

Urban American Indian/Alaska Native Adult Tobacco Survey

**Final Report
December 2004**



A division of the Seattle Indian Health Board

Acknowledgements

Our sincerest thanks to the American Indian and Alaska Native clients at the Seattle Indian Health Board and the Native American Rehabilitation Association of the Northwest, Inc.(NARA) who participated in the survey.

This project would not have been possible without the hard work and dedication from the following individuals:

- Nathaniel Cobb
- Michael Griego
- NARA staff:
 - ❖ Jackie Mercer
 - ❖ Warren Jimenez
 - ❖ Anne Johnston
 - ❖ Larry Etcitty
 - ❖ Norma Trimble
 - ❖ Steve Gilbert
 - ❖ Jarrod Sampson

- Our interviewers:
 - ❖ Nancy Blythe
 - ❖ Lorrelle Sian-Chin
 - ❖ Rebecca Servine
 - ❖ Greg Harrop
 - ❖ Leah Henry-Tanner

- The UIHI staff

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Executive Summary

This pilot project provides baseline data on tobacco use prevalence, knowledge, attitudes and beliefs among AI/AN clients of two urban Indian health organizations. To our knowledge, it is the first tobacco survey of an AI/AN population which is population-based, and which addresses the cultural relevance of tobacco in this population.

- The prevalence rate of traditional tobacco use was 24.6% and traditional pipe use was 33%. When used traditionally, 48% used native tobacco. Smokers were significantly more likely than nonsmokers to have smoked a pipe for ceremonial prayer or traditional reasons.
- The prevalence rate of smoking among AI/AN not intended for ceremonial or sacred purposes was 43.4%. The strongest predictors of current smoking were: less than high school education, presence of another smoker in the household, using a pipe for ceremonial prayer or traditional reasons, and income between \$20,001 - \$25,000.
- Smoking began at an early age: mean age of 13.2 years for current smokers and 14.3 years for former smokers. Current smokers began smoking regularly at the mean age of 17.8 years, while former smokers began smoking regularly at the mean age of 19.3 years.
- Everyday smokers consumed on average 13 cigarettes per day and made up 71% of current smokers. Occasional smokers consumed on average 5.2 cigarettes per day and smoked on average 12.2 days per month.
- About 27% had ever smoked commercial tobacco in a pipe not for ceremonial or sacred purposes and 27.3% had ever tried any smokeless tobacco products. Eleven percent had smoked cigars in the past month and 5.6% had smoked clove cigarettes in the past month. Males were significantly more likely than females to have ever tried a pipe or smokeless tobacco.
- Only 35.6% rated their health as excellent or very good, and 26.6% rated their health as fair or poor. About 38% had high cholesterol, 35.7% had hypertension, 21.5% had asthma and 18.8% had diabetes. The proportion with asthma and diabetes were twice the rates for all races nationally.
- The level of secondhand smoke exposure among nonsmokers was low. Only 16.9% of nonsmokers were exposed to secondhand smoke in the home, 23.4% in a car and 10.4% at work.
- The majority (86.3%) of smokers said they wanted to quit. Eighty percent were considering quitting in the next 6 months and 52.6% had made a quit attempt in the past year. Predictors of intention to quit in the next 30 days were: using tobacco for ceremonial prayer or traditional reasons, belief that smoking is physically addictive, provider advice to quit smoke, having a smoke-free home, and having a majority of

family members who were nonsmokers. Predictors of having a quit attempt were: higher education, poor self-rated health status, belief that quitting smoking has a health benefit after long-term smoking, belief that secondhand smoke is very harmful, and having non-smoking friends.

- Most smokers did not use any assistance to help them quit: 74.5% of current smokers and 94.1% of former smokers had quit “cold turkey”. Native or traditional methods to quit were used by 13.9% of current smokers and by 8.8% of former smokers.
- The majority (68.3%) of smokers were advised by their providers not to smoke. However, less than half received specific cessation assistance. The most common methods recommended were the patch and smoking cessation materials.
- There was strong support for smoke-free environments. The proportion supporting a ban on smoking in various public settings were: 90.9% in community centers, 87.6% in shopping malls, 81% in tribal buildings, 71.8% in work areas, 65.7% in restaurants. Only 33.7% felt that smoking should not be allowed in the indoor areas of casinos and bingo halls.
- Smokers supported an additional tax on cigarettes to fund tobacco control efforts. Forty three percent were willing to pay up to \$1 additional tax and 19.8% were willing to pay more than \$1 additional tax per pack.

The results document a high prevalence of tobacco use among AI/AN living in these two urban areas and the need for tobacco control programs focused on the urban AI/AN population. Additional findings may be used to direct future program planning and intervention strategies.

Introduction

In an effort to better understand the effects of smoking among urban American Indians and Alaska Natives (AI/AN), the Urban Indian Health Institute (UIHI) conducted a pilot study to determine the prevalence and patterns of tobacco use among urban AI/AN adults. The pilot project was conducted at two urban Indian health organizations, the Seattle Indian Health Board (SIHB) located in King County, Washington and the Native American Rehabilitation Association of the Northwest, Inc.(NARA), located in Multnomah County, Oregon. NARA and SIHB are among the 34 non-profit urban Indian health organizations (UIHO) that contract with the Indian Health Service under special arrangement to increase urban AI/AN access to health care.

This survey was designed to gather information on the prevalence of traditional and commercial tobacco use among the urban AI/AN population. In addition, information regarding knowledge, attitudes and beliefs were collected. The survey may be implemented in other UIHO areas to create a national picture of tobacco use in this population.

Background

Nearly 70% of AI/AN in the United States live in cities, as opposed to non-urban reservations (2000 U.S. Census). From the 2000 Census, 33,022 AI/AN were reported residing in the Seattle/King County area and 14,701 AI/AN in the Portland/Multnomah County area. Despite these large numbers, the Federal health care policy for the AI/AN population continues to focus largely on those living on reservations in rural reservations.

The migration of AI/AN from rural reservations to cities reflects the federal government “relocation” policies during the 1950’s; AI/AN were forcibly moved from reservations into cities to promote assimilation into mainstream United States’ society. The mandatory relocation policy was discontinued 30 years ago; however migration to urban settings continues to occur due to employment, education, and housing opportunities. The survey focus on tobacco use among the urban AI/AN population is not meant to suggest that the non-urban AI/AN population is any less important than the urban population. Describing the health status of all AI/AN people, whether they reside in urban or rural areas, is the ultimate common goal for all of these efforts.

Information concerning various aspects of the health status of urban AI/AN are extremely limited or non-existent. With respect to urban AI/AN smoking prevalence, only three studies have been published. Gillum et. al. (1984) reported a smoking prevalence of 70% of urban AI/AN living in Minneapolis. Lando et al. (1992) conducted a survey of AI/AN in four UIHOs (Milwaukee, Minneapolis, Seattle and Spokane) to assess smoking behaviors and attitudes. Because this survey was conducted with only a convenience sample of current and former smokers, prevalence estimates were not obtained. Hodge et al. (1995) reported a survey among clients from 18 AI/AN clinics in Northern California with a comparison between rural and urban responses. The smoking rate among urban AI/AN clients was significantly higher at 44% than the rate of 38% for rural AI/AN clients. The highest smoking rate was found among urban AI/AN in the San Francisco Bay Area at 56%.

Other information pertaining to smoking in the AI/AN population is found largely in national estimates. National data from 1997 indicated that the median statewide smoking prevalence estimate for AI/AN was 41.3%; statewide figures ranged from 3.1% to 48.8% (MMWR 2000; 49 (SS-3)). More recent data from the National Health Interview Survey found that AI/AN had the highest smoking prevalence rate among all racial/ethnic groups at 32.7% (95% CI = ± 7.5) (MMWR 2003;52(40)).

Local data from the Behavioral Risk Factor Surveillance System (BRFSS) survey collected from 1993 to 1998, showed that 36.9% of adult AI/AN living in Seattle/King County were current smokers. Higher rates of smoking were observed among male (44.2%) than among female respondents (29.4%). Data from the Oregon BRFSS collected from 2000 to 2001, found that 44% of AI/AN were smokers; again, the highest rate among all the racial/ethnic groups.

Previous national surveys provide estimates for a mixture of reservation and urban AI/AN populations. Because smoking patterns between these two populations may differ depending on the lifestyles and norms of the surrounding environment, such national estimates are likely to be inaccurate. In addition, the standard measure used for smoking prevalence in the BRFSS may be inadequate for AI/AN populations as it does not make a distinction between commercial and traditional tobacco use. In these populations, tobacco may be used for religious practices or traditional medical treatments and such uses differ from the habitual uses of commercial tobacco. These differences warrant further evaluation of the reasons for tobacco uses in these settings. The BRFSS also makes no attempt to obtain information in a culturally appropriate or relevant manner.

The existing data indicates that smoking prevalences are substantial in the AI/AN population and that these are likely to result in significant health problems for this population. The high prevalence, serious potential for health consequences, and need for further study, warrant a comprehensive and culturally relevant Adult Tobacco Survey (ATS) of this population. The findings from the survey will help to clarify and address the prevalence and patterns of tobacco use in the urban AI/AN population. Findings may be further utilized to direct program planning and evaluation, determine health priorities, and develop specific intervention strategies and policies that target relevant population groups.

Methods

Survey Instrument

The American Indian Adult Tobacco Survey (ATS) survey instrument was developed by the Centers for Disease Control and Prevention and the Tribal Support Centers (TSC) (**Appendix A**). The American Indian ATS consists of a core set of questions and an optional questions section. Additional questions pertaining to the urban AI/AN population were added to the optional questions section by the Urban Indian Health Institute. Many questions were administered in the same format as the Behavioral Risk Factor Surveillance System (BRFSS) survey allowing comparison of results with state and nationwide survey results. The survey instrument consisted of questions focused on the following areas:

- Demographics
- Ceremonial or Sacred Use
- Commercial Tobacco Use
- Other Tobacco Products
- Health Status
- Secondhand Smoke
- Risk Perception and Smoking Acceptability
- Cessation
- Physician Advice
- Policy Issues

A web-based application was developed for tracking and administering the survey. This allowed a user-friendly interface for collecting data while interviewing. Interviewers read the script from the computer and entered interviewees' responses directly into the web-based application, eliminating traditional steps of data entry and cleaning. The application was also designed with automated skip patterns to minimize missing responses.

Sample Selection

Client lists were obtained from SIHB and NARA for the past 6 months to one year time period. In an attempt to create a community sample, AI/AN organizations in the Seattle and Portland area were approached, asking if they would share their contact lists for the project. A small incentive was available for their participation. While some organizations expressed interest in the project, they were hesitant in sharing their contact lists, and ultimately, none were able to collaborate on the project.

The SIHB and NARA client lists were processed to eliminate ineligible persons. Ineligibility criteria included the following: either address or phone number were missing, those whose address were outside Seattle/King County or Portland/Multnomah County, those who did not self-identify as AI/AN, and those who were less than 18 years of age.

Assuming that 40% of eligible persons would decline to participate or be non-contactable (i.e., no answer by telephone), a total of 267 persons were randomly selected to hopefully achieve 160 completed interviews at each project site. Invitation letters and consent forms that described the project and encouraged participation were sent to selected persons. A telephone number was

provided for participants to schedule a phone interview or request an in-person interview, particularly if they did not have a phone. Since the project staff was primarily based out of Seattle, Portland area participants were provided with a toll-free number for this purpose.

Confidentiality

Each participant was briefed on the purpose, general content, and time commitment needed for completing the survey as well as an assurance of confidentiality of the participant's identity and responses. They were informed that survey participation was voluntary and that they could refuse to answer any question or stop the interview at any time. Participants were provided the name and contact information of the Project Coordinator and given an opportunity to ask questions.

Confidentiality was assured through several mechanisms: A number was assigned to each participant instead of their name, participants' contact information was stored in a separate database from the survey responses, and the analyses were conducted by combining all of participants' survey responses.

Survey Implementation

Experienced interviewers were hired to conduct the interviews. All telephone interviews as well as in-person interviews in Seattle were conducted by three AI/AN and two non-AI/AN interviewers under contract to SIHB. In-person interviews in Portland area were conducted by an AI/AN staff person at NARA. All interviewers attended a training to review interviewing techniques and to provide hands-on practice using the web-based data collection system.

Attempts to contact eligible persons occurred during days, evenings, and weekends on a rotating basis as needed. Up to fifteen attempts were made per person; they included attempts with no answer, unavailability, and non-working phone numbers. Interviews were conducted by telephone unless in-person interviews were requested. Consent forms were read to all persons, both for phone and in-person interviews. All persons were required to consent in order to participate in the interview. If persons completed the interview, they were compensated with a \$25 gift certificate as a thank you for their time and participation. At the conclusion of the interview, participants were asked if they would like additional information on topics discussed in the interview. When requested, participants were provided with tobacco resources. These included: the Quit Line, support groups, Group Health Cooperative Free & Clear program, American Lung Association Freedom from Smoking program, NARA Commercial Tobacco Cessation Program, and informational materials provided by the Spirit of Eagles/Cancer Information Service.

Survey Response

A total of 3,293 individual dial attempts were made to 534 numbers to complete 224 interviews in two geographic locations. 107 interviews were conducted in Portland, Oregon and 117 interviews were conducted in Seattle, Washington. Seventeen interviews were completed in person in either of the two locations and 207 were completed over the telephone. Of the remaining 309 telephone numbers attempted, 27 (5%) persons refused, 186 (35.5%) of the telephone numbers were ineligible for the survey because of unavailable or disconnected phone numbers, 36 (6.9%) were not eligible as a household after initial screening, 55 (10.5%) were contacted, but opted to postpone survey and never completed it.

The response rates were calculated based on the disposition codes, summarized in **Table 1**. The interview completion rate, also called the cooperation rate, was 73.2%. The interview completion rate is a measure of completed interviews among eligible households. The contact rate, which measures proportion of all cases where some household member was reached during survey process even though they may have refused or been unable to participate in the survey, was 62.2%. The Council of American Survey Research Organizations (CASRO) and the American Association of Public Opinion (AAPO) Researchers response rates were both 45.5%. CASRO and AAPO response rates calculate an overall performance that indicates how many interviews were achieved as a proportion of those who were eligible for the survey. **Table 2** summarizes response rates and calculations.

While we did not achieve our desired goal of 160 interviews for each project site, our refusal rate for those we were able to contact was only 5.5%. The refusal rate is the estimated proportion of all eligible cases that refuse in the study. A larger sample size should be selected in the future to accommodate for circumstances that make it challenging to contact our populations, such as wrong numbers, disconnected phones and a mobile population.

Table 1: Record Disposition for Calling Attempts

Record Disposition	Number
Completed Survey	224
Refused	27
Screened, Ineligible	42
Incorrect Contact Information	169
Non-working phone	16
Deceased	1
Contacted, but did not complete	55
Total	534

Table 2: Response Rates for Total Combined Sample

	Frequency or Calculated rate	Code or formula
<i>Summary of Dispositions</i>		
Completes	224	C
Screened Eligible, refused	27	R
Screened, Ineligible	42	NE
Contacted, Did Not Complete	55	O
Non-contact	186	NC
Total.....	534	
<i>Calculation of Response Rates</i>		
Interview Completion/Cooperation Rate	73.2%	$(C/(C+R+O))$
Contact Rate	62.2%	$(C+R+O)/(C+R+NC+O)$
Refusal Rate	5.5%	$R/(C+R+NC+O)$
CASRO ¹	45.5%	
AAPO ²	45.5%	

¹CASRO is Council of American Survey Research Organizations.

²AAPO is American Association of Public Opinion Researchers.

Data Analysis

Data were analyzed using Stata 8 and SPSS version 11.5. Descriptive analyses were used to summarize knowledge, attitudes and use of tobacco products. Questions on attitudes about tobacco were asked on a scale of “strongly agree”, “agree”, “disagree” and “strongly disagree”. Strongly agree to agree responses and strongly disagree to disagree responses were combined in the analyses if there were too few numbers to analyze the groups separately. The “don’t know” responses were excluded from the analyses if <5 chose that response.

Data were weighted in order for results to better represent the clinic populations. This was intended to minimize bias resulting from disproportionate numbers of people in certain sub-populations agreeing or not agreeing to participate. Since we used a random sample, a simple weight was calculated by taking the inverse of the sample divided by the total population.

The results include unweighted frequencies and weighted percents. Weighted estimates included 95% confidence intervals which reflect the degree of certainty for each estimate. As survey data was collected from a sample of the population, each percentage is an estimate of the true value with a margin of error. For each estimate, one would expect fluctuations which would remain within the confidence interval 95% of the time. The larger the population under consideration, the smaller the confidence interval and more reliable the rate. When comparing rates between different groups, the differences are considered statistically significant (i.e., chance or random variation is unlikely to be the reason for the difference) if the confidence intervals do not overlap.

Multivariate analyses were done to examine which demographic groups were most likely to smoke and to identify likelihood of health problems by smoker status. Additional multivariate analyses were used to determine predictors of quit intention and quit attempts. Analyses were guided by the 2002 Indiana Adult Tobacco Survey report (RTI 2003). Unweighted results for binary logistic regression models and analysis of covariance (ANCOVA) models are reported.

Smoker Status Definition

Current smokers were defined as having smoked at least 100 cigarettes in their lifetime and now smoked everyday or some days. Former smokers were defined as having smoked at least 100 cigarettes in their lifetime but did not smoke at the time of the survey. This is the standard definition used for the ATS; it is also consistent with the BRFSS definition. Never smokers were defined as having never smoked 100 cigarettes in their lifetime. Former smokers and never smokers are referred to collectively as nonsmokers.

Limitations

The survey sample was composed of AI/AN clinic patients. Clinic patients may differ from the general population in several ways: poorer health resulting in more medical care, or better health outcomes due to more medical attention. We also know the AI/AN population may differ from the general population in various health status indicators (Grossman 1994, Urban Indian Health Institute 2004). Therefore, the survey findings from the sample population may not be representative of the general clinical population, the general AI/AN population, or the general

population. It is our hope to develop a sampling methodology that will better represent the greater AI/AN community at large.

Despite attempts to recruit all AI/AN interviewers for the survey, only three out of five were AI/AN and two were not. It is possible that the use of non-AI/AN interviewers may have biased results; however, there is no evidence at this time to support this; further analysis would be needed.

Another limitation is that the data were self-reported, which makes the results subject to under or over estimation and recall bias. Additionally, interviews were only conducted in English. It is possible that some non-English speaking persons have may have been missed. Lastly, our ineligibility criteria did not allow a survey of those persons with no phone or address. This is likely to include the homeless population and those unable to afford a phone. While these same persons might also be unable to afford cigarettes, previous research indicates that persons with low income are more likely to smoke. Hence, smoking prevalence rates may be affected.

Results

Sample Characteristics

Data collection occurred between August 16, 2004 and November 21, 2004. Unfortunately, we experienced several separate problems with the application during data collection that resulted in lost data. Tracking information was lost for 2.5 weeks from 1 interviewer. A major problem with the application caused responses from a series of questions, about a third of the survey, to be deleted. This resulted in a loss of responses for 38 respondents for up to 37 questions (a total of 545 answers). Missing data are thus noted in the tables. Results of 13 interviews were recorded on paper due to the unavailability of the computer interviewing system.

Among interviews for which we have tracking information (n=190), the overall survey administration time ranged from 15 to 81 minutes, with a mean of 25 minutes. Administration time included reading the consent form, asking the survey questions and reading the closing. Nonsmokers (n=54) responded to 33 questions, and for the 45 nonsmokers with tracking information, the mean completion time was 23 minutes. Former smokers (n=73) responded to 40 questions, and for the 60 participants with tracking information, the mean completion time was 24 minutes. Current smokers (n=97) responded to 59 questions. We have tracking information for 85 current smokers, who had a mean completion time of 27 minutes.

Table 3 shows the comparison of survey participants with the respective clinic populations. The table shows unweighted numbers and percents. We have very limited information for the NARA clinic population, although the gender distributions are nearly equal. For King County, participants were a little older and wealthier than the SIHB clientele.

Table 3. AI/AN adult participants compared to clinic population, by site

Characteristic	King County				Multnomah County			
	Participants (n=117)		SIHB (n=2,385)		Participants (n=107)		NARA (n=688)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>Age Group</i>								
18-24	15	12.8%	332	13.9%	22	20.6%	N/A	N/A
25-34	16	13.7%	460	19.3%	19	17.8%	N/A	N/A
35-49	34	29.1%	892	37.4%	41	38.3%	N/A	N/A
50-64	42	35.9%	505	21.2%	20	18.7%	N/A	N/A
65+	10	8.5%	195	8.2%	5	4.7%	N/A	N/A
<i>Gender</i>								
Female	75	64.1%	1397	58.6%	67	62.6%	427	62.0%
Male	42	35.9%	987	41.4%	40	37.4%	261	38.0%
<i>Income</i>								
<\$10,000/yr	45	40.9%	1637	68.6%	44	41.9%	N/A	N/A
<\$10,001- \$15,000/yr	23	20.9%	295	12.4%	13	12.4%	N/A	N/A
<\$15,001- \$20,000/yr	10	9.1%	155	6.5%	18	17.1%	N/A	N/A
<\$20,001- \$25,000/yr	9	8.2%	91	3.8%	11	10.5%	N/A	N/A
<\$25,001- \$35,000/yr	13	11.8%	47	2.0%	9	8.6%	N/A	N/A
>\$35,000/yr	10	9.1%	160	6.7%	10	9.5%	N/A	N/A

Table 4 has unweighted sample characteristics by site, age group, gender, education, income, and living situation. The participant mean age was 42.5 years and the range from 18 to 87 years. The majority of participants were female (63.4%). In general, survey participants were low income, with 40.1% reporting annual incomes of \$10,000 or less and 28.8% between \$10,001 - \$20,000. Less than half were living with a spouse, partner, or significant other, 38.4% had children in the household and 27.7% were the parent or guardian of a child aged 5 to 17 years. Forty eight percent were living with another smoker in the household.

Fifty eight percent of participants indicated AI/AN as their only race (data not shown). Participants represented 129 different tribes, with 83% reporting tribal enrollment. Forty three percent indicated they felt part of a tribe, but were not enrolled.

Table 4. Demographics, Survey Participants

Characteristic	Number (n=224)	Percent
<i>Site</i>		
Portland	107	47.8%
Seattle	117	52.2%
<i>Age Group</i>		
18-24	37	16.5%
25-34	35	15.6%
35-49	75	33.5%
50-64	62	27.7%
65+	15	6.7%
<i>Gender</i>		
Female	142	63.4%
Male	82	36.6%
<i>Education</i>		
<HS	42	18.8%
HS or GED	67	29.9%
Some college/vocational	93	41.5%
College degree or more	22	9.8%
<i>Income[^]</i>		
<=\$10,000/yr	89	40.1%
<\$10,001-\$15,000/yr	36	16.2%
<\$15,001-\$20,000/yr	28	12.6%
<\$20,001-\$25,000/yr	20	9.0%
<\$25,001-\$35,000/yr	22	9.9%
>\$35,000/yr	20	9.0%
Don't know	7	3.2%
<i>Live w/spouse/partner/significant other[^]</i>		
Yes	93	41.7%
No	130	58.3%
<i>Children living in household</i>		
Yes	86	38.4%
No	138	61.6%

Parent/guardian of child age 5-17

Yes	62	27.7%
No	162	72.3%

Other smokers in household~

Yes	89	48.4%
No	95	51.6%

Enrolled in tribe^

Yes	184	82.9%
No	38	17.1%

Feel part of tribe, not enrolled^

Yes	95	42.6%
No	128	57.4%

^Don't know or refuse responses were excluded due to n<5.

~Among persons living with someone else in the household.

Ceremonial or Sacred Use

Previous tobacco surveys have not made the distinction between commercial and ceremonial or sacred tobacco use. Questions on ceremonial or sacred tobacco use were created in the optional questions section of the American Indian ATS. We present prevalence rates of traditional tobacco and pipe use, as well as the type of tobacco used for ceremonial or sacred purposes. Traditional tobacco use was determined by asking participants if they use tobacco for ceremonial prayer or traditional reasons. Traditional pipe use was determined by asking participants if they had ever smoked a pipe for ceremonial prayer or traditional reasons. As shown in **Table 5**, nearly a quarter of the participants reported traditional tobacco use and about one third had smoked a pipe for traditional reasons. The prevalence rate of traditional pipe use was significantly higher among current smokers compared to nonsmokers. There were no significant differences in traditional tobacco or pipe use by site, age or gender (data not shown).

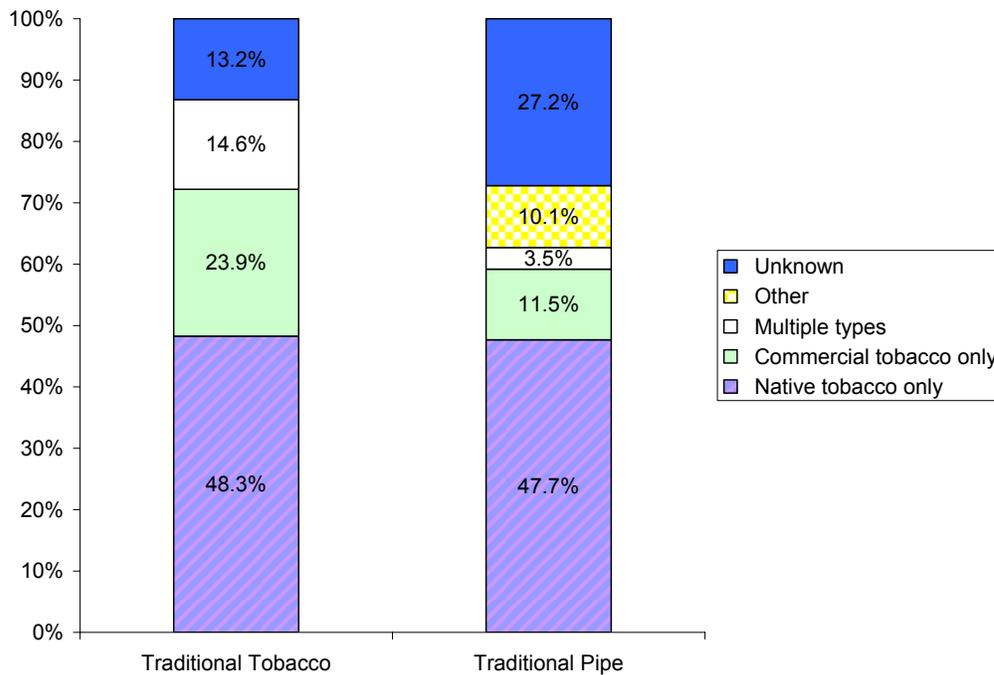
Table 5. Prevalence of Ceremonial or Sacred Tobacco and Pipe Use

	Traditional Tobacco Use			Traditional Pipe Use		
	Weighted %	95% CI		Weighted %	95% CI	
		LB	UB		LB	UB
Smokers	31.5%	22.6%	42.2%	44.6%*	34.4%	55.4%
Nonsmokers	19.2%	12.8%	27.8%	24.0%*	16.9%	32.9%
Total	24.6%	19.0%	31.1%	33.0%	26.7%	40.0%

*Significantly different between smokers and nonsmokers

Figure 1 and **Appendix B-1** show the breakdown of tobacco type among traditional tobacco and pipe users. For both, the most common type of tobacco used was native tobacco. For traditional tobacco use, the second most common type of tobacco used was commercial tobacco. For traditional pipe use, the second largest proportion of users did not know or were unsure of the tobacco type. There were no statistically significant differences in type of tobacco used by smokers and nonsmokers.

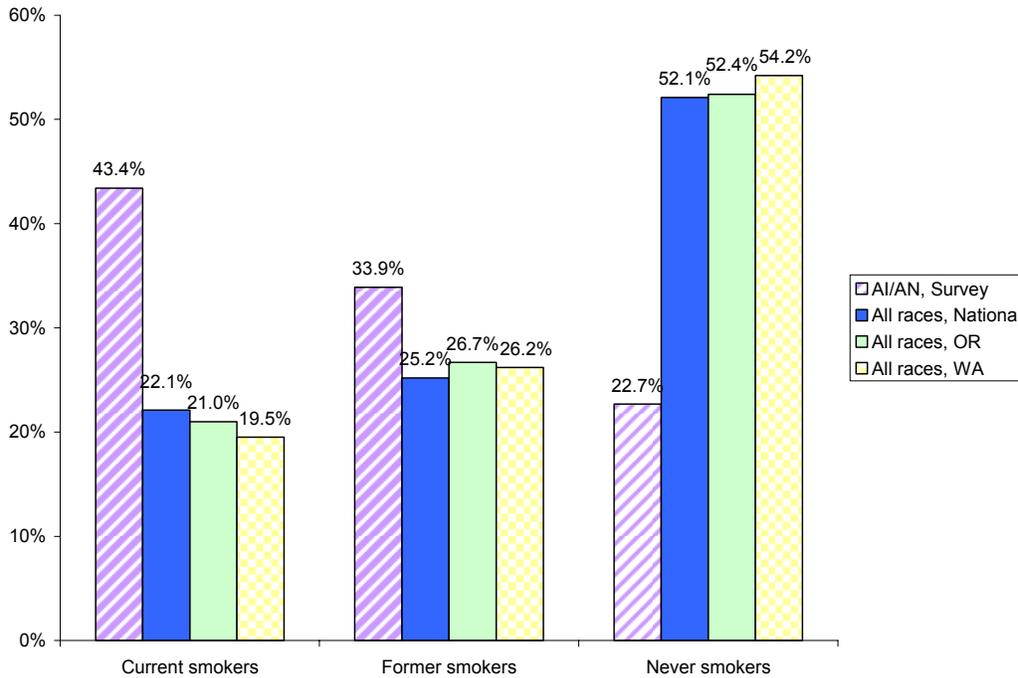
Figure 1. Ceremonial/traditional use by type of tobacco



Commercial Tobacco Use

We compared survey prevalence estimates to those from the 2003 BRFSS estimates for all races for Washington, Oregon and nationwide. In the survey sample, the prevalence rate of smoking not intended for ceremonial or sacred purposes (= “current smokers”) was 43.4%. This rate is double the estimated prevalence of 21.7% for all races nationwide from the 2003 BRFSS (**Figure 2** and **Appendix B-2**). Commercial tobacco smoking prevalence was similar for Multnomah and King County. The smoking prevalence rate for King County survey participants was 2.2 times the rate for all races in Washington State (43.6% for survey AI/AN compared to 19.5% for all races). The smoking prevalence rate for Multnomah county survey participants was 43%, twice the rate for all races in Oregon State (21%) (**Appendix B-2**). The large discrepancy in rates might be accounted for by the clinic population used in the survey versus the general population rates from the BRFSS. Indeed, the smoking rate of 43.6% among King County survey participants is higher than the 1993-1998 BRFSS King County adult AI/AN smoking prevalence rate of 36.9%. However, the prevalence estimate of 43% for Multnomah County survey participants is similar to the 2000-2001 Oregon BRFSS estimate for adult AI/AN of 44%.

Figure 2. Prevalence of commercial tobacco smoking and smoking status, survey participants, national and state estimates



*National and state estimates are from the 2003 BRFSS.

Certain subpopulations appeared to have a higher proportion of smokers. **Appendix B-3 through B-5** contain commercial tobacco smoking prevalence by gender, age, income and education.

- 57.9% of 35-49 year olds smoked, 53.7% of 25-34 year olds smoked.
- 64.7% of persons with annual income between \$20,001 and \$25,000 reported smoking.
- 52.7% of persons with less than a high school education smoked.
- 57% of persons with another smoker in the household reported smoking.
- Smoking rates were similar by gender

Demographic Predictors of Smoking

Identification of population groups most likely to smoke can facilitate program planning. For this analysis, we examined demographic groups most likely to smoke. Smoking status was analyzed as a binary dependent variable where 1 indicated ‘current smokers’ and 0 indicated ‘nonsmokers’. The logistic regression model utilized identified the independent contribution of each demographic variable by controlling for the effects of all other demographic variables in the model.

Odds ratios (ORs) and 95% confidence intervals were reported to indicate the odds of being a current smoker based on each demographic variable. Odds ratios greater than 1 indicate that the odds of being a smoker are higher in one demographic group than the comparison demographic

group. For example, if living with a spouse is the comparison group, an odds ratio of 1.18 would indicate that those not living with a spouse are 18 percent more likely to be a smoker than those living with a spouse. Conversely, odds ratios less than 1 indicate a group is *less* likely to be a smoker than the comparison group by a factor of 1/odds ratio. For example, if living with a spouse is the comparison group, an odds ratio of .85 would indicate that those not living with a spouse are 18 percent *less* likely to be a smoker ($1/.85=1.18$). Odds ratio confidence intervals are provided to aid in interpretation of the odds ratio. If a confidence interval includes the value of 1 then that variable is not considered a useful predictor in the logistic model.

Before the logistic regression was analyzed, regression diagnostics were run to determine model fit and case outliers. Hosmer and Lemeshow model fit results indicated a good model fit ($\chi^2=6.24, p=.625$). In addition, case outlier results identified one case with a standardized residual beyond 3 standard deviations of the predicted value ($Z_{\text{residual}}=4.77$). Further analysis of this case did not reveal rationale for case exclusion. Therefore, this case was included in the logistic regression analysis.

Table 6 shows the results of the analysis assessing the demographic predictive model of being a smoker. Model results indicated four variables that significantly predict being a smoker. The strongest predictor of being a smoker was the level of education. Participants who reported less than high school education were just over ten times more likely to smoke than those who reported graduating from college ($OR=10.09, p<.01$). Another strong predictor of being a smoker was the presence of other smokers in the household. Those who lived with a smoker were over three times more likely to smoke as those who did not live with a smoker ($OR= 3.46, p<.01$). In addition, using a pipe for traditional or ceremonial reasons was found to be a strong predictor of being a smoker. Participants who used a pipe for traditional or ceremonial reasons were over three times more likely to smoke commercial tobacco as those who did not use a pipe for traditional or ceremonial reasons ($OR=3.32, p<.01$). Income was also a fairly strong predictor of being a smoker, where participants whose income was between \$20,001-\$25,000 were nearly nine¹ times more likely to smoke than those whose income was \$35,001 and above ($OR=8.73, p<.05$).

¹ Odds ratio inflated due to large asymptotic standard error estimates.

Table 6. Likelihood of Current Smoking by Demographic Group

Demographic Group	OR [95% CI]†	p-value
Age (older to younger)	1.02 [1.0-1.05]	.088
Gender {compared to Male)	1.72 [.85-3.50]	.820
Education (compared to college or more)		
Less than high school	10.09 [1.85-55.00]	.008**
High school	4.02 [.83-19.48]	.084
Some College	3.36 [.73-15.43]	.120
Income (compared to \$35,000 or more)		
Less than \$10,000	1.57 [.39-6.39]	.528
\$10,001-15,000	3.43 [.76-15.47]	.110
\$15,001-20,000	2.41 [.50-11.50]	.272
\$20,001-25,000	8.73 [1.63-46.70]	.011*
\$25,001-35,000	1.68 [.31-9.22]	.548
Living w/ spouse, partner or significant other	1.18 [.60-2.31]	.641
Sexual orientation (compared to heterosexual)		
Gay/lesbian	3.31 [.28-38.90]	.341
Bi-sexual	5.54 [.48-64.58]	.172
Other	2.02 [.14-28.44]	.60
Other smoker in household	3.46 [1.70-7.03]	.001**
Children living in household	1.07 [.53-2.17]	.856
Health status (excellent to poor)	1.19 [.84-1.68]	.325
Do not feel part of a tribe	1.70 [.80-3.61]	.168
Not currently enrolled in a tribe	1.76 [.65-4.78]	.266
Use Tobacco for traditional/ceremonial purposes	1.11 [.44-2.78]	.816
Use Pipe for traditional/ceremonial purposes	3.32 [1.40-8.00]	.007**

†Odds Ratio Confidence Interval, *Wald statistic significantly different than .05, **Wald statistic significantly different than .01

Smoking Initiation

Participants started using tobacco at an early age (**Table 7**). On average, current smokers began smoking at an earlier age than former smokers: 13.2 years for current smokers and 14.3 years for former smokers. The average age participants started smoking regularly was 17.8 for current smokers (17.7 for everyday smokers and 18.1 for someday smokers) and 19.3 for former smokers. This difference in smoking initiation age was not statistically significant.

Never smokers were asked if they had ever smoked a cigarette, even 1 or 2 puffs, not for ceremonial or sacred smoking. Seventy five percent of never smokers had ever tried smoking (data not shown), and the mean age of first use was higher than for current or former smokers at 15.6 years. This smoking initiation age is significantly different than for current smokers.

Table 7. Smoking Initiation

	95% CI			95% CI		
	Weighted Mean Age 1st Smoked	LB	UB	Weighted Mean Age Started Smoking Regularly	LB	UB
Current smokers	13.2*	12.5	13.6	17.8	16.0	19.6
Former smokers	14.3	13.3	15.3	19.3	17.5	21.0
Nonsmokers	15.6*	14.3	17.0	N/A	N/A	N/A

Note: Data is missing for 13 everyday smokers, 6 someday smokers and 17 former smokers.

*Significantly different

Cigarette Consumption

Tracking changes in consumption often precedes changes in smoking prevalence and may be monitored over time. The number of cigarettes smoked per day and how soon after waking one has their first cigarette may serve as a measure of nicotine addiction.

On average, participants who were current smokers consumed 10.6 cigarettes per day (**Table 8**). Participants who smoked everyday consumed an average of 13 cigarettes per day, and made up 71.1% of current smokers (67% in King County, 76% in Multnomah County). Occasional smokers consumed an average of 5.2 cigarettes per day and smoked on average 12.2 days per month.

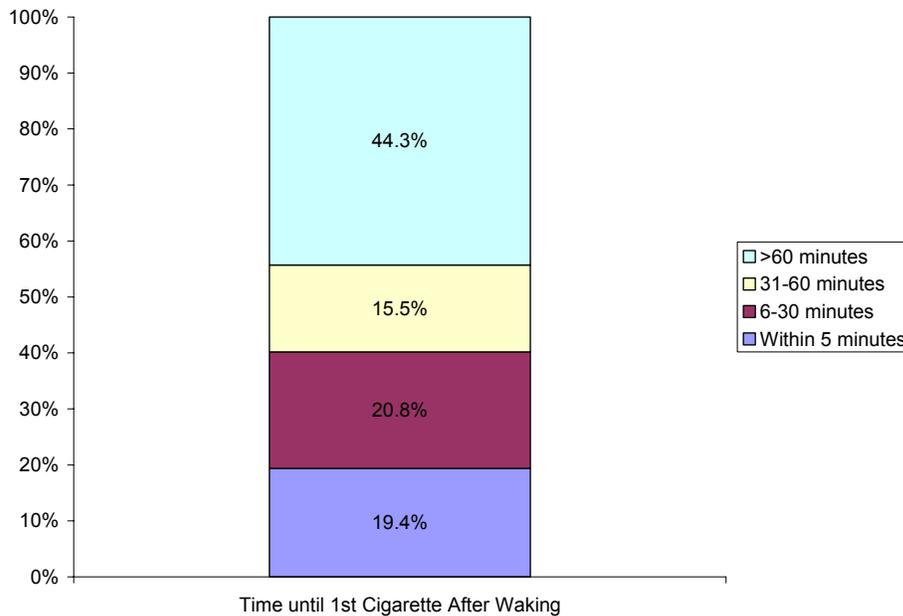
Table 8. Smoking frequency

	N	% of current smokers	Weighted Mean cigarettes smoked per day†	95% CI		Weighted Mean days smoked per month†	95% CI	
				LB	UB		LB	UB
Everyday	69	71.1%	13.0	10.0	16.0	N/A	N/A	N/A
Someday	28	28.9%	5.2	2.6	7.7	12.2	8.2	16.3
All current smokers	97	100%	10.6	8.1	12.8	N/A	N/A	N/A

†Data is missing for 29 everyday smokers, 6 someday smokers

Forty percent of participants who currently smoke had their first cigarette within 30 minutes after waking (**Figure 3** and **Appendix B-6**).

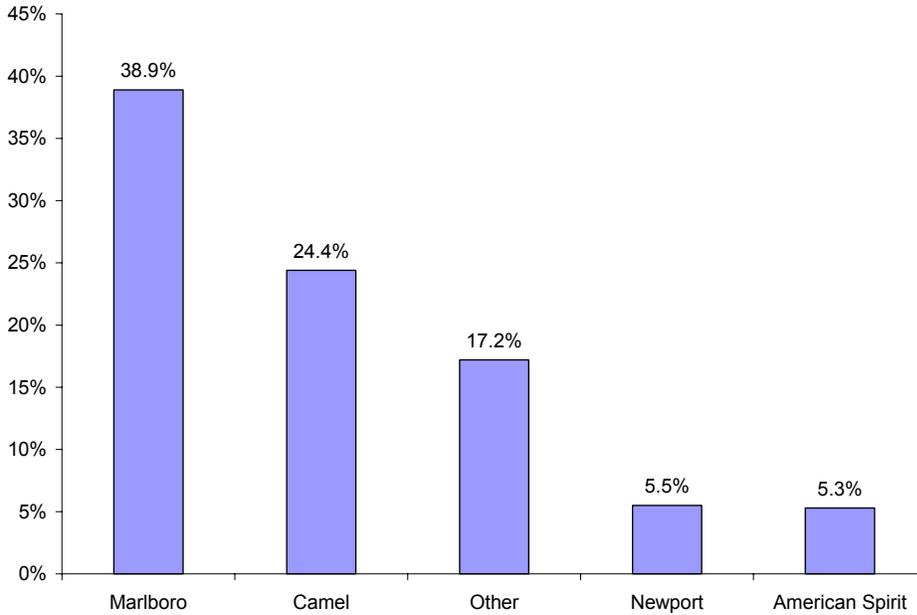
Figure 3. Time until first cigarette after waking among current smokers



Note: Data missing for 20 smokers

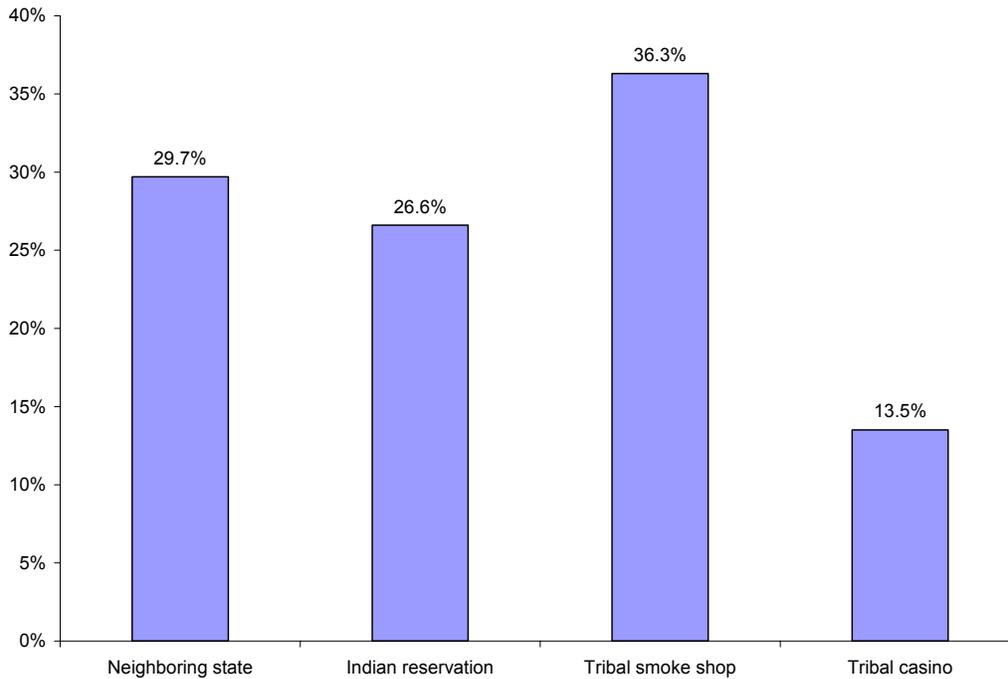
Current smokers paid on average \$4.15 for a pack of cigarettes. **Figure 4** and **Appendix B-7** display the most common brands of cigarettes smoked by current smokers. Marlboro accounted for the greatest market share. Natural American Spirit, a brand that uses AI/AN imagery, was the 5th leading brand smoked.

Figure 4. Top 5 brands smoked by current smokers



About 36% of current smokers had purchased cigarettes in a tribal smoke shop, 29.7% from a neighboring state, 26.6% from an Indian reservation and 13.5% from a tribal casino (**Figure 5** and **Appendix B-8**).

Figure 5. Purchase Patterns Among Current Smokers



Other Tobacco Products

Table 9 shows use of chewing tobacco, pipe, cigar and clove cigarettes.

Participants were asked if they had ever smoked commercial tobacco in a pipe not for ceremonial or sacred purposes and if they had ever tried any smokeless tobacco products, such as chewing tobacco or snuff. Overall, 27.1% of participants had ever used a non-ceremonial pipe and 27.3% reported having ever tried any smokeless tobacco products. Males were significantly more likely than females to have ever tried a pipe or smokeless tobacco. The vast majority (greater than 94%) were not using a pipe or smokeless tobacco at the time of the survey (data not shown).

All participants were also asked if they had smoked a cigar or clove cigarettes in the past month. Overall, 11.1% of participants had smoked a cigar in the past month, higher than the Healthy People 2010 target of 1.2%. Prevalence of cigar use was higher among males than females, and this difference was nearly significant. Overall, 5.6% of participants had smoked clove cigarettes in the past month. There was no significant difference in clove cigarette use by gender. The small sample precluded an analysis of alternative tobacco products by smoker status.

Table 9. Use of other tobacco products

	Males			Females			Total		
	Weighted %	95% CI		Weighted %	95% CI		Weighted %	95% CI	
		LB	UB		LB	UB		LB	UB
Ever used pipe†*	43.6%*	32.0%	55.9%	16.8%*	10.9%	25.1%	27.1%	20.9%	34.4%
Ever used smokeless tobacco*	50.2%*	38.7%	61.7%	14.2%*	9.1%	21.5%	27.3%	21.5%	34.0%
Cigar in past month	19.3%	11.7%	30.2%	6.4%	3.3%	12.0%	11.1%	7.4%	16.2%
Clove cigarettes in past month	7.5%	3.1%	17.2%	4.6%	2.0%	9.8%	5.6%	3.1%	10.0%

†Data is missing for 6 males, 21 females, 27 total.

*Significantly different by gender

Health Status

Compared to all races nationwide, survey participants were less likely to report their health as excellent or very good (35.6% for AI/AN adult clients compared to 55.3% for all races) and more likely to report their health as fair or poor (26.6% for AI/AN adult clients compared to 14.8% for all races) (**Table 10**). There were no statistically significant differences in self-rated health status by smoker status.

Table 10. Health Status

	All Survey Participants				BRFSS 2003
	N	Weighted%	95% CI		Percent
			LB	UB	
Excellent	26	10.4%	6.9%	15.3%	21.8%
Very good	61	25.2%	19.7%	31.7%	33.5%
Good	81	37.8%	31.2%	44.9%	29.5%
Fair	43	20.4%	15.2%	26.8%	10.9%
Poor	13	6.2%	3.5%	10.8%	3.9%

The survey asked about prevalence of smoking-related health conditions. There were no statistically significant differences in presence of health conditions by smoker status. However, compared to all races nationwide, survey participants had over twice the rate of diabetes and nearly twice the rate of asthma (**Table 11**). Among those with asthma, 61.4% still had asthma at the time of the survey (data not shown).

Table 11. Health Conditions

	All Survey Participants				BRFSS 2003
	N	Weighted%	95% CI		Percent
			LB	UB	
Hypertension	74	35.7%	29.1%	42.9%	29.0%
Diabetes	37	18.8%	13.7%	25.3%	8.2%
Asthma	49	21.5%	16.2%	27.8%	12.0%
High Cholesterol	52	38.4%	30.2%	47.2%	34.8%
Heart Attack	13	5.9%	3.3%	10.3%	4.6%
Angina/CHD	13	6.6%	3.7%	11.3%	5.3%
Stroke	10	5.1%	2.7%	9.5%	2.7%

Over a quarter of participants were taking hypertension medication (**Table 12**). Seventy one percent of participants had their cholesterol checked, 61.7% in the past year. Among participants with a heart attack, the mean age of their first heart attack was 48.8 years. Among participants that had a stroke, the mean age of their first stroke age was 42.5 years.

Table 12. Health checks

	All Survey Participants				BRFSS 2003
	N	Weighted %	95% CI		Percent
			LB	UB	
Taking hypertension medication	53	26.2%	20.3%	33.0%	75.4%
Cholesterol check [^]	151	71.2%	64.3%	77.3%	76.3%
<i>Last Blood Cholesterol Check[^]</i>					
<12 mo	95	61.7%	52.9%	69.7%	69.8%
1yr but <2 yr	26	19.3%	13.3%	27.3%	15.3%
2 yr but <5 yr	22	15.2%	10.0%	22.6%	9.0%
5+ yr	7	3.8%	1.7%	8.3%	4.7%

[^]Data missing for 11 persons.

Smoking Status and Health

To examine the relationship between smoking and health status, we used bivariate logistic regression analysis to identify the likelihood of health problems in smokers compared to nonsmokers. Smoking status was dichotomized as ‘current smokers’ and ‘nonsmokers’. The regression models controlled for significant demographic predictors.

The Hosmer and Lemeshow model fit statistics were run for the regression models. Model fits for each of the models revealed adequate to good model fits (χ^2 range=3.36-12.05, p range=.91-.88). Case outlier analyses for each of the regression models indicated zero cases produced a standardized residual beyond 3 standard deviations of the predicted value.

Table 13 shows the results of our analysis to identify the likelihood of health problems by smoking status. Model results indicated only one health problem that produced significantly different occurrence rates among current smokers and nonsmokers; this was a diagnosis of diabetes. Surprisingly, diabetes was over 2 times *less* likely to occur in smokers than in nonsmokers (OR=.46, p<.05) ($1/.46=1/OR=2.17$). A possible explanation for this result is the inclusion of former smokers in the nonsmoker group. Former smokers had high rates of health problems; their numbers however, were too small to find any significant differences. A larger sample allowing an analysis of the health status of the four different smoking groups would provide further insight into this finding.

Table 13. Likelihood of health problem by smoking status (current smokers and nonsmokers)

Demographic Group	OR	p-value
	[95% CI]†	
Asthma	1.17 [.57-2.41]	.664
Diabetes	.46 [.22-.99]	.046*
High blood pressure	.57 [.30-1.08]	.086
High blood cholesterol	.91 [.43-1.95]	.808
Heart attack	.30 [.07-1.33]	.114
Angina or coronary heart disease	.31 [.07-1.27]	.101
Stroke	.78 [.17-3.57]	.751

†Odds Ratio Confidence Interval

*Wald statistic significantly different than .05

Secondhand Smoke Exposure

The survey asked participants about secondhand smoke exposure in three locations: at home, work, or in a car (**Table 14**). Secondhand smoke exposure in the home was determined by asking participants how many days anyone had smoked cigarettes, cigars or pipes anywhere inside their home in the past seven days.

Table 14. Secondhand smoke exposure by smoking status.

	Current				Nonsmokers			
	N	Weighted %	95% CI		N	Weighted %	95% CI	
			LB	UB			LB	UB
Home	49	50.5%	39.7%	61.2%	19	16.9%	10.8%	25.5%
Car	57	61.2%	50.4%	70.9%	29	23.4%	16.4%	32.3%
Work	11	22.0%	11.9%	37.2%	6	10.4%	4.3%	22.9%

Among participants with children in the household, 23.6% (95% CI: 15.3%-34.8%) of children were exposed to secondhand smoke one or more days during the week.

Risk Perception and Social Acceptability

Table 15 compares tobacco-related knowledge and attitudes between current smokers and nonsmokers. Recognition of the health benefits of cessation may be an important determinant of quit attempts. Although the majority understood there is still a health benefit to quitting even after smoking 20 years, current smokers were significantly less likely than nonsmokers to believe

in the benefits of quitting after long-term smoking. Current smokers appeared less likely than nonsmokers to be aware of the dangers of secondhand smoke, although differences were not statistically significant. Notably, both current and nonsmokers had low knowledge of the link between sudden infant death syndrome (SIDS) and secondhand smoke. Only 23.9% of current smokers and less than half of nonsmokers felt that secondhand smoke causes SIDS. Nonsmokers were more likely than current smokers to avoid attending an event because smoking was allowed. However, nearly all participants regardless of smoking status disapproved of tobacco companies marketing products to teenagers, felt that smoking was physically addictive and that smoking by a pregnant woman harmed the baby.

Table 15. Tobacco-related knowledge and attitudes.

Knowledge/Attitude	Current Smokers				Nonsmokers			
	Number	Weighted %	95% CI		Number	Weighted %	95% CI	
			LB	UB			LB	UB
<i>Benefits of quitting:</i> If person has smoked pack of cigarettes/day for more than 20 years, there is no health benefit to quitting smoking (% disagree)*	79	83.1%	73.1%	89.9%	118	95.4%	90.0%	98.0%
<i>Dangers of 2nd-hand smoke:</i> Breathing smoke from other people's cigarettes is very harmful*	54	54.6%	43.7%	65.0%	104	83.8%	75.6%	89.6%
Breathing smoke from other people's cigarettes causes lung cancer in adults	73	76.5%	66.4%	84.3%	113	88.5%	81.0%	93.3%
Breathing smoke from other people's cigarettes causes heart disease in adults	60	60.6%	49.8%	70.6%	86	65.5%	56.0%	73.9%
Breathing smoke from other people's cigarettes causes colon cancer in adults	24	24.3%	16.3%	34.5%	49	39.5%	30.8%	49.0%
Breathing smoke from other people's cigarettes causes respiratory problems in children	87	90.7%	82.7%	95.2%	120	94.3%	87.9%	97.4%
Breathing smoke from other people's cigarettes causes sudden infant death syndrome	26	23.9%	16.2%	33.9%	44	49.2%	39.9%	58.5%
<i>Cigarette companies:</i> Sponsorship of sporting events, powwows or concerts by tobacco companies should be allowed	46	45.7%	35.4%	56.4%	38	27.6%	20.2%	36.6%

Tobacco companies should not be allowed to market products to teenagers	89	92.0%	83.9%	96.1%	121	96.8%	91.2%	98.9%
<i>Other knowledge/attitudes:</i>								
Avoid attending event, such as sporting events, powwows or concerts because smoking allowed*	5	5.5%	2.2%	13.2%	28	22.4%	15.5%	31.3%
Smoking is physically addictive (% agree)	92	96.7%	90.8%	98.9%	120	95.1%	88.5%	98.0%
Smoking by a pregnant woman may harm the baby (% agree)	92	96.7%	90.8%	98.9%	123	97.4%	91.6%	99.2%

*Significant difference between current smokers and nonsmokers

Other Potential Influencing Factors

Participants were asked to respond to questions about other potential influences on smoking behavior. Among survey participants, current smokers appeared to have lower usage of provider services, although this was not statistically different from nonsmokers (**Table 16**). Among smokers who were not advised by their provider to quit smoking, 84.1% were asked by their provider if they smoke. Nonsmokers were significantly more likely than smokers to have smoke-free homes and to have asked a friend or family member not to smoke around them. Half of current smokers had rules that prohibited smoking in the home. Current smokers were significantly more likely to report that most or all of their friends used tobacco products compared to nonsmokers.

Table 16. Other factors influencing smoking behaviors

	Current smokers				Nonsmokers			
	N	Weighted %	95% CI		N	Weighted %	95% CI	
			LB	UB			LB	UB
<i>Visited provider:</i>								
Visited traditional native healer	9	8.7%	4.3%	16.7%	16	13.0%	7.9%	20.8%
Visited provider	77	78.2%	67.9%	85.9%	117	91.6%	84.6%	95.6%
Visited provider & asked if smoke	26	84.1%	65.0%	93.8%	106	91.7%	84.8%	95.6%
<i>Rules about smoking:</i>								
Smoking not allowed anywhere inside the home*	48	50.9%	40.3%	61.4%	108	83.8%	75.4%	89.7%
Smoking not allowed anywhere inside work building	38	77.3%	62.1%	87.6%	44	84.7%	69.9%	92.9%
Asked friend or family member not to smoke around you*	25	28.0%	19.3%	38.8%	59	48.5%	39.3%	57.8%
Asked friend or family member not to smoke around your children	11	35.3%	19.2%	55.7%	18	56.3%	37.6%	73.3%
<i>Social influences:</i>								
Most/all friends use tobacco products*	45	46.7%	36.3%	57.4%	12	10.8%	6.1%	18.6%
Most/all family use tobacco products	21	21.0%	13.7%	31.1%	14	11.0%	6.4%	18.5%

*Significant difference between current smokers and nonsmokers

Table 17 presents the results of additional questions on potential influences that were asked of current smokers. Nearly 70% of smokers who visited a physician in the past year were advised not to smoke. Over half of AI/AN adult clients who smoked reported that people close to them were upset with their smoking. Among nonsmokers, 87% said people close to them would be upset if they smoked (data not shown). Among current smokers with children, 62.4% disapproved of their parents smoking and almost 70% had spoke to their parents about quitting smoking. Perception of others is an important factor in motivating successful cessation attempts, promoting social norms that discourage smoking and reinforcing maintenance of cessation.

Table 17. Other factors influencing smoking cessation behaviors among current smokers

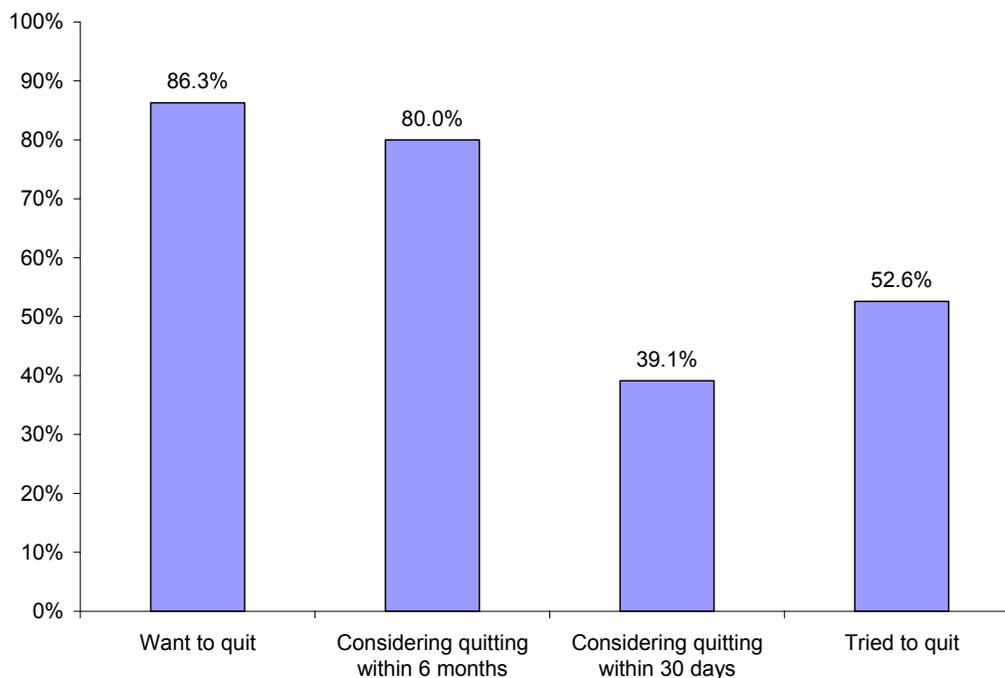
	N	Weighted %	95% CI	
			LB	UB
Visited provider & advised not to smoke†	43	68.3%	55.3%	78.9%
People close to me upset at my smoking/would be upset if I smoked	53	56.3%	45.4%	66.7%
My children upset at my smoking	17	62.4%	40.4%	80.3%
Children talked to you about stopping smoking	19	69.7%	48.8%	84.7%

†Data is missing for 10 current smokers.

Cessation

Figure 6 and **Appendix B-9** display readiness to quit among current smokers. Eighty six percent of smoking participants indicated they wanted to quit and 80% were considering quitting within the next 6 months. Among persons considering quitting in the next 6 months, 39.1% said they were planning to quit in the next 30 days. Fifty three percent of current smokers had made a quit attempt in the past year, which is lower than the Healthy People 2010 target of 75 percent.

Figure 6. Quit intentions among current smokers

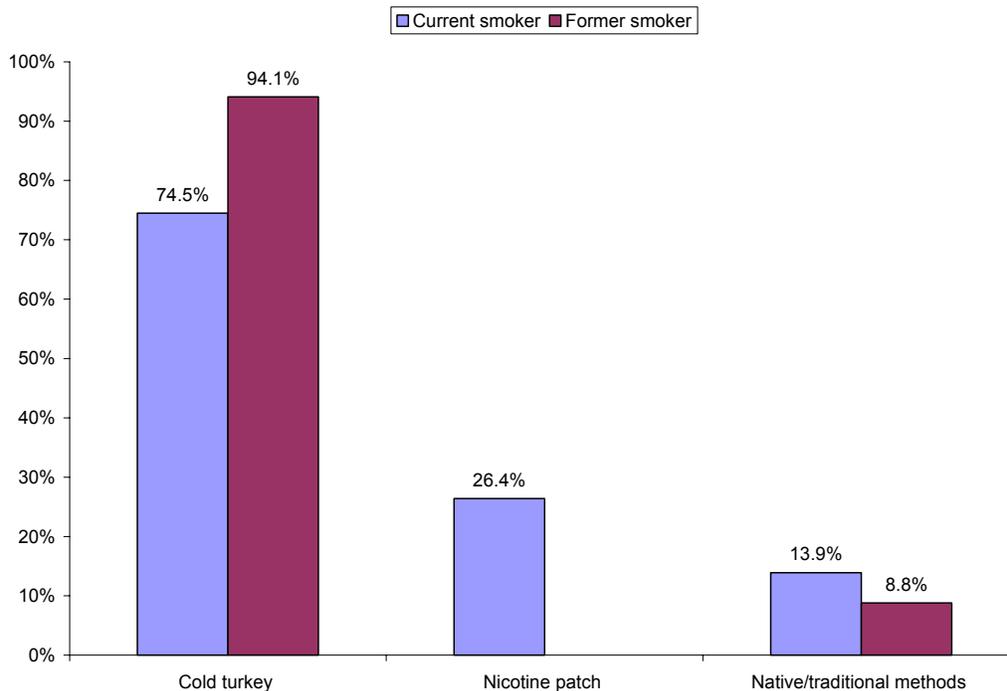


Note: Data is missing for 20 current smokers.

Among former smokers, 45.9% had last smoked more than 10 years ago, 5.1% had quit 5-10 years ago, 23.7% had quit 1-5 years ago and 25.3% had quit in the past year (data not shown).

The most popular method used among current smokers with a quit attempt in the past year was quitting “cold turkey” (Figure 7 and Appendix B-10). Other methods used included the patch (26.4%) and native or traditional methods (13.9%). The primary method used to quit by former smokers was also “cold turkey” (94.1%), followed by native or traditional methods (8.8%). Less than 5% of current or former smokers had used gum, other medication, or other assistance such as cessation classes or counseling.

Figure 7. Smoking cessation method



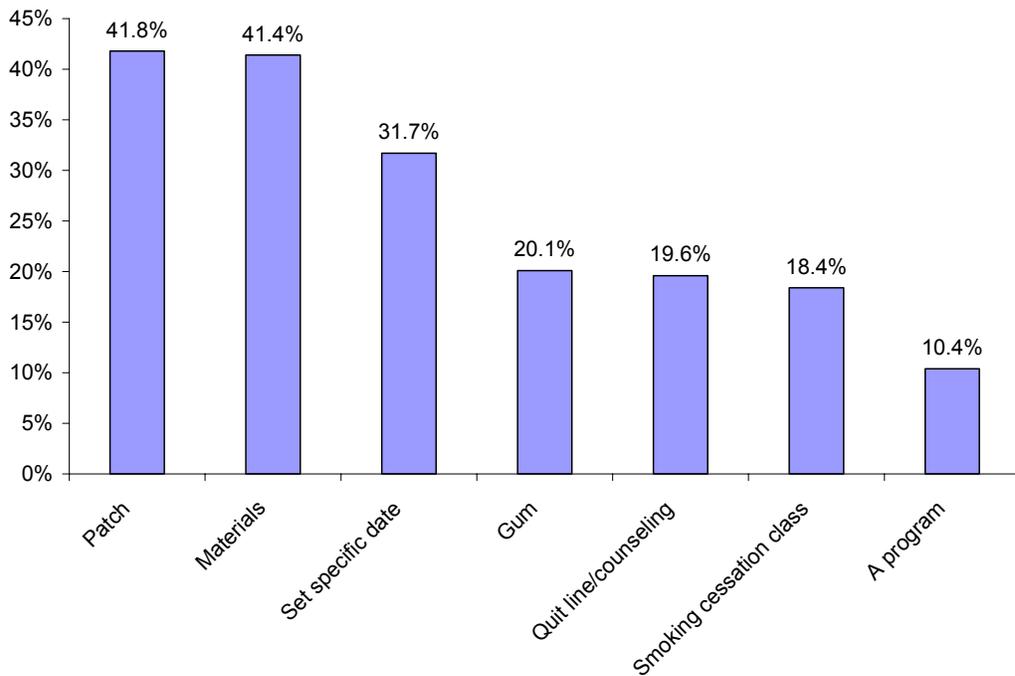
Note: Data is missing for 20 current smokers and 17 former smokers.

Physician and Health Professional Advice on Quitting

Determining if physicians are asking patients if they smoke and advising current smokers not to smoke is useful in evaluating the implementation of AHRQ Clinical Practice Guidelines. The guideline, published by the Public Health Service, recommends that healthcare professionals use the “five A’s” to help their patients quit smoking: 1) ask about smoking 2) advise all smokers to quit 3) address willingness to make a quit attempt 4) assist patients who want to quit 5) arrange follow-up visits (Fiore et al).

Among current smokers advised to quit smoking by their provider, the most common methods recommended were the patch and cessation materials (Figure 8 and Appendix B-11). About 31.7% were advised to set a specific date to quit, 20.1% suggested to use gum, 19.6% referred to a quit line or counseling and 18.4% recommended to use a class to help them quit.

Figure 8. Cessation method offered to current smokers by provider



Note: Data is missing for 9 smokers

Quit Intentions and Quit Attempts by Demographic Group

Identification of population groups least likely to quit smoking may inform design of interventions. For this analysis, we examined groups most likely to smoke by demographics. Intention to quit smoking in 30 days and making a quit attempt were dichotomous dependent variables where 1 indicated ‘intention to quit/quit attempt’ and 0 indicated ‘no intention to quit/no quit attempt’. The covariates were both discrete and continuous. We employed bivariate logistic regression models with ORs to identify the predictive demographic model on intentions to quit smoking and attempts to quit smoking.

The Hosmer and Lemeshow model fit statistics model fit results indicated a poor fit ($\chi^2=24.14$, $p=.03$). Education and income demographic variables were found to contribute to the poor fit. These variables were recoded as continuous variables and the Hosmer and Lemeshow model fit statistic was re-run and indicated a good fit to the revised model ($\chi^2=4.48$, $p=.81$). Case outlier results identified one case with a standardized residual beyond 3 standard deviations of the predicted value ($Z_{residual}=3.55$). Analysis of this case did not reveal rationale for case exclusion. Thus, this case was included in the logistic regression analysis.

Table 18 shows the results of our analysis to assess the demographic predictive model of intentions to quit smoking and attempts to quit smoking. Model results indicated one variable that was a significant predictor of intention to quit smoking: the use of tobacco for traditional or ceremonial purposes. Participants who used tobacco for traditional or ceremonial tobacco purposes were over 16 times more likely to have intention to quit smoking than those who did not use tobacco for traditional or ceremonial purposes (OR=16.13, $p<.05$). In addition, model

results revealed two variables that significantly predict attempt to quit smoking. First, a strong predictor of attempting to quit smoking was education, where participants with higher education were greater than three times more likely to attempt to quit as those with lower education (OR=3.07, $p<.01$). Another significant predictor was health status, where participants who reported a poorer health status were over two times more likely to attempt to quit smoking as those who reported a better health status (OR=2.22, $p<.05$). Interestingly, the variable that significantly predicted intention to quit smoking, the use of tobacco for traditional or ceremonial purposes, was not a significant predictor of quit attempts. In fact, none of the significant predictors for intention to quit smoking and quit attempts were related.

Table 18. Likelihood of quit intentions and quit attempts by demographic group

Demographic Group	Intention OR [95% CI]	p-value	Attempts OR [95%CI]	p-value
Age (older to younger)	1.03 [.95-1.12]	.473	1.01 [.95-1.07]	.795
Gender (compared to female)	2.28 [.41-12.61]	.325	1.97 [.55-7.03]	.310
Education (less than high school to college or more)	1.12 [.40-3.14]	.824	3.07 [1.33-7.07]	.008**
Income (high income to low income)	1.75 [.94-3.28]	.079	.788 [.51-1.23]	.294
Live w/ spouse (compared to no spouse)	5.02 [.87-28.87]	.070	.610 [.18-2.08]	.430
Sexual orientation (compared to heterosexual)	62.5 [.92-4269.47]	.053	1.32 [.12-14.82]	.823
No other smoker in household	4.69 [.58-37.63]	.146	2.45 [.69-8.70]	.165
No children living in household	3.02 [.39-23.41]	.290	1.85 [.54-6.34]	.330
Health status (excellent to poor)	1.20 [.50-2.88]	.687	2.22 [1.15-4.29]	.018*
Feel part of a tribe	10.42 [.88-123.18]	.063	1.41 [.38-5.29]	.607
Currently enrolled in a tribe	20.00 [.87-462.53]	.061	3.06 [.40-23.16]	.279
Used Tobacco for traditional/ceremonial purposes	16.13 [1.74-149.64]	.015*	1.46 [.29-7.24]	.646
Used Pipe for traditional/ceremonial purposes	1.92 [.27-13.88]	.520	1.41 [.31-6.47]	.660

Note: Data is missing for 20 current smokers.

*Wald statistic significantly different than .05

**Wald statistic significantly different than .01

Quit Intentions and Quit Attempts by Tobacco Related Knowledge and Attitudes

We examined knowledge and attitudes in relation to likelihood of quit intentions and quit attempts. This information may be used to identify messages most likely to influence cessation behaviors. For this analysis, coding of quit intentions and quit attempts were identical to the previous analysis. Bivariate logistic regression models with ORs were employed to identify the knowledge and attitudes that influence both quit intentions and quit attempts. In addition, the following demographic variables were included in the logistic regression models to control for potential confounding effects of these variables on the target knowledge and attitude items: a) education, b) income, c) smoker in the household, d) health status, e) enrollment in a tribe, f) use of tobacco for traditional or ceremonial purposes and, g) use of pipe for traditional or ceremonial purposes. These demographic variables were selected as covariates in the logistic regression model because they were found to be significant predictors of being a smoker, intending to quit smoking, or attempting to quit smoking.

The Hosmer and Lemeshow model fit statistics were run for the quit intentions and quit attempts regression models. Model fits for the models revealed adequate to good model fits (χ^2 range=4.83-11.79, p range=.78-.16). Furthermore, case outlier analyses for the regression models revealed 5 cases with a standardized residual beyond 3 standard deviations of the predicted value (Z_{residual} range=3.04-3.80). Further analysis of these cases did not reveal rationale for case exclusion. Therefore, these cases were included in the logistic regression analysis.

Table 19 shows the results of the analysis to identify the knowledge and attitudes related to smoking that predict intentions to quit smoking and attempts to quit smoking. Model results indicated one variable that significantly predicted intention to quit smoking: participants who more strongly disagreed that smoking is physically addictive are 89% *less* likely to intend to quit smoking (OR=.158, $p < .05$). Stated more clearly, participants who agreed that smoking is physically addictive are 89% more likely to want to quit smoking than those who disagreed that smoking is physically addictive. In addition, the predictive model indicated two variables that significantly predicted an attempt to quit smoking. First, the belief that if a person smoked a pack of cigarettes a day for more than 20 years, there was *no* health benefit to quitting smoking. More clearly stated, participants who more strongly agreed that there were no health benefits to quitting smoking after 20 years were more than 2 times *less* likely to attempt to quit smoking than respondents who did not agree with this statement (OR=2.31, $p < .05$)³. A second significant predictor of quit attempts was the belief that breathing smoke from other people's cigarettes was very harmful. The participants who believed this were three times *more* likely to attempt to quit smoking than respondents who did not agree with this belief (OR=.294, $p < .05$) (1/.294=1/OR=3.40)⁴. Significant predictors of quit intention were not related to significant predictors of quit attempts.

³ Item interpretation based on reverse coding of scale (disagree-agree) to (agree-disagree) in Table 19

⁴ Item interpretation based on reverse coding of scale (disagree-agree) to (agree-disagree) in Table 19

Table 19. Likelihood of quit intentions and quit attempts by tobacco related knowledge and attitudes

Demographic Group	Intention OR [95% CI]	p-value	Attempts OR [95%CI]	p-value
<i>Benefits of quitting</i>				
If a person has smoked a pack of cigarettes a day for more than 20 years, there is <i>no</i> health benefit to quitting smoking. (strongly disagree-strongly agree)	1.43 [.617-3.32]	.403	2.31 [1.08-4.89]	.030*
<i>Dangers of second hand smoke</i>				
Breathing smoke from other people's cigarettes is very harmful (strongly disagree-strongly agree)	1.35 [.450-4.04]	.592	.294 [.109-.79]	.015*
Breathing smoke from other people's cigarettes causes lung cancer in adults	3.84 [.37-15.96]	.476	.396 [.10-1.63]	.200
Breathing smoke from other people's cigarettes causes heart disease in adults	7.65 [.75-78.14]	.086	.290 [.06-1.52]	.143
Breathing smoke from other people's cigarettes causes respiratory problems in children†	–	–	.213 [.02-2.14]	.189
Breathing smoke from other people's cigarettes causes sudden infant death syndrome	.681 [.11-4.39]	.686	.145 [.04-1.38]	.206
<i>Cigarette companies</i>				
Sponsorship of sporting events, powwows or concerts by tobacco companies should be allowed	1.65 [.36-7.57]	.52	2.26 [.72-7.07]	.160
Tobacco companies should be allowed to market products to teenagers, such as hats, t-shirts, or jackets	.512 [.08-3.18]	.472	2.25 [.37-2.61]	.379
<i>Other knowledge/attitudes</i>				
Smoking is physically addictive (strongly disagree-strongly agree)	.158 [.03-.74]	.019*	.971 [.40-2.4]	.949
Smoking by a pregnant woman may harm the baby. (strongly disagree-strongly agree)	.528 [.160-1.74]	.528	.917 [.36-2.33]	.855

Note: Data is missing for 20 current smokers.

† Log Likelihood estimation failed to converge after 20 iterations. Significance tests were not run.

*Wald statistic significantly different than .05

Quit Intentions and Quit Attempts by Other Potential Influencing Factors

Finally, we used bivariate logistic regression models to identify other factors that may influence quit intentions and quit attempts. As in the previous analysis, the regression models controlled for significant demographic predictors.

The Hosmer and Lemeshow model fit statistics were run for each of the quit intention and quit attempts regression models. Model fits for each of the models revealed adequate to good model fits (χ^2 range=4.64-12.71, p range=.70-.12). Furthermore, case outlier analyses for each of the regression models revealed one case with a standardized residual beyond 3 standard deviations of the predicted value ($Z_{\text{residual}}=5.38$). Further analysis of this case did not reveal rationale for case exclusion. Therefore, this case was included in the logistic regression analysis.

Table 20 shows the results of the analysis to identify other potential influences that predict intentions to quit smoking and attempts to quit smoking. Model results indicated three variables that significantly predicted intent to quit smoking. First, participants advised by their providers to stop smoking were more than ten times more likely to intend to quit smoking than respondents who were not advised to smoke by their provider (OR=10.56, $p<.05$). Second, participants who don't allow smoking in the home were greater than three times more likely to intend to quit smoking than those who allowed smoking in the home (OR=3.09, $p<.05$). Third, participants who had family who used tobacco products were 83% *less* likely to intend to quit smoking than those who did not have a family member who used tobacco products (OR=.547, $p<.05$) ($1/.547=1/OR=1.83$).

In addition, the predictive model indicated one variables that significantly predicted an attempt to quit smoking. Participants who had more friends who used tobacco were 99% *less* likely to attempt to quit smoking than those who had fewer friends who used tobacco products (OR=.503, $p<.05$) ($1/.503=1/OR=1.99$).

As with the two previous analyses of factors that influence quit intentions and quit attempts, none of the variables that significantly predict intention to quit smoking were related to the variables that significantly predict quit attempts.

Table 20. Other potential influences on quit intentions and quit attempts among current smokers.

Demographic Group	Intention OR [95% CI]	p-value	Attempts OR [95%CI]	p-value
Visited traditional/native healer in past 12 months.	.827 [.04-19.59]	.907	5.21 [.64-42.15]	.122
Visited provider in last 12 months.	1.01 [.21-4.36]	.984	1.82 [.51-6.41]	.356
Visited provider and advised not to smoke	10.56 [1.76-63.56]	.010*	1.06 [.27-4.19]	.929
Smoking not allowed anywhere inside your home (not allowed-allowed in all areas)	3.09 [1.20-7.97]	.020*	1.23 [.635-2.38]	.539
Smoking not allowed inside the building where work (allowed everywhere-not allowed)	.198 [.01-3.40]	.264	1.00 [1.00-1.01]	.874
Friends use tobacco products (most or all-none)	.789 [.47-1.33]	.375	.503 [.27-.96]	.030*
Family use tobacco products (most or all-none)	.547 [.314-.925]	.033*	.857 [.58-1.27]	.444
Asked friend or family member not to smoke around you so you wouldn't have to breathe their smoke	2.04 [.44-9.44]	.361	2.53 [.696-9.19]	.159
Asked friend or family member not to smoke around you so they wouldn't have to breathe their smoke	8.27 [.34-200.06]	.194	1.13 [.109-11.75]	.918
Avoid attending an event, such as sporting events, powwows or converts because smoking was allowed	.000 [.000-]	.999	.356 [.24-3.82]	.356
People close to me upset about my smoking (strongly disagree-strongly agree)	.423 [.173-1.03]	.059	.779 [.383-1.588]	.492
My children upset about my smoking (strongly disagree-strongly agree)	.855 [.141-5.195]	.865	1.06 [.083-13.57]	.964
Children talked with your about stopping smoking	1.28 [.077-21.73]	.864	.853 [.089-8.18]	.891

Note: Data is missing for 20 current smokers.

*Wald statistic significantly different than .05

Policy

Workplace Policies on Smoking

Smokefree workplaces reduce exposure to environmental tobacco smoke and have also been shown to decrease consumption among smokers. In addition, smokefree workplaces reflect changes in social norms. Increasing the percent of employed adults who report a smokefree workplace to 90% is a Healthy People 2010 objective. Among AI/AN adult clients, 80.9%

reported that smoking was not allowed at all inside the building where they worked (**Table 21**). Over half of participants indicated their workplace had an official smoking policy, which was enforced at all times in 82% of locations. The Healthy People 2010 target is to increase the proportion of worksites with formal smoking policies to 100%.

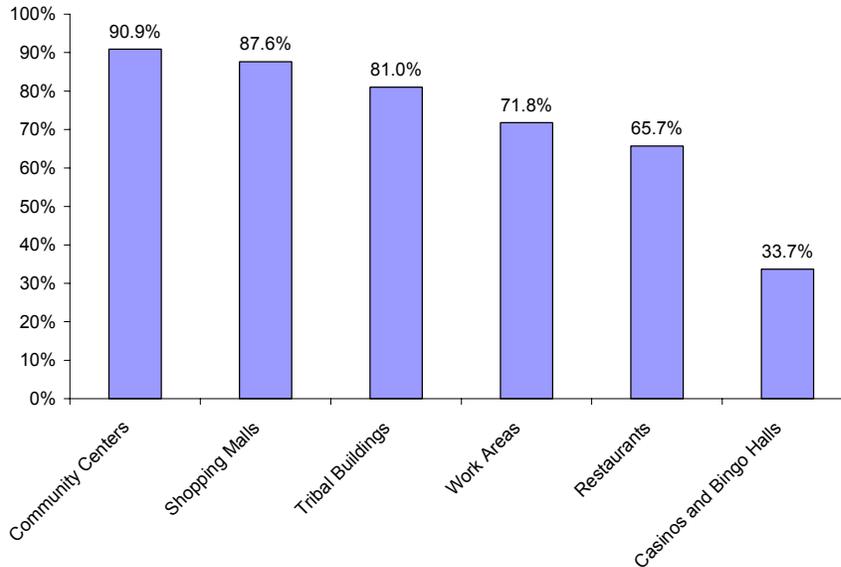
Table 21. Workplace policies on smoking

	N	Weighted %	95% CI	
			LB	UB
Smoking not allowed inside	82	80.9%	70.9%	88.1%
Smoking allowed some places inside	13	12.8%	7.2%	21.8%
Smoking allowed everywhere inside	5	6.3%	2.5%	14.7%
Workplace has an official smoking policy	55	57.9%	46.5%	68.6%
Policy always enforced	45	82.5%	68.0%	91.3%

Attitudes on Clean Indoor Air Policies

Figure 9 and **Appendix B-12** present participants attitudes toward clean indoor air in various public settings. The majority of AI/AN adult clients agreed that smoking should not be allowed in community centers, shopping malls, tribal buildings, work areas and restaurants. However, only 33.7 % felt that smoking should not be allowed in casinos and bingo halls.

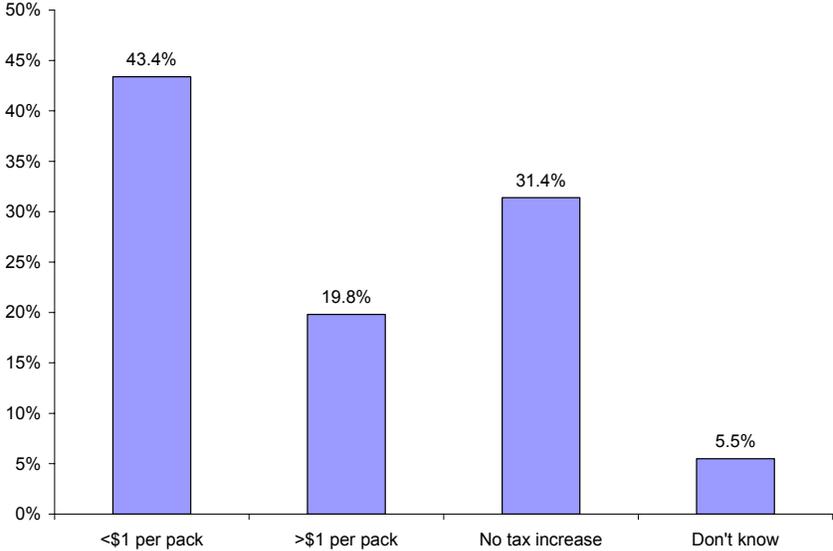
Figure 9. Proportion supporting smoking ban in indoor areas of public settings



Taxation

The Surgeon General projects that a 10% increase in price will reduce overall cigarette consumption by 3–5% (Surgeon General’s Report, 2000). The majority of smokers were willing to support an additional tax on cigarettes to support tobacco control programs (**Figure 10** and **Appendix B-13**). Forty three percent were willing to pay up to \$1 additional tax on a pack of cigarettes and 19.8% were willing to pay more than \$1 additional tax per pack.

Figure 10. Amount of additional cigarette tax supported



Discussion

The findings of this pilot project provide baseline data on tobacco use prevalence, knowledge, attitudes and beliefs among AI/AN clients of two urban Indian health organizations. To our knowledge, it is the first tobacco survey of an AI/AN population which is population-based, and which addresses the cultural relevance of tobacco in this population. The survey in the urban AI/AN population complements current Tribal Support Centers' activities of implementing the ATS in various AI/AN tribal sites.

The prevalence rate of smoking at 43.4% among AI/AN at these two urban sites was much higher than for all races in corresponding state and national data. Smoking rates were even higher among persons who were: aged 25-39 years, with less than a high school education, and with an annual income of \$20,001-\$25,000/yr. Among current smokers, the majority smoked everyday. These findings are far from the Healthy People 2010 objective to reduce tobacco use among adults to 12%. Tobacco control programs that focus on the urban AI/AN population are urgently needed to address the alarmingly high prevalence of smoking in this population.

Results indicate that social influences played an important role in smoking behavior. Those living with a smoker were much more likely to smoke. Persons with a majority of their family members or friends who smoke were much less likely to be considering quitting or to have made quit attempts. These results highlight the importance of social influences in smoking initiation and maintenance.

We also found that persons who smoked a pipe for ceremonial prayer or traditional purposes were much more likely to be using commercial tobacco. This is an interesting relationship, since half of traditional pipe users were using native tobacco, which does not contain the chemicals found in commercial tobacco that are associated with adverse health effects. Additionally, use of tobacco for ceremonial prayer or traditional reasons was a strong predictor of intent to quit. Results suggest that smoking cessation programs that encourage smokers to switch from commercial to native tobacco use might be an option. More research is needed to explore the relationship between commercial and traditional tobacco use.

Persons with less than a high school education, who were much more likely to smoke, were also much less likely to quit. Smokers reporting poor health status were much more likely to have a quit attempt. Knowing that secondhand smoke is harmful and understanding the benefit of quitting even after long-term smoking was strongly related to quit attempts. While the majority of smokers understood the benefits of quitting even after long-term smoking, only half of smokers felt that secondhand smoke was very harmful.

Physician advice was a strong predictor of intention to quit. Nearly 70% of smokers who visited a provider were advised not to smoke. Increasing this proportion to 100% at all the UIHOs would be a simple intervention, and studies show this could result in cessation proportions of 5% to 10% (US Surgeon General, 2000).

The survey showed various encouraging results with regards to tobacco control in the urban AI/AN population. These included the following:

Cigarette Consumption. Cigarette consumption was found to be low in this population compared with other populations, with everyday smokers consuming less than a pack a day. Monitoring changes in daily cigarette consumption may serve as early indicators of changes in smoking prevalence.

Environmental Tobacco Smoke. Despite the high prevalence rate of smoking in this population, there was low exposure to secondhand smoke among nonsmokers. Levels of exposure to secondhand smoke were well below the Healthy People 2010 target of 45%.

Clean Indoor Air Regulation. The AI/AN population in the two urban areas demonstrated support of measures to minimize indoor smoking. Surprisingly, half of smokers had smoke-free homes, and having a smoke-free home was strongly associated with increased quit intentions. Consistent with previous research, support for smoking restrictions and smoke-free environments was high even among smokers. In order to fulfill the Surgeon General's goal of 100% smoke-free environments, additional efforts are needed to promote smoking bans in casinos and bingo halls, popular social settings for much of the AI/AN population.

Advertising and Promotion. Most participants disapproved of tobacco companies marketing products to teenagers. Considerable research has demonstrated the success of smoking advertisements targeted at young people; such advertising and promotion may be the main motivators for adopting and maintaining tobacco use (US Surgeon General, 2000). The institution of regulations that are directed at such targeted advertising are likely to reduce both the prevalence and the initiation of smoking. The survey suggests that such regulations would be well supported among the urban AI/AN population.

Economic Approaches. The majority of smokers supported tax increases on cigarettes to support tobacco control program efforts. Raising tobacco taxes is considered to be one of the most effective tobacco control strategies, resulting in reduction of smoking prevalence, the consumption of tobacco, and the long-term health consequences of tobacco use (US Surgeon General, 2000).

The survey showed areas needing improvement with regards to tobacco control in the urban AI/AN population. These included the following:

Smoking Initiation. Smoking was seen to have been initiated at an extremely young age in this population. The average age of first use among smokers was 13.1 years. Age of initiation appeared to be related to smoking status, with current smokers having the youngest smoking initiation age, followed by former smokers and finally nonsmokers. Programs to reduce smoking initiation should focus on middle school youth or younger. Again, greater efforts are needed to achieve the Healthy People 2010 target to increase the average age of first use to 17 years.

Management of Nicotine Addiction. The vast majority of urban AI/AN reported not using any assistance to help them quit, and less than half were given recommendations for the

use of medications or other smoking cessation aids by their provider. Abundant evidence confirms that nicotine gum and the nicotine patch are effective aids to smoking cessation. In particular, pharmacologic treatment of nicotine addiction combined with counseling, will enable 20% to 25% of users to remain abstinent at one year post-treatment (US Surgeon General, 2000). Tobacco control programs should incorporate smoking cessation assistance and encourage the use of smoking cessation resources among urban AI/AN clients. Among former smokers who used some assistance to help them quit, the most common cessation method used was traditional or native methods. This may hold promise as a successful cessation tool and should be further explored.

Health Status. AI/AN clients in these two urban sites had worse health status compared to all races nationally. Urban AI/AN were more likely to report their health as fair or poor. The prevalence of all health conditions was higher among AI/AN compared to all races nationally. Smoking is the single most important risk associated with leading chronic diseases (US Surgeon General, 2000). Additionally, the higher rates of chronic conditions coupled with high rates of smoking place urban AI/AN particularly at risk for adverse outcomes.

Secondhand Smoke and Children. Despite the recognition that secondhand smoke causes respiratory problems in children, few participants had asked people not to smoke around their children. Additionally, there was extremely low knowledge about the link between SIDS and secondhand smoke. This is especially concerning given that some of the highest SIDS rates in the United States occur among the AI/AN population and that SIDS is the leading cause of infant death among AI/AN. Greater efforts are needed to reduce the proportion of urban AI/AN children exposed to secondhand smoke and to achieve the Healthy People 2010 target goal of 10%. Further education on this topic should be a high priority.

The results from this survey provide invaluable and essential data on tobacco use among AI/AN clients from two urban Indian health organizations. While results document the high prevalence of tobacco use among AI/AN living in these two urban areas, additional findings may be used to direct future program planning and intervention strategies. More data is urgently needed to determine if AI/AN living in other urban areas have similar tobacco use prevalences, knowledge, attitudes and beliefs. Implementation of the tobacco survey in other UIHO areas may contribute towards a more complete picture of tobacco use among the urban AI/AN population nationwide.

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2004 American Indian Adult Tobacco Survey

Eligibility

1. What county do you live in?

_____ Enter name of county

- y. DON'T KNOW/NOT SURE (attempt to verify county by zipcode)
- z. REFUSED

==> IF NON-KING OR MULTNOMAH COUNTY RESIDENT, CANNOT BE VERIFIED OR REFUSED, SAY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING KING OR MULTNOMAH COUNTY RESIDENTS

2. What is your age?

Code age in years..... ---

- y. DON'T KNOW/NOT SURE
- z. REFUSED

==> IF AGE LESS THAN 18, DON'T KNOW OR REFUSED, SAY: THANK YOU BUT WE ARE ONLY INTERVIEWING ADULTS AGE 18 AND OLDER

- y. DON'T KNOW/NOT SURE
- z. REFUSED

3. Are you American Indian or Alaska Native?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

➔ IF NOT AMERICAN INDIAN OR ALASKA NATIVE, DON'T KNOW OR REFUSED, SAY: THANK YOU BUT WE ARE ONLY INTERVIEWING AMERICAN INDIANS AND ALASKA NATIVES.

2004 American Indian Adult Tobacco Survey Core Questions

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SECTION 7: OPTIONAL QUESTIONS SELECTED BY (PLEASE FILL IN NAME) TRIBE

SECTION 8: DEMOGRAPHICS SECTION

Public reporting burden of this collection of information is estimated to average 40 minutes per response, include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia, 30333; ATTN: PRA (0920-xxxx).

SECTION 1: GENERAL HEALTH

1. Would you say that in general your health is:

Excellent (1)

Very good (2)

Good (3)

Fair (4)

Poor (5)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

SECTION 2: COMMERCIAL TOBACCO USE

1. Not including ceremonial or sacred smoking, have you smoked at least 100 cigarettes, about 5 packs, in your entire life?
 - Yes (1)
 - No (2) **GO TO NON-SMOKER SECTION ON PAGE 5**
 - DON'T KNOW/NOT SURE (88) **GO TO NON-SMOKER SECTION ON PAGE 5**
 - REFUSED (99) **GO TO NON-SMOKER SECTION ON PAGE 5**

2. Not including ceremonial or sacred smoking, do you now smoke cigarettes everyday, some days, or not at all?
 - Everyday (1) **GO TO EVERYDAY SMOKER SECTION ON PAGE 14**
 - Some days (2) **GO TO SOME DAY SMOKER SECTION ON PAGE 28**
 - Not at all (3) **GO TO FORMER SMOKER SECTION ON PAGE 42**
 - REFUSED (99) **GO TO NON-SMOKER SECTION ON PAGE 5**

SECTION 3: NON SMOKER

1a. In the past 12 months, have you seen a traditional/native healer to get any kind of care for yourself?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1b. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

3. What is your current living situation for your primary place of residence?

- Own home
- Rent
- Live with family
- Live with friends
- Stay at shelter **SKIP TO QUESTION 7**
- Homeless **SKIP TO QUESTION 7**
- Other (specify): _____

4. Not including yourself, how many people live in your household?

IF PARTICIPANT LIVES ALONE, SKIP TO QUESTION 6

DON'T KNOW/NOT SURE (88)

REFUSED (99)

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

Number of adults _ _

DON'T KNOW/NOT SURE (88)

REFUSED (99)

6. During the past 7 days, that is since [fill in the day], on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

None (00)

1 Day (1)

2 Days (2)

3 Days (3)

4 Days (4)

5 Days (5)

6 Days (6)

7 Days (7)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

**I'm now going to ask you some questions about workplace policies on smoking.
The first question is about where you work.**

7. Do you work outside of the home?

- Yes (1)
- No (2) ***SKIP TO QUESTION 13***
- DON'T KNOW/NOT SURE (88)
- REFUSED (99) ***SKIP TO QUESTION 13***

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

- Yes (1)
- No (2) ***SKIP TO QUESTION 13***
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

9. As far as you know, in the past seven days, that is since [fill in the day], has anyone smoked inside the building where you work?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

10. Which of the following best describes smoking inside the building where you work?

- Not allowed (1)
- Allowed in some places (2)
- Allowed everywhere (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

11. Does your workplace have an official smoking policy, such as; signs, personal contracts, or written statements?

- Yes (1)
- No (2) **SKIP TO QUESTION 13**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

12. Is the policy enforced?

- Always (1)
- Sometimes (2)
- Rarely (3)
- Never (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

The next several questions ask your opinions about non-ceremonial, commercial tobacco use.

For the following areas, do you think smoking should be allowed in all areas, some areas or not at all?

13. In indoor work areas?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

14. In the indoor areas of restaurants?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15. In the indoor areas of shopping malls?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16. In the indoor areas of tribal buildings?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

17. In the indoor areas of community centers?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

18. In the indoor areas of casinos or bingo halls?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I'm now going to ask you about being in a car with someone else who smokes.

19. In the past seven days, that is since [fill in the day], have you been in a car with someone else who was smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I am going to read a statement. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

20. If a person has smoked a pack of cigarettes a day for more than 20 years, there is **NO** health benefit to quitting smoking.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Now I am going to ask about smoke from other people's cigarettes.

21. Do you think that breathing smoke from other people's cigarettes is:

- Very harmful to one's health (1)
- Somewhat harmful to one's health (2)
- Not very harmful to one's health (3)
- Not harmful at all to one's health (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

22. Do you believe that breathing smoke from other people's cigarettes causes:

22a. Lung cancer in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

22b. Heart disease in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

22c. Colon cancer in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

22d. Respiratory problems in children

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

22e. Sudden infant death syndrome

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Even though you are a non-smoker and have not smoked >100 cigarettes in your lifetime,

23a. Have you ever smoked a cigarette, even 1 or 2 puffs, NOT including ceremonial or sacred smoking?

- Yes (1)
- No (2) **SKIP TO QUESTION 24a**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 24a**
- REFUSED (99) **SKIP TO QUESTION 24a**

23b. How old were you the first time you smoked a cigarette, even one or two puffs, that was NOT for ceremonial or sacred purposes?

_____ Number of years

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

24a. Have you ever smoked commercial tobacco in a pipe, even one or two puffs, NOT for ceremonial or sacred purposes?

- Yes (1)
- No (2) **SKIP TO QUESTION 25a**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 25a**
- REFUSED (99) **SKIP TO QUESTION 25a**

24b. Do you now smoke a pipe with commercial tobacco, NOT for ceremonial or sacred purposes every day, some days, or not at all?

- Everyday (1)
- Some days (2)
- Not at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

25a. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- Yes (1)
- No (2) ***PLEASE GO TO DEMOGRAPHICS SECTION***
- DON'T KNOW/NOT SURE (88) ***PLEASE GO TO DEMOGRAPHICS SECTION***
- REFUSED (99) ***PLEASE GO TO DEMOGRAPHICS SECTION***

25b. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- Everyday (1)
- Some days (2)
- Not at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

AFTER PARTICIPANT HAS COMPLETED THIS SECTION, PLEASE GO TO DEMOGRAPHIC SECTION, PAGE 52.

SECTION 4: EVERYDAY SMOKER

1. How old were you the first time you smoked a cigarette, even one or two puffs, NOT for ceremonial or sacred purposes?

_____ Number of years

DON'T KNOW/NOT SURE (88)

REFUSED (99)

2. How old were you the first time you started smoking cigarettes regularly?

_____ Number of years

DON'T KNOW/NOT SURE (88)

REFUSED (99)

3. About how many packs of cigarettes per day do you now smoke?

_____ Number of cigarettes

(Note to interviewer: 1 pack equals 20 cigarettes.)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

4. How soon after you wake up do you have your first cigarette?

Within 5 minutes (1)

6-30 minutes (2)

31-60 minutes (3)

> 60 minutes (4)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

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

Yes (1)

No (2) **SKIP TO QUESTION 9**

DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 9**

REFUSED (99) **SKIP TO QUESTION 9**

6. The last time you tried to quit smoking, did you use any of the following to help you quit?

6a. the nicotine patch

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

6b. nicotine gum

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

6c. any other medication

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

6d. The last time you tried to quit smoking, did you try and quit "cold turkey"?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

7. The last time you tried to quit smoking, did you use any native or traditional methods? For example, did you see a medicine man, go to a sweat lodge, use herbs, or pray?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

8. The last time you tried to quit smoking, did you use any other assistance such as smoking cessation classes or counseling?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

9. Do you want to quit smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

10. Are you thinking about quitting smoking within the next six months?

- Yes (1)
- No (2) **SKIP TO QUESTION 12a**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 12a**
- REFUSED (99) **SKIP TO QUESTION 12a**

11. Are you planning to quit smoking within the next 30 days?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

12a. In the past 12 months, have you seen a traditional/native healer to get any kind of care for yourself?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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

- Yes (1)
- No (2) **SKIP TO QUESTION 16**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 16**
- REFUSED (99) **SKIP TO QUESTION 16**

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

- Yes (1) **SKIP TO QUESTION 15**
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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

- Yes (1)
- No (2) **SKIP TO QUESTION 16**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 16**
- REFUSED (99) **SKIP TO QUESTION 16**

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

Prescribe or recommend:

15a1. A patch?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15a2. Nicotine gum?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15a3. Nasal spray?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15a4. An inhaler?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15a5. Pills such as Zyban?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15b. Suggest that you set a specific date to stop smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15c. Suggest that you use:

15c1. A smoking cessation class?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15c2. A program?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15c3. A quit line or counseling?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15d. Provide you with booklets, videos, or other materials to help you quit smoking on your own?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

15e. Refer you to a native healer to help you quit smoking?

- Yes
- No

- DON'T KNOW/NOT SURE
- REFUSED

15f. Suggest that you use ceremonial prayer or traditional methods to help you quit smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16. What is your current living situation for your primary place of residence?

- Own home
- Rent
- Live with family
- Live with friends
- Stay at shelter **SKIP TO QUESTION 20**
- Homeless **SKIP TO QUESTION 20**
- Other (specify): _____

17. Not including yourself, how many people live in your household?

_____ ***[IF PARTICIPANT LIVES ALONE, SKIP TO QUESTION 19]***

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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

Number of adults __

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

19. During the past 7 days, that is since [fill in the day], on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

- None (00)
- 1 Day (1)
- 2 Days (2)
- 3 Days (3)
- 4 Days (4)
- 5 Days (5)
- 6 Days (6)
- 7 Days (7)

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

**I'm now going to ask you some questions about workplace policies on smoking.
The first question is about where you work.**

20. Do you work outside of the home?

- Yes (1)
- No (2) **SKIP TO QUESTION 26**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99) **SKIP TO QUESTION 26**

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

- Yes (1)
- No (2) **SKIP TO QUESTION 26**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 26**
- REFUSED (99) **SKIP TO QUESTION 26**

22. As far as you know, in the past seven days, that is since [fill in the day], has anyone smoked inside the building where you work?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

23. Which of the following best describes smoking inside the building where you work?

- Not allowed (1)
- Allowed in some places (2)
- Allowed everywhere (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

24. Does your workplace have an official smoking policy, including signs, personal contracts, or written statements?

- Yes (1)
- No (2) **SKIP TO QUESTION 26**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

25. Is the policy enforced?

- Always (1)
- Sometimes (2)
- Rarely (3)
- Never (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

The next several questions ask your opinions about commercial, non-ceremonial tobacco.

For the following areas, do you think smoking should be allowed in all areas, some areas or not at all?

26. In indoor work areas?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

27. In the indoor areas of restaurants?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

28. In the indoor areas of shopping malls?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

29. In the indoor areas of tribal buildings?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

30. In the indoor areas of community centers?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

31. In the indoor areas of casinos or bingo halls?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I'm now going to ask you about being in a car with someone else who smokes.

32. In the past seven days, that is since [fill in the day], have you been in a car with someone else who was smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

The next several questions ask about your personal opinions.

I am going to read a statement. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

33. If a person has smoked a pack of cigarettes a day for more than 20 years, there is **NO** health benefit to quitting smoking.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Now I am going to ask about smoke from other people's cigarettes.

34. Do you think that breathing smoke from other people's cigarettes is:

- Very harmful to one's health (1)
- Somewhat harmful to one's health (2)
- Not very harmful to one's health (3)
- Not harmful at all to one's health (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

35. Do you believe that breathing smoke from other people's cigarettes causes:

35a. Lung cancer in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

35b. Heart disease in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

35c. Colon cancer in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

35d. Respiratory problems in children

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

35e. Sudden infant death syndrome

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I am now going to ask about whether you have used other forms of tobacco.

36a. Have you ever smoked commercial tobacco in a pipe, even one or two puffs, NOT for ceremonial or sacred purposes?

- Yes (1)
- No (2) **SKIP TO QUESTION 37a**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 37a**
- REFUSED (99) **SKIP TO QUESTION 37a**

36b. Do you now smoke a pipe with commercial tobacco, NOT for ceremonial or sacred purposes every day, some days, or not at all?

- Everyday (1)
- Some days (2)
- Not at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

37a. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- Yes (1)
- No (2) ***PLEASE GO TO DEMOGRAPHICS SECTION***
- DON'T KNOW/NOT SURE (88) ***PLEASE GO TO DEMOGRAPHICS SECTION***
- REFUSED (99) ***PLEASE GO TO DEMOGRAPHICS SECTION***

37b. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- Everyday (1)
- Some days (2)
- Not at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

AFTER PARTICIPANT HAS COMPLETED THIS SECTION, PLEASE GO TO DEMOGRAPHIC SECTION, PAGE 52.

SECTION 5: SOME DAY SMOKER

1. How old were you the first time you smoked a cigarette, even one or two puffs, NOT for ceremonial or sacred purposes?

_____ Number of years

DON'T KNOW/NOT SURE (88)

REFUSED (99)

2. How old were you when you started smoking cigarettes regularly?

_____ Number of years

DON'T KNOW/NOT SURE (88)

REFUSED (99)

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

_____ Number of days

IF ZERO SKIP TO QUESTION 5

DON'T KNOW/NOT SURE (88) ***SKIP TO QUESTION 5***

REFUSED (99) ***SKIP TO QUESTION 5***

4. On the days when you smoked in the past 7 days, about how many cigarettes did you smoke a day?

_____ Number of cigarettes

(NOTE TO INTERVIEWER: 1 PACK EQUALS 20 CIGARETTES.)

Less than one cigarette a day (1)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

5. How soon after you wake up do you have your first cigarette?

Within 5 minutes (1)

6-30 minutes (2)

31-60 minutes (3)

> 60 minutes (4)

DON'T KNOW/NOT SURE (88)

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

- Yes (1)
- No (2) **SKIP TO QUESTION 10**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 10**
- REFUSED (99) **SKIP TO QUESTION 10**

7. The last time you tried to quit smoking, did you use any of the following to help you quit?

7a. the nicotine patch

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

7b. nicotine gum

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

7c. any other medication

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

7d. The last time you tried to quit smoking, did you try and quit “cold turkey”?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

8. The last time you tried to quit smoking, did you use any other assistance such as smoking cessation classes or counseling?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

9. The last time you tried to quit smoking, did you use any native or traditional methods? For example, did you see a medicine man, go to a sweat lodge, use herbs, or pray?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

10. Do you want to quit smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

11. Are you thinking about quitting smoking within the next six months?

- Yes (1)
- No (2) **SKIP TO QUESTION 13a**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 13a**
- REFUSED (99) **SKIP TO QUESTION 13a**

12. Are you planning to quit smoking within the next 30 days?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

13a. In the past 12 months, have you seen a traditional/native healer to get any kind of care for yourself?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

13b. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- Yes (1)
- No (2) ***SKIP TO QUESTION 17***
- DON'T KNOW/NOT SURE (88) ***SKIP TO QUESTION 17***
- REFUSED (99) ***SKIP TO QUESTION 17***

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

- Yes (1) ***SKIP TO QUESTION 16***
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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

- Yes (1)
- No (2) ***SKIP TO QUESTION 17***
- DON'T KNOW/NOT SURE (88) ***SKIP TO QUESTION 17***
- REFUSED (99) ***SKIP TO QUESTION 17***

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

Prescribe or recommend:

16a1. A patch?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16a2. Nicotine gum?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16a3. Nasal spray?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16a4. An inhaler?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16a5. Pills such as Zyban?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16b. Suggest that you set a specific date to stop smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16c. Suggest that you use:

16c1. A smoking cessation class?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16c2. A program?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16c3. A quit line or counseling?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16d. Provide you with booklets, videos, or other materials to help you quit smoking on your own?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

16e. Refer you to a native healer to help you quit smoking?

- Yes
- No

- DON'T KNOW/NOT SURE
- REFUSED

16f. Suggest that you use ceremonial prayer or traditional methods to help you quit smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

17. What is your current living situation for your primary place of residence?

- Own home
- Rent
- Live with family
- Live with friends
- Stay at shelter **SKIP TO QUESTION 21**
- Homeless **SKIP TO QUESTION 21**
- Other (specify): _____

18. Not including yourself, how many people live in your household?

IF PARTICIPANT LIVES ALONE, SKIP TO QUESTION 20

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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

Number of adults ____

DON'T KNOW/NOT SURE (88)

REFUSED (99)

20. During the past 7 days, that is since [fill in the day], on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

None (00)

1 Day (1)

2 Days (2)

3 Days (3)

4 Days (4)

5 Days (5)

6 Days (6)

7 Days (7)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

**I'm now going to ask you some questions about workplace policies on smoking
The first question is about where you work.**

21. Do you work outside of the home?

Yes (1)

No (2) **SKIP TO QUESTION 27**

DON'T KNOW/NOT SURE (88)

REFUSED (99) **SKIP TO QUESTION 27**

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

- Yes (1)
- No (2) **SKIP TO QUESTION 27**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 27**
- REFUSED (99) **SKIP TO QUESTION 27**

23. As far as you know, in the past seven days, that is since [fill in the day], has anyone smoked inside the building where you work?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

24. Which of the following best describes smoking inside the building where you work?

- Not allowed (1)
- Allowed in some places (2)
- Allowed everywhere (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

25. Does your workplace have an official smoking policy, such as; signs, personal contracts, or written statements?

- Yes (1)
- No (2) **SKIP TO QUESTION 27**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

26. Is the policy enforced?

- Always (1)
- Sometimes (2)
- Rarely (3)
- Never (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

The next several questions ask your opinions about commercial, non-ceremonial tobacco.

For the following areas, do you think smoking should be allowed in all areas, some areas or not at all?

27. In indoor work areas?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

28. In the indoor areas of restaurants?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

29. In the indoor areas of shopping malls?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

30. In the indoor areas of tribal buildings?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

31. In the indoor areas of community centers?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

32. In the indoor areas of casinos or bingo halls?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I'm now going to ask you about being in a car with someone else who smokes.

33. In the past seven days, that is since [fill in the day], have you been in a car with someone else who was smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I am going to read a statement. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

34. If a person has smoked a pack of cigarettes a day for more than 20 years, there is **NO** health benefit to quitting smoking.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Now I am going to ask about smoke from other people's cigarettes.

35. Do you think that breathing smoke from other people's cigarettes is:

- Very harmful to one's health (1)
- Somewhat harmful to one's health (2)
- Not very harmful to one's health (3)
- Not harmful at all to one's health (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

36. Do you believe that breathing smoke from other people's cigarettes causes:

36a. Lung cancer in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

36b. Heart disease in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

36c. Colon cancer in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

36d. Respiratory problems in children

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

36e. Sudden infant death syndrome

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I am now going to ask about whether you have used other forms of tobacco.

37a. Have you ever smoked commercial tobacco in a pipe, even one or two puffs, NOT for ceremonial or sacred purposes?

- Yes (1)
- No (2) **SKIP TO QUESTION 38a**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 38a**
- REFUSED (99) **SKIP TO QUESTION 38a**

37b. Do you now smoke a pipe with commercial tobacco, NOT for ceremonial or sacred purposes every day, some days, or not at all?

- Everyday (1)
- Some days (2)
- Not at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

38a. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- Yes (1)
- No (2) ***PLEASE GO TO DEMOGRAPHICS SECTION***
- DON'T KNOW/NOT SURE (88) ***PLEASE GO TO DEMOGRAPHICS SECTION***
- REFUSED (99) ***PLEASE GO TO DEMOGRAPHICS SECTION***

38b. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- Everyday (1)
- Some days (2)
- Not at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

AFTER PARTICIPANT HAS COMPLETED THIS SECTION, PLEASE GO TO DEMOGRAPHIC SECTION, PAGE 52.

SECTION 6: FORMER SMOKER

1. How old were you the first time you smoked a cigarette, even one or two puffs, NOT for ceremonial or sacred purposes?

_____ Number of years

DON'T KNOW/NOT SURE (88)

REFUSED (99)

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

_____ Number of years

DON'T KNOW/NOT SURE (88)

REFUSED (99)

3. About how long has it been since you last smoked cigarettes?

Within the past month (≤ 1 month ago) (1)

Within the past 3 months (>1 month but ≤ 3 months ago) (2)

Within the past 6 months (>3 months but ≤ 6 months ago) (3)

Within the past year (>6 months but ≤ 1 year ago) (4)

Within the past 5 years (>1 year but ≤ 5 years ago) (5)

Within the past 10 years (>5 years but ≤ 10 years ago) (6)

10 or more years ago (7)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

4. When you quit smoking, did you use any of the following to help you quit?

4a. the nicotine patch

Yes (1)

No (2)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

4b. nicotine gum

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

4c. any other medication

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

5. When you quit smoking did you use any other assistance such as smoking cessation classes or counseling?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

6. When you quit smoking did you quit 'cold turkey'?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

7. When you quit smoking, did you use any native or traditional methods? For example, did you see a medicine man, go to a sweat lodge, use herbs, or pray?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

8a. In the past 12 months, have you seen a traditional/native healer to get any kind of care for yourself?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

8b. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- Yes (1)
- No (2) **SKIP TO QUESTION 10**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 10**
- REFUSED (99) **SKIP TO QUESTION 10**

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

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

10. What is your current living situation for your primary place of residence?

- a. Own home
- b. Rent
- c. Live with family
- d. Live with friends
- e. Stay at shelter **SKIP TO QUESTION 14**
- f. Homeless **SKIP TO QUESTION 14**
- g. Other (specify): _____

11. Not including yourself, how many people live in your household?

[IF PARTICIPANT LIVES ALONE, SKIP TO QUESTION 13]

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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

Number of adults _____

DON'T KNOW/NOT SURE (88)

REFUSED (99)

13. During the past 7 days, that is since [fill in the day], on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

None (00)

1 Day (1)

2 Days (2)

3 Days (3)

4 Days (4)

5 Days (5)

6 Days (6)

7 Days (7)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

**I'm now going to ask you some questions about workplace policies on smoking.
The first question is about where you work.**

14. Do you work outside of the home?

Yes (1)

No (2) **SKIP TO QUESTION 20**

DON'T KNOW/NOT SURE (88)

REFUSED (99) **SKIP TO QUESTION 20**

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

- Yes (1)
- No (2) **SKIP TO QUESTION 20**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99) **SKIP TO QUESTION 20**

16. As far as you know, in the past seven days, that is since [fill in the day], has anyone smoked inside the building where you work?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

17. Which of the following best describes smoking inside the building where you work?

- Not allowed (1)
- Allowed in some places (2)
- Allowed everywhere (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

18. Does your workplace have an official smoking policy, such as; signs, personal contracts, or written statements?

- Yes (1)
- No (2) **SKIP TO QUESTION 20**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

19. Is the policy enforced?

- Always (1)
- Sometimes (2)
- Rarely (3)
- Never (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

The next several questions ask your opinion about commercial, non-ceremonial tobacco.

For the following areas, do you think smoking should be allowed in all areas, some areas or not at all?

20. In indoor work areas?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

21. In the indoor areas of restaurants?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

22. In the indoor areas of shopping malls?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

23. In the indoor areas of tribal buildings?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

24. In the indoor areas of community centers?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

25. In the indoor areas of casinos or bingo halls?

- Allowed in all areas (1)
- Allowed in some areas (2)
- Not allowed at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I'm now going to ask you about being in a car with someone else who smokes.

26. In the past seven days, that is since [fill in the day], have you been in a car with someone else who was smoking?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

The next several questions ask about your personal opinions.

I am going to read a statement. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

27. If a person has smoked a pack of cigarettes a day for more than 20 years, there is **NO** health benefit to quitting smoking.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Now I am going to ask about smoke from other people's cigarettes.

28. Do you think that breathing smoke from other people's cigarettes is:

- Very harmful to one's health (1)
- Somewhat harmful to one's health (2)
- Not very harmful to one's health (3)
- Not harmful at all to one's health (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

29. Do you believe that breathing smoke from other people's cigarettes causes:

29a. Lung cancer in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

29b. Heart disease in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

29c. Colon cancer in adults

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

29d. Respiratory problems in children

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

29e. Sudden infant death syndrome

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Even though you are a former smoker and currently are not smoking, I am now going to ask about whether you have used other forms of tobacco.

30a. Have you ever smoked commercial tobacco in a pipe, even one or two puffs, NOT for ceremonial or sacred purposes?

- Yes (1)
- No (2) **SKIP TO QUESTION 31a**
- DON'T KNOW/NOT SURE (88) **SKIP TO QUESTION 31a**
- REFUSED (99) **SKIP TO QUESTION 31a**

30b. Do you now smoke a pipe with commercial tobacco, NOT for ceremonial or sacred purposes every day, some days, or not at all?

- Everyday (1)
- Some days (2)
- Not at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

31a. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- Yes (1)
- No (2) ***PLEASE GO TO DEMOGRAPHICS SECTION***
- DON'T KNOW/NOT SURE (88) ***PLEASE GO TO DEMOGRAPHICS SECTION***
- REFUSED (99) ***PLEASE GO TO DEMOGRAPHICS SECTION***

31b. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- Everyday (1)
- Some days (2)
- Not at all (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

AFTER PARTICIPANT HAS COMPLETED THIS SECTION, PLEASE GO TO DEMOGRAPHIC SECTION, PAGE 52.

SECTION 8: DEMOGRAPHICS

These questions are about general characteristics, such as your age, education and income. While these questions are not about smoking and tobacco use, they are important in understanding more about people and smoking patterns.

1. What is your gender?

- Female (1)
- Male (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2. How many children aged 17 or younger live in your household:

Number of children 17 or younger __

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2a. What are the ages of the children from oldest to youngest?

3a. Which one or more of the following would you say is your race? **(Choose all that apply)**

- American Indian, Alaska Native (1)
- White (2)
- Black or African American (3)
- Hispanic or Latino (4)
- Asian (5)
- Native Hawaiian or Other Pacific Islander (6)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

3b. Are you enrolled in a tribe?

- Yes (1)
- No (2) **SKIP TO QUESTION 3d**

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

3c. If so, which one? _____ (1)

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

3d. Are there any other tribes that you feel part of, but are not enrolled in?
(Interviewer, please ask of everyone)

- Yes (1) if yes, please specify _____ (2)
- No (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

4. Do you live with a spouse, partner or significant other?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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

- Never attended school or only attended kindergarten (1)
- Grades 1 through 8 (Elementary) (2)
- Grades 9 through 11 (Some high school) (3)
- Grade 12 (High school graduate) (4)
- GED (5)
- Some College, no degree (6)
- AA, Technical/vocational (7)
- AA, Academic (8)
- BA,BS (college graduate) (9)
- Some graduate or professional school (10)
- Graduate or professional degree (11)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

I am now going to ask you a question about your income.

6. Is your annual income from all sources:

- \$0-\$10,000
- \$10,001 to \$15,000
- \$15,001 to \$20,000
- \$20,001 to \$25,000
- \$25,001 to \$30,000
- \$30,001 to \$35,000
- \$35,001 to \$40,000
- \$40,001 to \$45,000
- Greater than \$45,000
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Thank you!

INTERVIEWER, YOU MAY NEED TO TRANSITION TO THE OPTIONAL SECTION AT THIS TIME.

NON-SMOKERS, GO TO PAGE 1 OF OPTIONAL QUESTIONS, SECTION 9

EVERYDAY AND SOMDAY SMOKERS, GO TO PAGE 11 OF OPTIONAL QUESTIONS, SECTION 10

FORMER SMOKERS, GO TO PAGE 22 OF OPTIONAL QUESTIONS, SECTION 11

**2004 American Indian Adult Tobacco Survey
Suggested Optional Questions**

SECTION 9: Optional Questions, NONSMOKERS

Purchase Patterns

1. In the last 12 months have you ever bought cigarettes:

1a. In a neighboring state?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1b. On an Indian Reservation?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1c. On the internet?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1d. In a tribal smoke shop?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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1e. In a tribal casino?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Ceremonial or Sacred Use

1. Do you use tobacco for ceremonial prayer or traditional reasons?

- Yes (1)
- No (2) **SKIP TO 3**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2. When you used tobacco for ceremonial prayer or traditional reasons, what type of tobacco did you use? **(CHOOSE ALL THAT APPLY)**

- Native tobacco
- Commercial tobacco such as Marlboro, GPC, etc.
- DON'T KNOW/NOT SURE
- REFUSED

3. Have you ever smoked a pipe for ceremonial prayer or traditional reasons?

- Yes (1)
- No (2) **SKIP TO 4**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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3b. When you smoked a pipe for ceremonial prayer or traditional reasons, what type of tobacco did you use? (**CHOOSE ALL THAT APPLY**)

- Native tobacco plant
- Commercial tobacco product
- Other (Specify)_____
- DON'T KNOW/NOT SURE
- REFUSED

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

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Other

- DON'T KNOW/NOT SURE
- REFUSED

Additional Health Risk Factors

Asthma

1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2. Do you still have asthma?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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Diabetes

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

Yes (1)

IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

IF RESPONDENT SAYS YES, PRE-DIABETES OR BORDERLINE DIABETES, CHECK 'NO, PRE-DIABETES OR BORDERLINE DIABETES'.

Yes, but female told only during pregnancy (2)

No (3)

No, pre-diabetes or borderline diabetes (4)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

Hypertension Awareness

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Yes (1)

IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?" THEN MARK YES BELOW.

Yes, but female told only during pregnancy (2)

No (3)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

2a. Are you currently taking medicine for your high blood pressure?

Yes (1)

No (2)

DON'T KNOW/NOT SURE (88)

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REFUSED (99)

Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

Yes (1)

No (2)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

2. About how long has it been since you last had your blood cholesterol checked?

READ ONLY IF NECESSARY:

Within the past year (anytime less than 12 months ago) (1)

Within the past 2 years (1 year but less than 2 years ago) (2)

Within the past 5 years (2 years but less than 5 years ago) (3)

5 or more years ago (4)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Yes (1)

No (2)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

Cardiovascular Disease/Stroke

1. Has a doctor, nurse or other health professional ever told you that you had any of the following?

a. A heart attack, also called a myocardial infarction

Yes (1)

No (2) **SKIP TO 1c**

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DON'T KNOW/NOT SURE (88) **SKIP TO 1c**

REFUSED (99) **SKIP TO 1c**

b. At what age did you have your first heart attack?

___ age in years

DON'T KNOW/NOT SURE

REFUSED

c. Angina or coronary heart disease

Yes (1)

No (2) **SKIP TO 1d**

DON'T KNOW/NOT SURE (88) **SKIP TO 1d**

REFUSED (99) **SKIP TO 1d**

d. A stroke

Yes (1)

No (2) **SKIP TO URBAN OPTIONAL QUESTION 1**

DON'T KNOW/NOT SURE (88) **SKIP TO URBAN OPTIONAL QUESTION 1**

REFUSED (99) **SKIP TO URBAN OPTIONAL QUESTION 1**

e. At what age did you have your first stroke?

___ age in years

DON'T KNOW/NOT SURE

REFUSED

Urban Optional Questions

1. Do you receive medical care from (MARK ALL THAT APPLY):

a. An urban Indian health care facility, such as a clinic, hospital, or referral agency, located off reservation (specify): _____

b. A health care facility on a reservation (specify): _____

c. Other (specify): _____

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2. Are you the parent or guardian of any children ages 5-17?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

3. In the past month, have you smoked a cigar?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

4. In the past month, have you smoked clove cigarettes?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

5. In the indoor areas of your primary place of residence, which statement best describes the rules about smoking? Do not include decks, garages, or porches.

- a. Allowed in all indoor areas
- b. Allowed in some indoor areas
- c. Not allowed at all indoors

- y. DON'T KNOW/NOT SURE
- z. REFUSED

6. How many of your friends use any tobacco products? Would you say:

- a. None
- b. A few
- c. Less than half
- d. About half
- e. Most or all

- y. DON'T KNOW/NOT SURE
- z. REFUSED

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7. How many of your family members use any tobacco products? Would you say:

- a. None
- b. A few
- c. Less than half
- d. About half
- e. Most or all

- y. DON'T KNOW/NOT SURE
- z. REFUSED

8. In the past 12 months, have you ever asked a friend or family member not to smoke around you so you wouldn't have to breathe their smoke?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

QUESTION 9, ASK ONLY IF THEY HAVE CHILDREN (ANSWERED YES TO QUESTION 2 OF URBAN OPTIONAL QUESTIONS)

9. In the past 12 months, have you ever asked a friend or family member not to smoke around your children so they wouldn't have to breathe their smoke?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

10. Have you ever avoided attending an event, such as sporting events, powwows or concerts, because smoking was allowed?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

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The next several questions ask about your opinions.

11. Do you think sponsorship of sporting events, powwows or concerts by tobacco companies should be allowed?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

12. Do you think tobacco companies should be allowed to market products to teenagers, such as hats, tee shirts, or jackets?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

I am going to read a statement. I want you to tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

13. Smoking is physically addictive

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

14. Smoking by a pregnant woman may harm the baby.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

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15. People close to me would be upset if I smoked.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

y. DON'T KNOW/NOT SURE

z. REFUSED

GO TO CLOSING SECTION ON PAGE 32

Section 10: Optional questions, EVERYDAY AND SOMEDAY smokers

Purchase Patterns

1. In the last 12 months have you ever bought cigarettes:

1a. In a neighboring state?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1b. On an Indian Reservation?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1c. On the internet?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1d. In a tribal smoke shop?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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1e. In a tribal casino?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Ceremonial or Sacred Use

1. Do you use tobacco for ceremonial prayer or traditional reasons?

- Yes (1)
- No (2) **SKIP TO 3**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2. When you used tobacco for ceremonial prayer or traditional reasons, what type of tobacco did you use? (Choose all that apply)

- Native tobacco
- Commercial tobacco such as Marlboro, GPC, etc.
- DON'T KNOW/NOT SURE
- REFUSED

3. Have you ever smoked a pipe for ceremonial prayer or traditional reasons?

- Yes (1)
- No (2) **SKIP TO 4**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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3b. When you smoked a pipe for ceremonial prayer or traditional reasons, what type of tobacco did you use? **(CHOOSE ALL THAT APPLY)**

- Native tobacco plant
- Commercial tobacco product
- Other (Specify)_____
- DON'T KNOW/NOT SURE
- REFUSED

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

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Other

- DON'T KNOW/NOT SURE
- REFUSED

5. What brand of cigarettes do you smoke most often? *(Please circle the numbers that apply)*

- | | | |
|--------------------|------------------|-------------------------|
| 1. Natural | 9. Lucky Strike | 18. Salem |
| 2. American Spirit | 10. Marlboro | 19. Santa Fe |
| 3. Benson | 11. Merit | 20. Seneca Brand |
| 4. And Hedges | 12. More | 21. Virginia Slims |
| 5. Camel | 13. Native Brand | 22. Other specify)_____ |
| 6. Carlton | 14. Newport | 77. DON'T KNOW |
| 7. Generic | 15. Noble | 99. REFUSED |
| 8. Geronimo | 16. Omaha Brand | |
| 9. Kent | 17. Pall Mall | |
| 10. Kool | | |

Additional Health Risk Factors

Asthma

7/14/2004

1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2. Do you still have asthma?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Diabetes

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

- Yes (1)

IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

IF RESPONDENT SAYS YES, PRE-DIABETES OR BORDERLINE DIABETES, CHECK 'NO, PRE-DIABETES OR BORDERLINE DIABETES'.

- Yes, but female told only during pregnancy (2)
- No (3)
- No, pre-diabetes or borderline diabetes (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Hypertension Awareness

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- Yes (1)

IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?” THEN MARK YES BELOW.

- Yes, but female told only during pregnancy (2)
- No (3)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2a. Are you currently taking medicine for your high blood pressure?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2. About how long has it been since you last had your blood cholesterol checked?

Read only if necessary:

- Within the past year (anytime less than 12 months ago) (1)
- Within the past 2 years (1 year but less than 2 years ago) (2)
- Within the past 5 years (2 years but less than 5 years ago) (3)
- 5 or more years ago (4)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Cardiovascular Disease/Stroke

1. Has a doctor, nurse or other health professional ever told you that you had any of the following?

a. A heart attack, also called a myocardial infarction

- Yes (1)
- No (2) **SKIP TO 1c**
- DON'T KNOW/NOT SURE (88) **SKIP TO 1c**
- REFUSED (99) **SKIP TO 1c**

b. At what age did you have your first heart attack?

___ age in years

- DON'T KNOW/NOT SURE
- REFUSED

c. Angina or coronary heart disease

- Yes (1)
- No (2) **SKIP TO 1d**
- DON'T KNOW/NOT SURE (88) **SKIP TO 1d**
- REFUSED (99) **SKIP TO 1d**

d. A stroke

- Yes (1)
- No (2) **SKIP TO URBAN OPTIONAL QUESTION 1**
- DON'T KNOW/NOT SURE (88) **SKIP TO URBAN OPTIONAL QUESTION 1**

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REFUSED (99) **SKIP TO URBAN OPTIONAL QUESTION 1**

e. At what age did you have your first stroke?

___ age in years

DON'T KNOW/NOT SURE

REFUSED

Urban Optional Questions

1. Do you receive medical care from (**MARK ALL THAT APPLY**):

a. An urban Indian health care facility, such as a clinic, hospital, or referral agency, located off reservation (specify): _____

b. A health care facility on a reservation (specify): _____

c. Other (specify): _____

2. Are you the parent or guardian of any children ages 5-17?

a. Yes

b. No

y. DON'T KNOW/NOT SURE

z. REFUSED

3. In the past month, have you smoked a cigar?

a. Yes

b. No

y. DON'T KNOW/NOT SURE

z. REFUSED

4. In the past month, have you smoked clove cigarettes?

a. Yes

b. No

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- y. DON'T KNOW/NOT SURE
- z. REFUSED

5. In the indoor areas of your primary place of residence, which statement best describes the rules about smoking? Do not include decks, garages, or porches.

- a. Allowed in all indoor areas
- b. Allowed in some indoor areas
- c. Not allowed at all indoors

- y. DON'T KNOW/NOT SURE
- z. REFUSED

6. How many of your friends use any tobacco products? Would you say:

- a. None
- b. A few
- c. Less than half
- d. About half
- e. Most or all

- y. DON'T KNOW/NOT SURE
- z. REFUSED

7. How many of your family members use any tobacco products? Would you say:

- a. None
- b. A few
- c. Less than half
- d. About half
- e. Most or all

- y. DON'T KNOW/NOT SURE
- z. REFUSED

8. In the past 12 months, have you ever asked a friend or family member not to smoke around you so you wouldn't have to breathe their smoke?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

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QUESTION 9, ASK ONLY IF THEY HAVE CHILDREN (ANSWERED YES TO QUESTION 2 OF URBAN OPTIONAL QUESTIONS)

9. In the past 12 months, have you ever asked a friend or family member not to smoke around your children so they wouldn't have to breathe their smoke?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

10. Have you ever avoided attending an event, such as sporting events, powwows or concerts, because smoking was allowed?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

The next several questions ask about your opinions.

11. Do you think sponsorship of sporting events, powwows or concerts by tobacco companies should be allowed?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

12. Do you think tobacco companies should be allowed to market products to teenagers, such as hats, tee shirts, or jackets?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

I am going to read a statement. I want you to tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

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13. Smoking is physically addictive

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

14. Smoking by a pregnant woman may harm the baby.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

15. People close to me are upset at my smoking.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

QUESTION 16 & 17, ASK FOR CURRENT SMOKERS WHO ARE PARENTS OF CHILDREN AGES 5-17 (ANSWERED YES TO QUESTION 2 OF URBAN OPTIONAL QUESTIONS)

16. My children are upset about my smoking.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

17. Have your children talked with you about stopping smoking?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

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18. How much do you usually pay for a pack of cigarettes?

_____ Amount usually paid for a pack of cigarettes (in cents, 2 implied decimals)

y. DON'T KNOW/NOT SURE

z. REFUSED

19. How much additional tax on a pack of cigarettes would you be willing to support if some or all the money raised was used to support tobacco control programs?

- a. More than two dollars a pack
- b. Two dollars a pack
- c. One dollar a pack
- d. Fifty to ninety-nine cents a pack
- e. Less than fifty cents a pack
- f. No tax increase

y. DON'T KNOW/NOT SURE

z. REFUSED

GO TO CLOSING SECTION ON PAGE 32

Section 11: Optional questions, Former smokers

Purchase Patterns

1. In the last 12 months have you ever bought cigarettes:

1a. In a neighboring state?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1b. On an Indian Reservation?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1c. On the internet?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

1d. In a tribal smoke shop?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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1e. In a tribal casino?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Ceremonial or Sacred Use

1. Do you use tobacco for ceremonial prayer or traditional reasons?

- Yes (1)
- No (2) **SKIP TO 3**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2. When you used tobacco for ceremonial prayer or traditional reasons, what type of tobacco did you use? (Choose all that apply)

- Native tobacco
- Commercial tobacco such as Marlboro, GPC, etc.
- DON'T KNOW/NOT SURE
- REFUSED

3. Have you ever smoked a pipe for ceremonial prayer or traditional reasons?

- Yes (1)
- No (2) **SKIP TO 4**
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

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3b. When you smoked a pipe for ceremonial prayer or traditional reasons, what type of tobacco did you use? **(CHOOSE ALL THAT APPLY)**

- Native tobacco plant
- Commercial tobacco product
- Other (Specify)_____
- DON'T KNOW/NOT SURE
- REFUSED

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

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Other

- DON'T KNOW/NOT SURE
- REFUSED

5. What brand of cigarettes do you smoke most often? *(Please circle the numbers that apply)*

- | | | |
|-----------------|------------------|-------------------------|
| 1. Natural | 9. Lucky Strike | 18. Salem |
| American Spirit | 10. Marlboro | 19. Santa Fe |
| 2. Benson | 11. Merit | 20. Seneca Brand |
| And Hedges | 12. More | 21. Virginia Slims |
| 3. Camel | 13. Native Brand | 22. Other specify)_____ |
| 4. Carlton | 14. Newport | 77. DON'T KNOW |
| 5. Generic | 15. Noble | 99. REFUSED |
| 6. Geronimo | 16. Omaha Brand | |
| 7. Kent | 17. Pall Mall | |
| 8. Kool | | |

Additional Health Risk Factors

Asthma

7/14/2004

1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

2. Do you still have asthma?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Diabetes

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

- Yes (1)

IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

IF RESPONDENT SAYS YES, PRE-DIABETES OR BORDERLINE DIABETES, CHECK 'NO, PRE-DIABETES OR BORDERLINE DIABETES'.

- Yes, but female told only during pregnancy (2)
- No (3)
- No, pre-diabetes or borderline diabetes (4)

- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Hypertension Awareness

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

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Yes (1)

IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?" THEN MARK YES BELOW.

Yes, but female told only during pregnancy (2)

No (3)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

2a. Are you currently taking medicine for your high blood pressure?

Yes (1)

No (2)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

Yes (1)

No (2)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

2. About how long has it been since you last had your blood cholesterol checked?

Read only if necessary:

Within the past year (anytime less than 12 months ago) (1)

Within the past 2 years (1 year but less than 2 years ago) (2)

Within the past 5 years (2 years but less than 5 years ago) (3)

5 or more years ago (4)

DON'T KNOW/NOT SURE (88)

REFUSED (99)

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3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- Yes (1)
- No (2)
- DON'T KNOW/NOT SURE (88)
- REFUSED (99)

Cardiovascular Disease/Stroke

1. Has a doctor, nurse or other health professional ever told you that you had any of the following?

a. A heart attack, also called a myocardial infarction

- Yes (1)
- No (2) **SKIP TO 1c**
- DON'T KNOW/NOT SURE (88) **SKIP TO 1c**
- REFUSED (99) **SKIP TO 1c**

b. At what age did you have your first heart attack?

___ age in years

- DON'T KNOW/NOT SURE
- REFUSED

c. Angina or coronary heart disease

- Yes (1)
- No (2) **SKIP TO 1d**
- DON'T KNOW/NOT SURE (88) **SKIP TO 1d**
- REFUSED (99) **SKIP TO 1d**

d. A stroke

- Yes (1)
- No (2) **SKIP TO URBAN OPTIONAL QUESTION 1**
- DON'T KNOW/NOT SURE (88) **SKIP TO URBAN OPTIONAL QUESTION 1**
- REFUSED (99) **SKIP TO URBAN OPTIONAL QUESTION 1**

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e. At what age did you have your first stroke?

___ age in years

DON'T KNOW/NOT SURE

REFUSED

Urban Optional Questions

1. Do you receive medical care from (**MARK ALL THAT APPLY**):

a. An urban Indian health care facility, such as a clinic, hospital, or referral agency, located off reservation (specify): _____

b. A health care facility on a reservation (specify): _____

c. Other (specify): _____

2. Are you the parent or guardian of any children ages 5-17?

a. Yes

b. No

y. DON'T KNOW/NOT SURE

z. REFUSED

3. In the past month, have you smoked a cigar?

a. Yes

b. No

y. DON'T KNOW/NOT SURE

z. REFUSED

4. In the past month, have you smoked clove cigarettes?

a. Yes

b. No

y. DON'T KNOW/NOT SURE

z. REFUSED

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5. In the indoor areas of your primary place of residence, which statement best describes the rules about smoking? Do not include decks, garages, or porches.

- a. Allowed in all indoor areas
- b. Allowed in some indoor areas
- c. Not allowed at all indoors

- y. DON'T KNOW/NOT SURE
- z. REFUSED

6. How many of your friends use any tobacco products? Would you say:

- a. None
 - b. A few
 - c. Less than half
 - d. About half
 - e. Most or all

- y. DON'T KNOW/NOT SURE
- z. REFUSED

7. How many of your family members use any tobacco products? Would you say:

- a. None
- b. A few
- c. Less than half
- d. About half
- e. Most or all

- y. DON'T KNOW/NOT SURE
- z. REFUSED

8. In the past 12 months, have you ever asked a friend or family member not to smoke around you so you wouldn't have to breathe their smoke?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

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QUESTION 9, ASK ONLY IF THEY HAVE CHILDREN (ANSWERED YES TO QUESTION 2 OF URBAN OPTIONAL QUESTIONS)

9. In the past 12 months, have you ever asked a friend or family member not to smoke around your children so they wouldn't have to breathe their smoke?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

10. Have you ever avoided attending an event, such as sporting events, powwows or concerts, because smoking was allowed?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

The next several questions ask about your opinions.

11. Do you think sponsorship of sporting events, powwows or concerts by tobacco companies should be allowed?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

12. Do you think tobacco companies should be allowed to market products to teenagers, such as hats, tee shirts, or jackets?

- a. Yes
- b. No

- y. DON'T KNOW/NOT SURE
- z. REFUSED

I am going to read a statement. I want you to tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement.

13. Smoking is physically addictive

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

7/14/2004

14. Smoking by a pregnant woman may harm the baby.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

15. People close to me would be upset if I smoked.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

- y. DON'T KNOW/NOT SURE
- z. REFUSED

PROCEED TO NEXT SECTION, CLOSING

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Section 12: Closing Comment

That's my last question. Everyone's answers will be combined to give us information about tobacco use among American Indians and Alaska Natives living in urban areas. Thank you very much for your time and participation.

As a thank you, we will send you a \$25 gift certificate. Can I confirm your address?

READ ADDRESS FROM LOG.

If incorrect:

WRITE DOWN CURRENT ADDRESS IN THE LOG.

Appendix B

Appendix B-1. Ceremonial or Sacred Use

	Number	Weighted %	95% CI	
			LB	UB
Traditional tobacco use	56	24.6%	19.0%	31.1%
Native tobacco only	29	48.3%	34.3%	62.5%
Commercial tobacco only	13	23.9%	13.7%	38.4%
Both	7	14.6%	6.8%	28.7%
Unknown	7	13.2%	6.0%	26.7%
Smoked a pipe for traditional reasons	74	33.0%	26.7%	40.0%
Native tobacco	43	52.8%	40.5%	64.9%
Commercial tobacco	12	14.7%	8.0%	25.5%
Other	6	9.9%	4.4%	21.0%
Unknown	18	27.2%	17.4%	39.9%

Appendix B-2. Cigarette Use and Smoking Cessation by Site

	King			Multnomah			Total		
	95% CI			95% CI			95% CI		
	Weighted %	LB	UB	Weighted %	LB	UB	Weighted %	LB	UB
Current	43.6%	34.8%	52.8%	43.0%	33.9%	52.6%	43.4%	36.6%	50.5%
Everyday	29.1%	21.5%	38.0%	32.7%	24.5%	42.2%	30.1%	24.1%	36.9%
Someday	14.5%	9.2%	22.2%	10.3%	5.8%	17.7%	13.3%	9.1%	19.0%
Former	35.9%	27.7%	45.0%	29.0%	21.1%	38.3%	33.9%	27.5%	41.0%
Never	20.5%	14.1%	28.9%	28.0%	20.3%	37.3%	22.7%	17.4%	29.0%
<i>Quitting Intentions and Attempts</i>									
Quit Intent - 6 months†	80.0%	63.2%	90.3%	80.0%	64.4%	89.8%	80.0%	68.2%	88.2%
Quit Attempts†	47.2%	31.4%	63.6%	63.4%	47.5%	76.9%	52.6%	40.4%	64.5%

† Data missing for 15 King, 5 Multnomah, 20 total residents.

Appendix B-3. Cigarette Use and Smoking Cessation by Gender

	Male			Female			Total		
	95% CI			95% CI			95% CI		
	Weighted %	LB	UB	Weighted %	LB	UB	Weighted %	LB	UB
Current	44.9%	43.4%	66.4%	42.6%	34.2%	51.5%	43.4%	36.6%	50.5%
Everyday	27.5%	18.3%	39.1%	31.6%	24.0%	40.3%	30.1%	24.1%	40.3%
Someday	17.3%	9.9%	28.6%	44.0%	6.6%	17.9%	13.3%	9.1%	19.0%
Former	35.7%	25.4%	47.6%	32.9%	25.1%	41.8%	33.9%	27.5%	41.0%
Never	19.4%	12.2%	29.4%	24.5%	17.7%	33.0%	22.7%	17.4%	29.0%
<i>Quitting Intentions and Attempts</i>									
Quit Intent - 6 months†	82.6%	60.4%	93.7%	78.4%	63.3%	88.4%	80.0%	68.2%	88.2%
Quit Attempts†	45.3%	26.9%	65.0%	57.4%	41.7%	71.7%	52.6%	40.4%	64.5%

† Data missing for 6 males, 14 females, 20 total.

Appendix B-4. Cigarette Use and Smoking Cessation by Age Category																		
	Age 18-24			Age 25-34			Age 35-49			Age 50-64			Age 65+			Total		
	95% CI			95% CI			95% CI			95% CI			95% CI			95% CI		
	%	LB	UB	%	LB	UB	%	LB	UB									
Current	40.9%	25.1%	58.7%	53.7%	36.2%	70.4%	57.9%	45.5%	69.3%	34.5%	23.3%	47.8%	3.6%	0.5%	22.4%	43.4%	36.6%	50.5%
Everyday	29.2%	15.8%	47.5%	31.9%	17.5%	50.8%	36.3%	25.6%	48.6%	29.7%	19.2%	42.8%	*	*	*	30.1%	24.1%	36.9%
Someday	*	*	*	21.9%	10.3%	40.6%	21.6%	12.9%	33.8%	*	*	*	*	*	*	13.3%	9.1%	19.0%
Former	13.5%	5.3%	30.3%	19.5%	9.0%	37.4%	26.6%	17.2%	38.7%	53.9%	40.9%	66.5%	51.8%	26.8%	75.9%	33.9%	27.5%	41.0%
Never	45.7%	29.4%	62.9%	26.7%	14.4%	44.2%	15.5%	8.6%	26.5%	11.6%	5.4%	23.1%	44.6%	21.4%	70.5%	22.7%	17.4%	29.0%
<i>Quitting Intentions and Attempts</i>																		
Quit Intent - 6 months†	58.9%	28.7%	83.6%	90.6%	54.3%	98.7%	79.8%	60.9%	90.9%	84.2%	53.5%	96.1%	*	*	*	80.0%	68.2%	88.2%
Quit Attempts†	*	*	*	65.0%	36.5%	85.7%	67.5%	48.2%	82.3%	33.1%	14.6%	59.1%	*	*	*	52.6%	40.4%	64.5%

*Data not shown if less than 5 participants

† Data missing for 20 participants.

Appendix B-5. Current Cigarette Use by Education and Income

		95% CI	
	Weighted %	LB	UB
<i>Education</i>			
<HS	52.7%	36.8%	68.0%
HS or GED	41.4%	29.4%	54.4%
Some college/vocational	46.3%	35.7%	57.2%
College degree or more	*	*	*
<i>Income</i>			
<\$10,000/yr	41.8%	31.3%	53.2%
<\$10,001-\$15,000/yr	47.5%	31.1%	64.5%
<\$15,001-\$20,000/yr	46.8%	28.2%	66.4%
<\$20,001-\$25,000/yr	64.7%	39.7%	83.6%
<\$25,001-\$35,000/yr	34.7%	17.0%	57.9%
>\$35,000/yr	*	*	*
<i>Smoker in household</i>			
Yes	57.0%	45.8%	67.6%
No	31.5%	22.2%	42.6%

*Data not shown if less than 5 participants

Appendix B-6. Time until 1st cigarette after waking among current smokers†

	N	Weighted %	95% CI	
			LB	UB
Within 5 minutes	16	19.4%	11.6%	30.7%
6-30 minutes	19	20.8%	12.9%	31.8%
31-60 minutes	10	15.5%	8.3%	27.4%
>60 minutes	31	44.3%	32.5%	56.8%

† Data missing for 20 current smokers.

Appendix B-7. Brands of cigarettes among current smokers

	N	Weighted %	95% CI	
			LB	UB
Marlboro	35	38.9%	29.0%	50.0%
Camel	23	24.4%	16.3%	34.8%
Other	19	17.2%	10.7%	26.5%
Newport	5	5.5%	2.2%	13.2%
American Spirit	6	5.3%	2.2%	12.1%

Appendix B-8. Purchase Patterns Among Current Smokers

	Number	Weighted %	95% CI	
			LB	UB
Neighboring state	29	29.7%	20.9%	40.3%
Indian reservation	24	26.6%	18.1%	37.3%
Tribal smoke shop	29	36.3%	26.4%	47.4%
Tribal casino	13	13.5%	7.7%	22.7%

Appendix B-9. Quit intentions.

	N	Weighted %	95% CI	
			LB	UB
Want to quit	62	86.3%	75.6%	92.8%
Considering quitting within 6 months	60	80.0%	68.2%	88.2%
Considering quitting within 30 days	23	39.1%	26.3%	53.6%
Tried to quit	43	52.6%	40.4%	64.5%

Note: Data missing for 20 current smokers.

Appendix B-10. Use of cessation resources among adults who tried to quit in the past year

	Current smokers†				Former smokers‡			
	95% CI				95% CI			
	N	Weighted %	LB	UB	N	Weighted %	LB	UB
Cold turkey	32	74.5%	58.4%	85.9%	52	94.1%	82.2%	98.2%
Nicotine patch	12	26.4%	14.7%	42.9%	*	*	*	*
Native/traditional methods	9	13.9%	7.0%	25.6%	6	8.8%	3.7%	19.8%

*Data not shown if less than 5 participants

† Data missing for 20 current smokers.

‡ Data missing for 17 former smokers.

Appendix B-11. Cessation methods offered to current smokers by provider†

	N	Weighted %	95% CI	
			LB	UB
<i>Prescribe or recommend:</i>				
Patch	15	41.8%	25.5%	60.3%
Gum	7	20.1%	9.1%	38.8%
<i>Suggest you:</i>				
Set a specific date to quit	12	31.7%	17.4%	50.6%
Use a smoking cessation class	6	18.4%	7.9%	37.4%
Use a program	5	10.4%	3.8%	25.3%
Use a quit line/counseling	8	19.6%	9.1%	37.3%
Provide you with materials	16	41.4%	25.2%	59.7%

† Data missing for 9 current smokers.

Appendix B-12. Attitudes on clean indoor air policies

	Number	Weighted %	95% CI	
			LB	UB
Smoking should not be allowed in community centers	202	90.9%	86.0%	94.2%
Smoking should not be allowed in shopping malls	195	87.6%	82.2%	91.6%
Smoking should not be allowed in tribal buildings	177	81.0%	74.9%	86.0%
Smoking should not be allowed at work	160	71.8%	65.0%	77.7%
Smoking should not be allowed in restaurants	146	65.7%	58.6%	72.1%
Smoking should not be allowed in casino/bingo halls	75	33.7%	27.3%	40.7%

Appendix B-13. Amount of additional tax supported among current smokers

	N	Weighted %	95% CI	
			LB	UB
≤\$1 per pack	41	43.4%	33.1%	54.3%
>\$1 per pack	18	19.8%	12.4%	30.0%
No tax increase	33	31.4%	22.4%	42.0%
Don't know	5	5.5%	2.1%	13.2%