lesbian is primarily attracted to people of the same sex.**

**Straight—A person who is “straight” is primarily attracted to people of the opposite sex.**

**Bisexual—A person who is bisexual attracted to people of either sex.]**

**[Interviewer Coding Note:**

**If respondent replies that they are “homosexual,” please code with “gay or lesbian”.**

**If respondent replies that they are “heterosexual,” please code with “straight”.]**

**Do not read**

- 2 Gay or Lesbian
- 1 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else? (specify?) \_\_\_\_\_ [SEXORTXT – BOTH]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**IF NEEDED: “Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Alaska. You don't have to answer any question if you don't want to.”**

**7.8** What is the highest grade or year of school you completed?

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 9 Refused

Probe if answer was = 4 (“Grade 12”) or if respondent did not select other answer:

Interviewer probe: If respondent says Grade 12: “When you say that you completed 12<sup>th</sup> grade, does that mean you graduated with a diploma from your high school or a correspondence school or home-school, or did you receive a GED?”

- 7 GED (High School equivalence diploma)

8 Home-schooled with diploma or correspondence school

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

**7.9** Do you own or rent your home?  
[RENTHOM1]

- 1 Own
- 2 Rent
- 3 Other arrangement \_\_\_\_\_ [HOMET]
- 4 Company or work-owned housing (**Do not read, but code here instead of open-end if respondent names this as their “other” arrangement**)
- 5 Military housing (**Do not read, but code here instead of open-end if respondent names this as their “other” arrangement**)
- 6 Dorm or college housing (**Do not read, but code here instead of open-end if respondent names this as their “other” arrangement**)
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE:** “Other arrangement” may include group home, staying with friends or family without paying rent.

**INTERVIEWER NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

**INTERVIEWER NOTE [read if needed]:** We ask this question in order to compare health indicators among people with different housing situations.

**7.10** What is the ZIP Code where you live?

- \_\_\_\_ ZIP Code
- 7 7 7 7 7 Don't know / Not sure
- 9 9 9 9 9 Refused

**CATI NOTE:** If cellular telephone interview skip to 7.14 (QSTVER GE 20)

**7.11** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.  
[NUMHHOL2]

- 1 Yes
- 2 No [Go to Q7.13]
- 7 Don't know / Not sure [Go to Q7.13]
- 9 Refused [Go to Q7.13]

**7.12** How many of these telephone numbers are residential numbers?  
[NUMPHON2]

- \_\_\_\_\_ Residential telephone numbers [6 = 6 or more]

7 Don't know / Not sure  
9 Refused

**7.13** Including phones for business and personal use, do you have a cell phone for personal use?  
**[CPDEMO1]**

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

**7.14** Do you follow a subsistence lifestyle?  
**[SUBSIST]**

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

**7.15** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

**INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.**

**[VETERAN2]**

- 1 Yes
  - 2 No
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

**7.16** Are you currently...?  
**[EMPLOY]**

**INTERVIEWER NOTE: IF MORE THAN ONE: SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".**

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work

**NOTE: Do not code 7 for "don't know" on this question.**

**Do not read:**

- 9 Refused

**NOTE: removed Section 7B: Industry and Occupation Module; may be re-introduced in future survey]**

- 7.17a thru c** How many children live in your household who are...
- [CHLD04]** a. less than 5 years old? **Code 1-7 (7 = 7 or more)**
  - [CHLD0512]** b. 5 through 12 years old? **Code 1-7 (7 = 7 or more)**
  - [CHLD13 17]** c. 13 through 17 years old? **Code 1-7 (7 = 7 or more)**

**Do not read:**

- 8 None
- 9 Refused

- 7.18** Is your annual household income from all sources—  
**[INCOME2]**

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)
- 08 Less than \$85,000 **If "no," code 09**  
(\$75,000 to less than \$85,000)
- 09 Less than \$100,000 **If "no," code 10**  
(\$85,000 to less than \$100,000)
- 10 \$100,000 or more

**Do not read:**

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

**7.19** Have you used the internet in the past 30 days?

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

**7.20** About how much do you weigh without shoes?

**[WEIGHT2]**

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183. ROUND FRACTIONS UP**

**Round fractions up**

\_\_ \_\_ \_\_ \_\_ Weight  
(pounds/kilograms)

- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

**7.21** About how tall are you without shoes?

**[HEIGHT3]**

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187. ROUND FRACTIONS DOWN**

**Round fractions down**

\_\_ / \_\_ Height  
(f t / inches/meters/centimeters)

- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

**[CATI NOTE: IF MALE, GO TO 8.1, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO 8.1]**

**7.22** To your knowledge, are you now pregnant?

**[PREGNANT]**

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

## Section 8: Alcohol Consumption

### [New to the Supplemental in 2015]

The next questions are about alcohol.

**8.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 \_\_ Days per week

2 \_\_ Days in past 30 days

8 8 8 No drinks in past 30 days **[Go to next section]**

7 7 7 Don't know / Not sure **[Go to next section]**

9 9 9 Refused **[Go to next section]**

**8.2** 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 drink on the average?

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

-- Number of drinks

7 7 Don't know / Not sure

9 9 Refused

**8.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?

-- Number of times

8 8 None

7 7 Don't know / Not sure

9 9 Refused

**8.4** During the past 30 days, what is the largest number of drinks you had on any occasion?

-- Number of drinks

7 7 Don't know / Not sure

9 9 Refused

## Section 9: Marijuana and Other Drugs

[New to the Supplemental in 2015; revised 9.1 and 9.3 slightly to match CDC Optional Module language for 2016; Revised 9.3 again to match 2017 CDC Optional Module changes (to item CDC OptMod 16.2)]

The next questions are about recent use of marijuana or other drugs. Your answers are strictly private and confidential and will only be used to help improve health services.

**9.1** During the past 30 days, on how many days did you use marijuana or hashish?  
[MJ30]

**DO NOT READ**

- — Number of days (1 thru 30)
- 8 8 Never/None **[Skip to 9.7]**
- 7 7. Don't know / Not sure **[Skip to 9.7]**
- 9 9. Refused **[Skip to 9.7]**

[Interviewer Note: IF NEEDED—"Marijuana is also known as hash, grass, pot, or weed."]

[Interviewer Note: Record days of use in Q9.1 even if respondent indicates that their only use is for medical treatment.]

**9.2. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS].** During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you...  
[MJMODE]

**Please read:**

- 1 Smoke it, for example, in a joint, bong, pipe, or blunt.
- 2 Eat it, for example, in brownies, cakes, cookies, or candy.
- 3 Drink it, for example, in tea, cola, or alcohol.
- 4 Vaporize it, for example, in an e-cigarette-like vaporizer or another vaporizing device.
- 5 Dab it, for example, using waxes or concentrates.
- 6 Use it some other way.
  
- 7 Don't know/Not sure
- 9 Refused

**9.3a** Did you use marijuana in any other mode?

**DO NOT READ**

- 1 Yes
- 2 No **[skip to 9.4]**
  
- 7 Don't know/Not sure **[skip to 9.4]**
- 9 Refused **[skip to 9.4]**

**9.3b** During the past 30 days, what were the OTHER modes or methods in which you used marijuana? For each of the following modes or methods please say yes if it does apply or no if it does not apply. Did you...:

**[INTERVIEWER NOTE: Use clarification in parentheses only if needed. Please slowly read all modes in succession]**

- |   |  |                    |
|---|--|--------------------|
| 1 | Smoke it? (for example: in a joint, bong, pipe, or blunt)        | <b>[MJSMK1]</b>    |
| 2 | Eat it? (for example, in brownies, cakes, cookies, or candy)     | <b>[MJEAT1]</b>    |
| 3 | Drink it? (for example, in tea, cola, alcohol)                   | <b>[MJDRINK1]</b>  |
| 4 | Vaporize it? (for example in an e-cigarette-like vaporizer)      | <b>[MJVAPE1]</b>   |
| 5 | Dab it? (for example using butane hash oil, wax or concentrates) | <b>[MJDAB1]</b>    |
|   | or   |                    |
| 6 | Was it used in some other way?                                   | <b>[MJOTHWAY1]</b> |
| 7 | Don't know/Not sure  |                    |
| 9 | Refused  |                    |

**(Coding for each answer category is 1 Yes; 2 No; 7 Don't know/Not sure; 9 Refused)**

**9.4** When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to "fit in" with a group, increased awareness, to forget worries, for fun at a social gathering)?

**Please read if necessary:**

- 1 Only for medical reasons to treat or decrease symptoms of a health condition
- 2 Only for non-medical purposes to get pleasure or satisfaction
- 3 Both medical and non-medical reasons

**Do not read:**

- 7 Don't know/Not sure
- 9 Refused

**9.5 [Only asked if Q9.4=1 or Q9.4=3; respondent indicated they use marijuana only for medical reasons OR for both medical and non-medical reasons]**

Which of the following medical condition(s) do you use marijuana [mar-uh-WAH-nuh] to treat? You can say YES or NO as I read each **(READ LIST)**

- 1 Problems sleeping
- 2 Anxiety [ang-ZAHY-i-tee]
- 3 Chronic pain or inflammation
- 4 Other (specify:\_\_\_\_\_)

**Do not read:**

- 7 Don't know/Not sure
- 9 Refused

**9.6 [Only asked if selected “Chronic pain or inflammation” Q 9.5=3]**

During the past 30 days, have you used marijuana in place of prescription opioids such as codeine [KOH-deen], Vicodin [ˈvī-kō-dən], OxyContin [ok-si-kontin], or Percocet [pur-KOH-set]?

**DO NOT READ**

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

**9.7** During the past 30 days, on how many days did you use synthetic cannabis, also referred to as “Spice” or synthetic marijuana?

**[MJSYNTH30]**

**DO NOT READ**

- Number of days (1 thru 30)
- 8 8 Never/None
- 7 7. Don't know / Not sure
- 9 9. Refused

**9.8** During the past 30 days, did you use methamphetamine (meth), heroin, cocaine, crack cocaine, or XTC (ecstasy)?

**[DRUGS30D]**

**DO NOT READ**

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

**INTERVIEWER NOTE: If needed as probe, say: Method of use could include smoking, snorting, injecting, taking pills, sniffing, etc.**

**9.9** During the past 30 days, did you use any prescription pain relievers – like OxyContin (ox-e-con-tin), Oxycodone (ox-e-CO-done), or Vicodin – that were not prescribed to you or that you took only for the feeling they caused?

**[DRUGRX30]**

**DO NOT READ**

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

**9.10** During the past 30 days, did you use any other recreational drug?  
**[DRUGOTHER, DRUGOTHERO]**

**DO NOT READ**

- 1 Yes (**SPECIFY**) \_\_\_\_\_
- 2 No
  
- 7 Don't know/Not sure
- 9 Refused

## **Section 10: Alcohol and Drug Treatment**

### **[New to the Supplemental in 2015]**

The next question is about treatment or counseling designed to help you reduce or stop your alcohol or drug use. Please include treatment in a self-help group such as Alcoholics Anonymous or Narcotics Anonymous, but do **not** include treatment for use of cigarettes or other tobacco.

**10.1** During the past 12 months, have you received treatment or counseling for your use of alcohol or any drug, not counting cigarettes or other tobacco?

**[ADTX12]**

**DO NOT READ**

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

**10.2** During the past 12 months, did you need treatment or counseling for your use of alcohol or any drug excluding tobacco, but could not get treatment or counseling?

**[ADTXND]**

- 1 Yes
- 2 No **[skip to next section]**
  
- 7 Don't know/Not sure **[skip to next section]**
- 9 Refused **[skip to next section]**

**10.3** Which of these statements explain why you did not get the treatment or counseling you needed?

You can select more than one answer.

**[ADTXND\_R1 thru ADTXND\_R7]**

**Please read:**

- 1 You had no health care coverage, and you couldn't afford the cost.
- 2 You did have health care coverage, but it didn't cover this treatment, or didn't cover the full cost.
- 3 You had no transportation to a program, or the programs were too far away.
- 4 You were not ready to stop using alcohol or drugs.
- 5 There were no openings in the programs.
- 6 You did not know where to go to get treatment.
- 7 Some other reason (**SPECIFY**) \_\_\_\_\_

77 Don't know/Not sure

99 Refused

## Closing Section

From time to time the State of Alaska conducts other surveys to collect information that will help us improve our programs and services. May we call you in the future to collect more information on health-related topics?

**[ACPERM – BOTH]**

This means we might call you back for another phone interview, or invite you to some focus groups in your area. Of course, you can always refuse to participate in future surveys.

May I please have your first name, nickname, or initials, so that we know who to ask for?

**[ACASKNAM – BOTH]**

**[ACGETNAM – BOTH]**

May we email you in the future to collect more information on health-related topics?

**[ACASKEML – BOTH]**

May I please have your email address?

**[ACGETEML – BOTH]**

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.