

Northwest Smokeless Tobacco Study (draft of 7/23/97)

HELLO1

Hello. This is ____ calling from the University of Oregon Survey Research Laboratory. We are conducting a 3-minute survey of adults age 18 and older for the National Institutes of Health about using and not using tobacco. I want to assure you that I am not selling a thing, and that this survey is completely anonymous and voluntary. Please do not even tell me your name.

HELLO2

Do you have any questions about the survey before we begin?

- 1 NO QUESTIONS OR QUESTIONS ANSWERED, OK TO BEGIN SURVEY
- HAS QUESTIONS ---> REFER TO INTERVIEWER INSTRUCTIONS

COOPERAT

We appreciate your cooperation. (I'd like to begin the survey now.)

- 1 OK
- CTRL/END NO

TOBAC1

Do you currently use, or have you ever used, any form of tobacco on a regular basis, such as cigarettes, chewing tobacco, snuff or cigars?

PROBE: Do you currently use any form of tobacco, such as cigarettes, chewing tobacco, snuff or cigars, or did you used to?

- 1 YES, CURRENTLY USE
- 2 YES, HAVE USED BEFORE
- 3 NO --> SKIPTO AGE

TOBAC2

Do you currently use any kind of chewing tobacco or moist snuff on a regular basis?

- 1 YES
- 2 NO --> SKIPTO AGE

TOBAC3

Before we go any further, I need to tell you that this survey will be a bit longer (about 8 minutes) because we have some extra questions for people who use smokeless chewing tobacco. What brand of chewing tobacco or moist snuff do you use most often?

PROBE: The questions are about how you use (it/smokeless tobacco), how long (you've used it), whether you've ever quit using it, and your health.

PROBE FOR CUT, NOT FLAVORS

- 1 BEECH-NUT CHEW
- 2 CHATTANOOGA CHEW
- 3 COPENHAGEN
- 4 GOLD RIVER MOIST SNUFF
- 5 GOLDEN BLEND CHEW
- 6 GRANGER CHEW
- 7 HAWKEN MOIST SNUFF
- 8 KODIAK
- 9 LEVI GARRETT CHEW
- 10 RED MAN CHEW
- 11 RED MAN MOIST SNUFF
- 12 REDWOOD MOIST SNUFF
- 13 SCOTT CHEW
- 14 SILVER CREEK MOIST SNUFF
- 15 SKOAL BANDITS
- 16 SKOAL FINE CUT

17 SKOAL LONG CUT
18 TAYLORS PRIDE CHEW
19 OTHER (SPECIFY) _____

TOBAC3A
[OPEN-ENDED FOR TOBAC3 OTHER-SPECIFY]

TOBACDAY
How many days do you use smokeless tobacco in a typical week?
ENTER ACTUAL NUMBER OF DAYS, 1-7

TOBACTIN
How many days does a tin or can last you?
ENTER ACTUAL NUMBER OF DAYS, 1-7, INCLUDING HALF-DAYS USING DECIMAL POINTS

TOBACAGE
How old were you when you began using smokeless tobacco on a regular basis?
ENTER AGE IN YEARS

TOBACAM
When you wake up in the morning, how many hours or minutes is it before you use smokeless tobacco?
ENTER ACTUAL NUMBER OF MINUTES
PROBE: ... on days that you use smokeless tobacco.

TOBACSWA
How often do you swallow tobacco juices on purpose -- always, sometimes or never?
1 ALWAYS
2 SOMETIMES
3 NEVER

TOBACAL
Do you keep a dip or chew in your mouth almost all the time?
1 YES --> SKIPTO TOBAMIN2
2 NO

TOBAMIN1
How many minutes do you usually go between a dip or a chew?
CODE ACTUAL NUMBER OF MINUTES, ONE HOUR=60 MIN.
SKIPTO TOBACSIC

TOBAMIN2
How many minutes do you keep a dip or chew in before putting in a fresh one?
ENTER ACTUAL NUMBER OF MINUTES

TOBACSIC
Sometimes people get sick or have mouth sores. When you are sick or have mouth sores, do you quit using smokeless tobacco, do you cut down, or do you continue to use it as usual?
1 QUIT
2 CUT DOWN
3 AS USUAL
4 (IF VOLUNTEERED) NEVER SICK

HEALTH1

Do you currently have any health problems that you can trace to your use of smokeless tobacco?

1 YES

2 NO

TOBACRAV

Do you experience strong cravings for a dip or chew if you go more than two hours without one?

1 YES

2 NO

3 (IF VOLUNTEERED: NEVER GO AS LONG AS 2 HOURS)

TOBLIV1

Do others living in your home use chewing tobacco or moist snuff on a regular basis (now)?

1 YES

2 NO

3 (IF VOLUNTEERED: NO OTHERS IN HOME)

TOBLIV2

Do others living in your home smoke cigarettes, cigars, or pipes a regular basis (now)?

1 YES

2 NO

3 (IF VOLUNTEERED: NO OTHERS IN HOME)

TOBFRIEN

How many of your five best friends use smokeless tobacco?

CODE ACTUAL NUMBER, 0-5

6 (IF VOLUNTEERED: NO FRIENDS)

TOBSMO1

Have you ever smoked tobacco daily, or do you currently smoke daily (in addition to using smokeless tobacco)?

1 YES, EVER

2 YES, CURRENT --> SKIPTO TOBQUIT1

3 NO--> SKIPTO TOBQUIT1

TOBSMO2

How many years ago did you quit (smoking)?

RECORD ACTUAL NUMBER OF YEARS

TOBSMO3

Did you use chew or snuff to help you quit smoking?

1 YES

2 NO

TOBQUIT1

Have you ever seriously tried to quit smokeless tobacco?

1 YES

2 NO--> SKIPTO TOBQUIT6

QUITHARD

How many times have you tried very hard to quit chew or snuff since you started using chew or snuff regularly?

ENTER ACTUAL NUMBER OF TIMES

TOBQUIT2

How many months has it been since your last attempt to quit using smokeless tobacco?

IF > 12, SKIPTO TOBQUIT4

TOBQUIT3

How many times have you made a serious attempt to quit using smokeless tobacco in the last 12 months?

RECORD ACTUAL NUMBER OF TIMES

TOBQUIT4

What is the longest period of months or years you ever have been able to go without using smokeless tobacco (in the last 12 months or at any time)?

RECORD ACTUAL NUMBER OF MONTHS, INCLUDING DECIMALS

TOBQUIT5

Have you ever used cigarettes to help you quit dipping or chewing?

1 YES

2 NO

TOBQUIT6

How confident are you that you could quit chewing or dipping if you wanted to? Are you very confident, somewhat confident, not very confident or not at all confident?

1 VERY CONFIDENT

2 SOMEWHAT CONFIDENT

3 NOT VERY CONFIDENT

4 NOT AT ALL CONFIDENT

TOBQUIT7

How much do you want to quit chewing or dipping now -- very much, somewhat, not very much, or not at all?

1 VERY MUCH

2 SOMEWHAT

3 NOT VERY MUCH

4 NOT AT ALL -->QUITHEAR

QUIT6MO

Are you seriously considering quitting chewing tobacco or snuff within the next six months?

1 YES

2 NO --> SKIP TO QUITHEAR

QUIT1MO

Are you planning to quit chewing tobacco or snuff in the next 30 days?

1 YES

2 NO

QUITHEAR

Have you ever heard of any program designed to help people quit using snuff or chew?

1 YES

2 NO--->SKIPTO QUITHLP1

IF TOBQUIT1=2, DON'T ASK QUITPART

QUITPART

Have you ever participated in any program to help you quit snuff or chew?

1 YES

2 NO

QUITHLP1

Now I am going to read you a list of products and services that can help people quit using smokeless tobacco (even if you do not want to quit now). For each one, please tell me if you would be very likely, somewhat likely or not likely to use it if you decided to quit using snuff or chew (even if you do not want to quit now). The first one is reading materials, such as a guide or booklet to help you quit.

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP2

What about a video tape about quitting (smokeless tobacco)?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP3

What about a nicotine replacement product, like gum or patches?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP4

What about a non-nicotine substitute, like mint or herbal snuff?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP5

What about acupuncture?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP6

What about a group quitting program?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP7

What about hypnosis?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP8

What about individual counseling or therapy?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP9

What about phone counseling?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

QUITHLP10

What about advice and encouragement from your dentist or dental hygienist?

PROBE IF R DOES NOT HAVE DENTAL CARE: What about advice and encouragement from a dentist or dental hygienist who is new to you?

PROBE: Would you be very likely, somewhat likely or not likely to use it (if you decided to quit using smokeless tobacco)?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 NOT LIKELY

LABFORCE

We are over halfway done with the survey now and I would like to thank you sincerely for your help. I need to end the survey by asking you a few questions about yourself. What is your current work status?

PROBE: Are you working for pay, keeping house, going to school, looking for work, unable to work, retired, or something else?

- 01 WORKING, ON VACATION FROM REGULAR JOB
- 02 KEEPING HOUSE --> SKIPTO HEALTH2
- 03 GOING TO SCHOOL, USUALLY IN SCHOOL BUT ON BREAK--> SKIPTO HEALTH2
- 04 LOOKING FOR WORK
- 05 UNABLE TO WORK--> SKIPTO HEALTH2
- 06 RETIRED
- 07 DOING NOTHING, HANGING OUT, UNEMPLOYED AND NOT LOOKING
- 08 OTHER ---> SKIPTO HEALTH2

OCC

(What is/What was your most recent) job or occupation?

PROBE: Please tell us the type of job you do, not the type of place you work.

PROBE: What is your job title?

PROBE: What are your most important duties?

PROBE IF MORE THAN ONE JOB: What is your main occupation?

OPEN-ENDED

OCCSMO

(Does the place where you work/Did the place where you most recently worked) have restrictions about smoking?

1 YES

2 NO

OCCSLT

(Does the place where you work/Did the place where you most recently worked) have restrictions about using chew or snuff?

1 YES

2 NO

TOBCOWOR

How many of your coworkers use smokeless tobacco -- none, some, most, or all?

1 NONE

2 SOME

3 MOST

4 ALL

HEALTH2

In general, would you rate your health as excellent, good, fair or poor

1 EXCELLENT

2 GOOD

3 FAIR

4 POOR

WEIGHT

How much do you weigh?

RECORD ACTUAL NUMBER OF POUNDS

HEIGHT

How tall are you?

RECORD ACTUAL NUMBER OF INCHES (1 FOOT=12 INCHES)

HEALTH3

Do you currently have any of the following health problems? Bleeding gums?

1 YES

2 NO

HEALTH4

Receding gums?

1 YES

2 NO

HEALTH5

Upset stomach most of the time?

1 YES

2 NO

HEALTH6

Stained teeth?

1 YES

2 NO

HEALTH7

Mouth sores?

1 YES

2 NO

HEALTH8

Bad breath?

1 YES

2 NO

HEALTH9

High blood pressure?

1 YES

2 NO

HEALTH10

Have you ever had cancer?

1 YES

2 NO---> SKIPTO DENTAL

HEALTH10A

What kind (of cancer)?

OPEN-ENDED

DENTAL

Have you seen a dentist or dental hygienist in the past year?

1 YES

2 NO

HEALTH11

Have you ever been advised to quit or reduce using chew or snuff by a dentist or dental hygienist?

1 YES

2 NO

HEALTH12

(What about/Have you ever been advised to quit or reduce using chew or snuff) by a doctor?

1 YES

2 NO

DRINKS1

In an average week, how many drinks of alcohol do you have?

NOTE: (ONE DRINK = A 12-OZ GLASS OF BEER OR 6-OZ GLASS OF WINE OR ONE SHOT OF LIQUOR)

RECORD ACTUAL NUMBER OF DRINKS

DRINKS2

In the past month, how many times did you have 5 or more drinks on a single occasion?

RECORD ACTUAL NUMBER OF TIMES

SAD1

Have you had 2 or more years in your life when you felt depressed or sad most days, even if you felt okay sometimes?

1 YES

2 NO

SAD2

In the past year, have you had 2 weeks or more during which you felt sad, blue, depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed?

1 YES

2 NO -->SKIPTO AGE

SAD2A

Have you felt depressed or sad much of the time in the past year?

1 YES

2 NO

SAD3

How many days during the past week did you feel depressed?

RECORD ACTUAL NUMBER OF DAYS

AGE

How old are you?

SEX

(I know this sounds like a silly question but) are you male or female?

1 MALE

2 FEMALE

EDUC

What is the highest level of education you have completed?

01 DOCTORATE (PhD, EdD) OR PROFESSIONAL (MD, JD, DDS)

02 MASTERS (MA, MS, MBA, MEd)

03 BACHELORS (BA, BS, AB)

04 ASSOCIATE

05 SOME COLLEGE, NO DEGREE

06 HIGH SCHOOL DIPLOMA OR GED

07 9th-12th GRADE, NO DIPLOMA

08 5th, 6th, 7th, or 8th GRADES

09 4th GRADE OR LESS

HISPANIC

Are you of Hispanic origin?

PROBE: Are you of Mexican, Latin American, Spanish or another Spanish-speaking origin?

1 YES

2 NO

RACE

What is your race?

PROBE FROM LIST: Are you

- 1 WHITE/CAUCASIAN
- 2 BLACK/AFRICAN AMERICAN
- 3 ASIAN/PACIFIC ISLANDER
- 4 AMERICAN INDIAN
- 5 ALASKA NATIVE (ESKIMO, ALEUT, INUIT)
- 6 (IF VOLUNTEERED) MIXED RACE

MARSTAT

What is your marital status? (Are you married, divorced, separated, widowed, cohabiting, or single - never married?)

PROBE IF R SAYS SINGLE: Have you ever been married?

- 1 MARRIED
- 2 DIVORCED
- 3 SEPARATED
- 4 WIDOWED
- 5 COHABITING
- 6 SINGLE, NEVER MARRIED

Q:HHNUM

How many people live in your household at this point in time, including yourself, who are members of your family?

TYPE EXACT NUMBER OF PEOPLE

NOTE: INCLUDE EVERYONE WHO USUALLY LIVES THERE HALF TIME OR MORE, INCLUDING: FAMILY, EXTENDED FAMILY MEMBERS, FOSTER CHILDREN, NEWBORN BABIES STILL IN THE HOSPITAL, CHILDREN AT BOARDING SCHOOL, FAMILY MEMBERS WITH NO OTHER HOME WHO STAY THERE, FAMILY MEMBERS TEMPORARILY AWAY (BUSINESS, COLLEGE, VACATION, MILITARY SERVICE, OR IN A GENERAL HOSPITAL)

num 1 99 2 0 15 5

if (ans = 1) skipto INCOME1

DUMMY1

- IF HHNUM=2 SKIPTO INCOME2
- IF HHNUM=3 SKIPTO INCOME3
- IF HHNUM=4 SKIPTO INCOME4
- IF HHNUM=5 SKIPTO INCOME5
- IF HHNUM=6 SKIPTO INCOME6
- IF HHNUM=7 SKIPTO INCOME7
- IF HHNUM>7 SKIPTO INCOME8

Q:INCOME1

Was your total family income from all sources in 1996 above or below \$12,245?

PROBE: Please include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family.

NOTE: DO NOT INCLUDE LUMP-SUM PAYMENTS, SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.

- 1 ABOVE
- 2 BELOW

Q:INCOME2

Was your total family income from all sources in 1996 above or below \$15,761?

PROBE: Please include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family.

NOTE: DO NOT INCLUDE LUMP-SUM PAYMENTS, SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.

- 1 ABOVE
- 2 BELOW

Q:INCOME3

Was your total family income from all sources in 1996 above or below \$18,944?

PROBE: Please include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family.

NOTE: DO NOT INCLUDE LUMP-SUM PAYMENTS, SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.

- 1 ABOVE
- 2 BELOW

Q:INCOME4

Was your total family income from all sources in 1996 above or below \$23,867?

PROBE: Please include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family.

NOTE: DO NOT INCLUDE LUMP-SUM PAYMENTS, SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.

- 1 ABOVE
- 2 BELOW

Q:INCOME5

Was your total family income from all sources in 1996 above or below \$28,088?

PROBE: Please include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family.

NOTE: DO NOT INCLUDE LUMP-SUM PAYMENTS, SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.

- 1 ABOVE
- 2 BELOW

Q:INCOME6

Was your total family income from all sources in 1996 above or below \$31,448?

PROBE: Please include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family.

NOTE: DO NOT INCLUDE LUMP-SUM PAYMENTS, SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.

- 1 ABOVE
- 2 BELOW

Q:INCOME7

Was your total family income from all sources in 1996 above or below \$35,223?

PROBE: Please include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family.

NOTE: DO NOT INCLUDE LUMP-SUM PAYMENTS, SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.

- 1 ABOVE
- 2 BELOW

Q:INCOME8

Was your total family income from all sources in 1996 above or below \$40,017?

PROBE: Please include money from jobs (wages, salary, tips, bonuses), interest, dividends, child support, alimony, welfare, social security, disability and retirement payments, net income from a business, farm or rent, or any other money income received by members of your family.

NOTE: DO NOT INCLUDE LUMP-SUM PAYMENTS, SUCH AS MONEY FROM AN INHERITANCE OR SALE OF A HOME.

- 1 ABOVE
- 2 BELOW

ENDING1

This is the end of the survey. On behalf of the National Institutes of Health, I'd like to thank you sincerely for your assistance.

IF TOBAC2 > 1, SKIPTO INTID

ENDING2

We will be conducting additional surveys in the next year about people's health and tobacco use. Would you be willing to be surveyed again?

- 1 YES
- 2 NO
- 3 HOSTILE, DON'T ASK

INTID

INPUT YOUR INTERVIEWER ID NUMBER