

The background of the cover is a photograph of the Fred Hutchinson Cancer Research Center building at night. The building is a multi-story brick structure with large glass windows. In the foreground, there is a large, illuminated sculpture made of many thin, white, intersecting lines that form a funnel-like shape. The sculpture is lit from within, creating a warm glow. The sky is dark, and there are some light trails from cars in the foreground.

SMOKING AND **N**ONSMOKING **A**TTITUDES AND **P**RACTICES

Your Changes from High School to Adulthood
The 2013 Short Survey

Welcome to SNAP, the 2013 Short Survey.

Your responses will help find new ways to prevent cancer. Please give your accurate and honest answers, whatever they may be.

Thank you for your help!

1. Today's Date: _____
 Month Day Year

First a few questions about your opinions and attitudes...

2. How much have your attitudes about cigarette smoking *changed* between high school and now?

- Not at all
- Only a little
- Quite a bit
- A lot

2a. Is there anything you want to say about how your attitudes have changed?

3. Do you think there are too many restrictions about where and when people may smoke cigarettes?

- No
- Yes
- Don't know

4. Do you think anti-smoking ads on TV and radio exaggerate the dangers of smoking?

- No
- Yes
- Don't know
- I haven't seen any anti-smoking ads.....



5. How often do you currently smoke cigarettes?

- Not at all
- Less than once a month
- Once a month or more, but less than once a week
- Once a week or more, but not daily
- At least daily

6. When was the last time you smoked, or even tried, a cigarette?

- I have never smoked, or even tried, a cigarette
- Over 6 years ago
- Over 3 years ago
- Over 12 months ago
- Between 6 months and 12 months ago
- Between 3 months and 6 months ago
- Between 1 month and 3 months ago
- 8 - 30 days ago
- 1 - 7 days ago
- Earlier today

7. How many cigarettes have you smoked in your entire life?

- None, not even a puff } Go to #20 on page 5 →
- One cigarette or less } Go to #8 below
- 2 - 20 cigarettes (up to one pack)
- 21 - 100 cigarettes (2 - 5 packs)
- 101 - 400 cigarettes (6 - 20 packs)
- Over 400 cigarettes (more than 20 packs)

Now about your smoking or non-smoking in the last 6 years...

8. In the last 6 years, have you smoked *at all*, even a puff?

check ✓ one box

- No. I have not smoked at all in the last 6 years. — Go to #20 on page 5 →
- Yes. I have smoked one or more cigarettes. — Go to #9 below

9. In the last 6 years, did you ever try to quit smoking entirely?

- No. I never tried to quit smoking entirely in the last 6 years. — Go to #12 on page 4 →
- Yes. I tried to quit smoking entirely at least once in the last 6 years. — Go to #10 on page 3 →

10. What helped you try to stop smoking?

check ✓ *all that apply*

- Brochure or book: _____
- Telephone counseling. From what organization: _____
- Web or social networking site (Facebook, MySpace, etc.): _____
- Boyfriend, girlfriend, spouse, or partner
- Nicotine patch, gum, etc.
- Chantix, Zyban, etc.
- TV or radio ads. Describe: _____
- Friend
- Family members. What relationship(s): _____
- Pregnancy or parenthood
- Price went up
- Rules against smoking
- My doctor or personal health concerns
- Just decided on my own
- Other: _____

11. What did you do to get ready before you tried to stop smoking?

check ✓ *all that apply*

- Made a list of my reasons to stop
- Figured out my "high risk" situations and how to keep from smoking
- Threw away all my cigarettes
- Told friends/family I was stopping
- Made a plan for stopping
- Set a date to stop
- Got a friend to stop with me
- Quit drinking caffeine or alcohol
- Washed my clothes/room/car to get rid of smoke smell
- Got substitutes for cigarettes—gum, cinnamon sticks, straws, etc.
- Planned ways to overcome cravings
- Planned ways to reward myself for stopping
- Asked people not to smoke around me
- Planned activities to keep myself busy
- Got the "patch" or nicotine gum
- Cut down or quit—just to try it out
- Started drinking lots of water
- Learned other ways to control stress
- Other: _____



Now about your smoking or non-smoking in the last 12 months...

12. In the last 12 months, have you smoked at all, even a puff?

check ✓ **one box**

No. I have not smoked at all in the last 12 months.

————— Go to #20 on page 5 —————>

Yes. I have smoked one or more cigarettes.

13. In the last 12 months, did you ever try to quit smoking entirely?

No. I never tried to quit entirely in the last 12 months.

————— Go to #16 below

Yes. I tried to quit at least once in the last 12 months.

14. About how many times in the last 12 months did you try to quit smoking entirely?

_____ times (*Your best estimate is fine.*)

15. In the last 12 months, what was the longest period of time you went without smoking (even a puff)?

Less than 24 hours

24 hours

2 – 7 days

8 – 30 days

Between 1 month and 3 months

Between 3 months and 6 months

6 months or more

16. In the last 12 months, was it ever very important to you to quit smoking entirely?

No

Yes

Don't know

17. In the last 12 months, were you ever very confident that you could quit smoking entirely for at least 6 months?

No

Yes

Don't know

18. In the last 12 months, did you ever make plans and/or set a date to quit smoking entirely?

No. I never even thought about quitting.

No. I tried to stop, but never made plans or set a date to quit smoking.

Yes. I made plans or set a date to quit smoking.



19. Do you consider yourself to be a smoker?

No

Yes

Comment: _____

Questions for everyone.

20. How acceptable do you think it is for adults your age to smoke cigarettes?

Not at all acceptable

Slightly acceptable

Moderately acceptable

Mostly acceptable

Completely acceptable.....

21. How many of your five closest friends smoke cigarettes?

None.....

One.....

Two

Three

Four

Five.....

22. Does your current spouse/romantic partner smoke cigarettes?

No, never

No, not since _____ / _____
(approximate Month / Year)

Yes, but not every day

Yes, daily

I have no current spouse/romantic partner

Now, about your smoking or non-smoking in the last 30 days...

23. Think about the last 30 days. *On how many* of the last 30 days have you smoked one or more cigarettes?

Every day

20 - 29 days

10 - 19 days

5 - 9 days

2 - 4 days

1 day

0 days

} **Go to #24 on page 6** →

→ **Go to #30 on page 7** →



24. **On average**, on the days that you smoked in the past 30 days, how many cigarettes per day did you smoke?

_____ cigarettes per day

25. **On the days that you smoke cigarettes**, how soon after waking up do you smoke your first cigarette of the day?

0 – 5 minutes after waking up

6 – 30 minutes after waking up

31 – 60 minutes after waking up

More than 60 minutes after waking up

26. **Which of the following statements describe situations where you typically smoke?**

check ✓ **all that apply**

- While socializing with friends
- At parties
- At clubs or bars
- While working or studying
- When taking a break at work or school
- Inside your home or apartment
- Outside in public spaces
- Driving in your car

27. **People who smoke (even once in a while) can be at different levels of thinking about quitting for good. Please check the one statement that indicates where you are now.**

I am not thinking of quitting.

I think I need to consider quitting someday.

I think I should quit, but I'm not quite ready.

I'm starting to think about how to change my smoking patterns.

I'm taking action now to quit smoking (for example, cutting down, using the "patch"). ...

28. **Would you cut down or quit smoking entirely if you knew an easy way to do so?**

No, I wouldn't cut down or quit, even if I knew an easy way. ...

Yes, I'd cut down or quit if I knew an easy way.

Don't know.

Other: _____

29. **Do you *plan* to quit smoking entirely someday?**

No

Yes, in the next 30 days

Yes, between 1 and 6 months from now

Yes, sometime in the future, but not in the next 6 months

Don't know

Questions for everyone.

30. When was the last time you smoked, or even tried, a cigarette?

Approximate date of last cigarette: _____ / _____ / _____
 Month Day (if known) Year

I have never smoked, or even tried, a cigarette.

31. How often do you currently smoke or use:

	Not at all	Less than once a month	Once a month or more, but not once a week	Once a week or more, but not daily	At least daily
a. chewing tobacco or snuff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. snus (Camel Snus, Taboka, Marlboro Snus, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. cigarillos or little cigars (Black and Mild, Swisher Sweets, Winchester, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. full-size cigars (Dutch Masters, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. tobacco pipes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. clove cigarettes or bidis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. nicotine-replacement products (gum, patch, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. electronic cigarettes (Njoy, Blu, Ruyan, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. other tobacco products (other than cigarettes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ Please specify which other tobacco products: _____

32. How many of the people living in your residence, including yourself, smoke cigarettes?



Just a few more questions....

33. To confirm that you are the person who took part in this study previously, please provide your date of birth:

_____/_____/_____
Month Day Year

34. What is your current marital status?

check ✓ *the one that best describes your current situation*

- Currently married
- Separated
- Divorced
- Widowed
- Never married

Other/comments: _____

35. Are you currently...

check ✓ *all that apply*

- in the military?
- working?
- attending vocational school?
- attending college?
- staying home to raise a family?
- unemployed or looking for work?
- Other: _____

36. Are you raising any children in your household (who live with you at least part-time)?

- No
- Yes. What are their ages? _____, _____, _____, _____, _____, _____

37. What is the highest level of high school education that you have completed?

check ✓ one box

- Completed 10th grade (or less)
- Completed 11th grade
- Started 12th grade, but did not graduate
- Graduated from high school
- Received GED

38. What is the highest level of post-high school education that you have completed?

check ✓ one box

- No post-high school education or training
- Less than 1 year of college
- 1 or more years of college, no college degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Ph.D., M.D., or J.D.
- Completed vocational/technical/career program: _____
- Completed other post-high school training: _____

39. Are you of Hispanic or Latino origin?

- No
- Yes

40. Which one or more of the following would you say is your race?

check ✓ all that apply

- American Indian or Alaska native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other: _____



Finally, your feedback on the survey is valuable to us...

41. Are you (the person filling out this survey) the study participant named in the letter that came with this survey?

- No Comment: _____
- Yes

42. Was this survey interesting to you?

- Not at all interesting.....
- Only a little interesting.....
- Fairly interesting.....
- Very interesting.....

43. Did you give accurate answers to the survey questions?

- I answered some of the questions as accurately as I could
- I answered most of the questions as accurately as I could
- I answered all of the questions as accurately as I could.....
- Other:

43a. If you chose "some," "most" or "other" above, please give details, or say which answers were not accurate.

44. Is there anything you'd like to say *about the survey questions, about your smoking or non-smoking, or about anything else?*

Please turn the page for final instructions. 





That's it!
You have completed your
SNAP SURVEY

*Your input may help us
find new ways to prevent cancer.*

NOW, PLEASE PUT IT IN THE ENVELOPE AND MAIL IT BACK TO US.



View towards Fred Hutchinson Cancer Research Center on Lake Union

THANK YOU SO MUCH!

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