



Vermont Tobacco Control Program

2014 Vermont Adult Tobacco Survey

Table of Contents

	<u>Page</u>
Introduction.....	3
Executive Summary.....	4
Tobacco Use.....	8
Tobacco Use Initiation.....	31
Secondhand Smoke.....	47
Tobacco-Related Disparities.....	59
Methodology.....	79

Introduction

This report contains the 2014 Vermont Adult Tobacco Survey (VTATS) results. The VTATS provides outcome data on several key tobacco measures for Vermont's adult population. All data included in this report are from the VTATS unless otherwise noted.

Vermont Adult Tobacco Survey

The VTATS is a population-based telephone survey used to help evaluate the effectiveness of the Vermont Tobacco Control Program's (VTCP) efforts to reduce smoking and increase awareness and knowledge of smoking-related issues among Vermont adults. This evaluation tool is not part of a national survey and data should not be directly compared to that from other states.

Vermont Tobacco Control Program

The VTCP has a comprehensive structure overseen by the Vermont Tobacco Evaluation and Review Board (<http://humanservices.vermont.gov/tobacco>) and involves agencies including the Departments of Health and Liquor Control and the Agency of Education in consultation with the Attorney Generals Office. The statewide tobacco control program includes the five components recommended by the Centers for Disease Control and Prevention (CDC) for eliminating tobacco use. These are: state and community interventions, health communications interventions, cessation interventions, surveillance and evaluation, and administration and management.

Executive Summary

The Executive Summary highlights key statistics from each of the four content areas.

Tobacco Use

The statewide prevalence continued its gradual decline to 18%, though this was not significantly different from 20% in 2011. (Data Sources: Behavioral Risk Factor Surveillance System). Half of Vermont's current smokers attempted to quit in 2014. Since 2002, there has been a significant increase in the proportion of smokers who report ever using medication to aid in their quit attempt; up from 43% in 2002 to 69% in 2014. Eight out of ten current smokers had heard of 802 Quits in 2014. Prevalence of other tobacco product (OTP) use was low among Vermonters, ranging from 1% to 5%. Among smokers, the prevalence of use was higher for every type of tobacco product asked in the survey, particularly for electronic cigarette (e-cigarette) use (15%).

Tobacco Use Initiation

About one-quarter (24%) of Vermonters noticed special promotions for tobacco in stores while nearly one-third (31%) noticed tobacco at sales prices. Smokers were more likely to notice these tobacco advertisements than non-smokers and younger smokers were more likely to notice these than older smokers. Nearly half of chew, snuff or snus (47%) or electronic cigarettes (48%) users reported using a flavored version of those products. Strong policy support for banning tobacco sales in pharmacies significantly increased in 2014 among Vermonters (45%) and non-smokers (50%), as compared to 2012. About half of Vermonters and non-smokers strongly agreed that tobacco advertising encourages young people to smoke, should be banned in print and electronic media, targets certain groups, should be removed from stores and should not be allowed outside of the store. Roughly one-third of smokers shared these views.

Executive Summary

Secondhand Smoke

Exposure to secondhand smoke in the home or vehicle was rare among non-smokers. The proportion of non-smokers that reported exposure to secondhand smoke in these places was 3% and 9%, respectively. Over two in five (42%) reported exposure in a public place. Among smokers, exposure to secondhand smoke in the home or vehicle was more common as compared to non-smokers. Nearly one-third (29%) of smokers was exposed to secondhand smoke in their home while over half (52%) was exposed in a vehicle. Nearly two-thirds (65%) of smokers was exposed to secondhand smoke in a public place. Home and vehicle smoking bans were very common among non-smokers (more than nine in ten reported a home or vehicle ban). Compared to non-smokers, a lower proportion of smokers reported home (69%) or vehicle (89%) smoking bans.

Tobacco-Related Disparities

Tobacco-related disparities were examined for select tobacco use behaviors including quit attempts, cessation methods and medications used, use of OTP, visits to a health care provider, secondhand smoke exposure and smoking bans. Differences among subgroups based on demographic characteristics occurred mostly with OTP use, secondhand smoke exposure and smoking bans. Users of chew, snuff or snus or cigars, cigarillos, or little cigars were significantly more likely to be young or male. Users of e-cigarettes were significantly more likely to be young or have less education. For the most part, Vermonters, non-smokers and smokers who had secondhand smoke exposure in the home, a car, a public place or overall were more likely to be younger, be male, have less education, be 250% below the federal poverty level or have private insurance. The main exception was secondhand smoke exposure among smokers which tended to increase as age increased.

Demographic Characteristics

Demographic characteristics, VTATS 2014 (N = 2050)	Weighted %	Unweighted % (n)
Gender		
Male	49	47 (969)
Female	51	53 (1081)
Age Group		
18 – 34	27	19 (389)
35 – 64	55	58 (1172)
65 +	18	23 (456)
Education		
Less than high school/GED	4	6 (124)
High school/GED	26	31 (627)
Some college (includes 2-year degrees)	25	26 (529)
College or higher	45	37 (761)
Income (annual)		
<\$25,000	23	30 (522)
\$25,000 – <\$50,000	26	28 (496)
\$50,000 – <\$75,000	19	17 (295)
≥\$75,000	33	25 (446)
Race		
White	96	95 (1927)
Non-white	4	5 (94)

Smoking Status

Smoking status, VTATS 2014 (N = 2050)	Weighted%	Unweighted% (N)
Current smoker <i>Smoked at least 100 cigarettes in life and now smokes every/some days</i>	37	69 (897)
Recent quitter <i>Smoked at least 100 cigarettes in life and quit (does not smoke at all) within the past 12 months</i>	8	3 (42)
Former smoker <i>Smoked at least 100 cigarettes in life and quit (does not smoke at all) more than 1 year ago</i>	55	28 (360)
Smoker <i>Current smoker or recent quitter</i>	20	47 (939)
Non-smoker <i>Did not smoke 100 cigarettes in life or former smoker</i>	80	53 (1078)



Tobacco Use

Tobacco Use

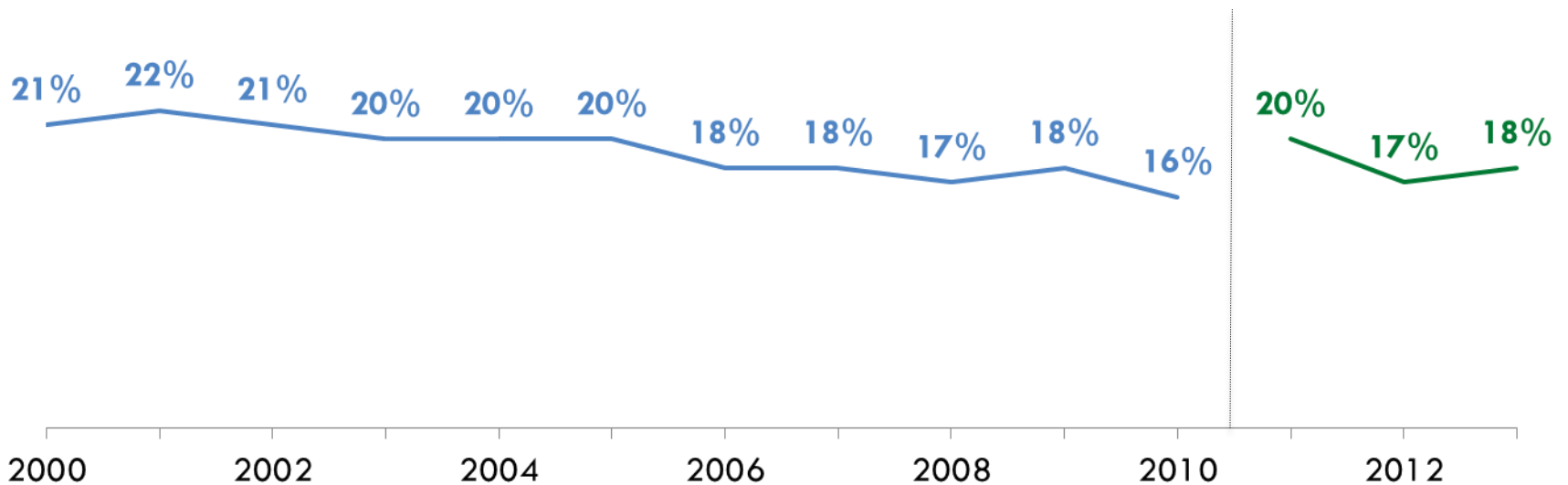
In Vermont, adult cigarette smoking prevalence is measured by the Behavioral Risk Factor Surveillance System (BRFSS). Prevalence is included in this VTATS report because it is a health behavior that VTCP ultimately aims to influence. In addition to cigarette smoking, tobacco use can include other tobacco products (OTP), including cigars and mouth tobacco. Use of tobacco substitutes like electronic cigarettes (e-cigarettes) is also of interest to the VTCP. Information on usage, quit behaviors* and health care visits* related to multiple tobacco and tobacco substitute products is included in this section.

*The 2014 ATS adapted existing questions about quit behaviors and health care visits to include users of OTP rather than just cigarette smokers. For dual users of cigarettes and OTP, we cannot distinguish if their responses refer to behaviors related to their cigarette use or their OTP use.

Adult Prevalence

The prevalence of adult cigarette use in Vermont was 18% in 2013. Since 2000, smoking has decreased from 21%*.

Trend in Vermont adult smoking prevalence, VT BRFSS 2000-2013

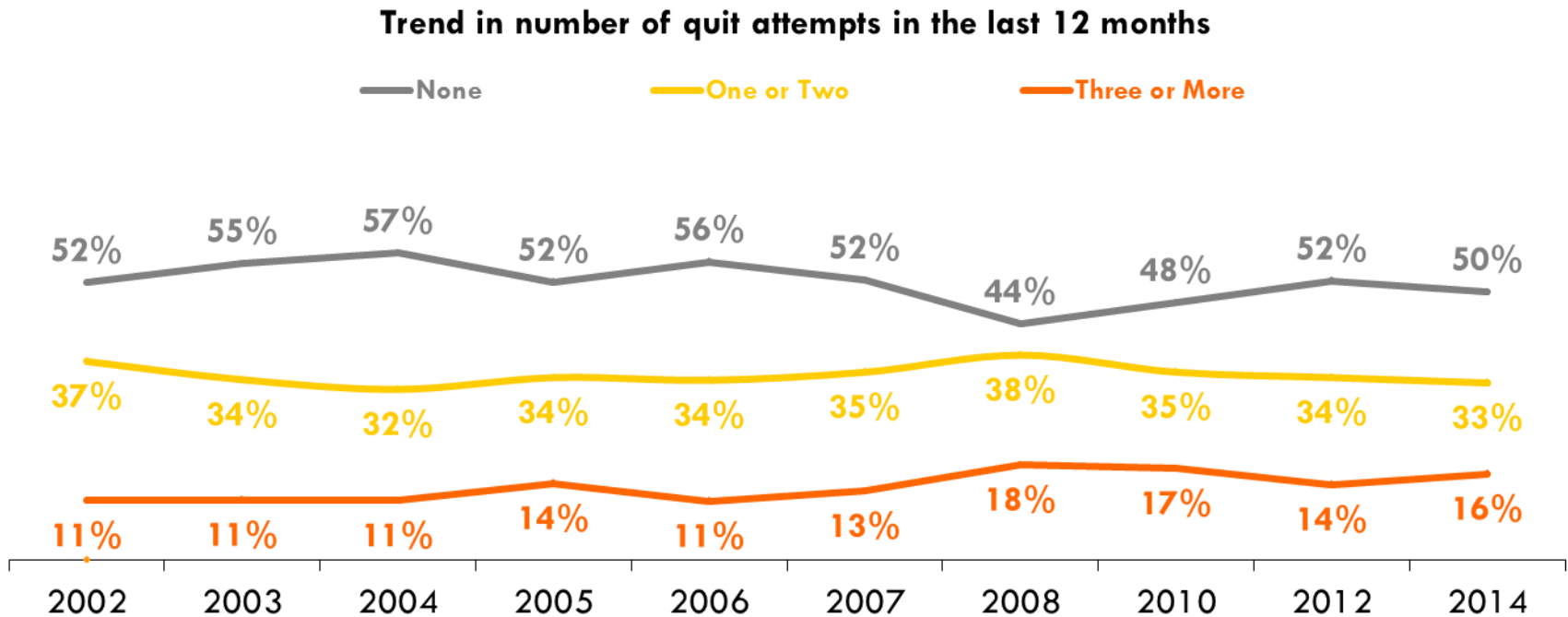


*All data on this page are age adjusted to the U.S. 2000 population.

*Note: In 2011, the Centers for Disease Control and Prevention implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. The changes in methodology limit the ability to compare BRFSS data prior to 2011 to subsequent years.

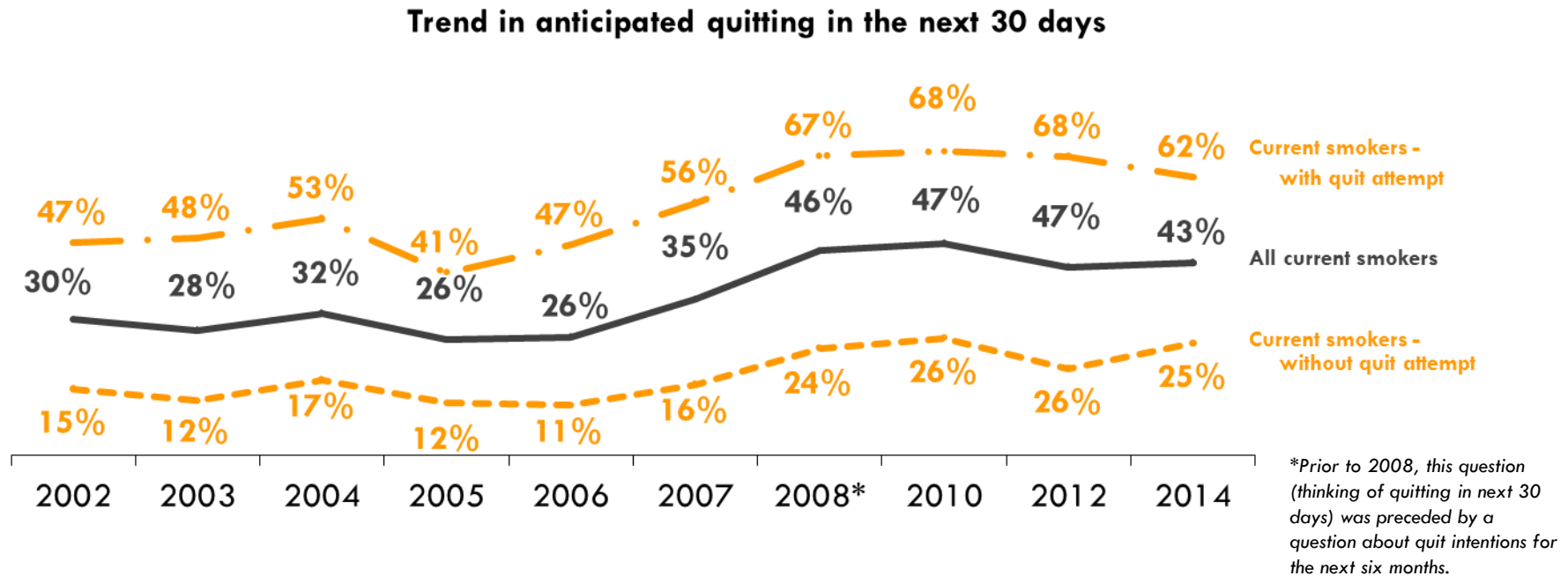
Quit Attempts

Half of current smokers (50%) did not attempt to quit. Of those who attempted to quit, 33% made 1 or 2 attempts. There have been no significant differences in the distribution of number of quit attempts over time.



Quit Attempts

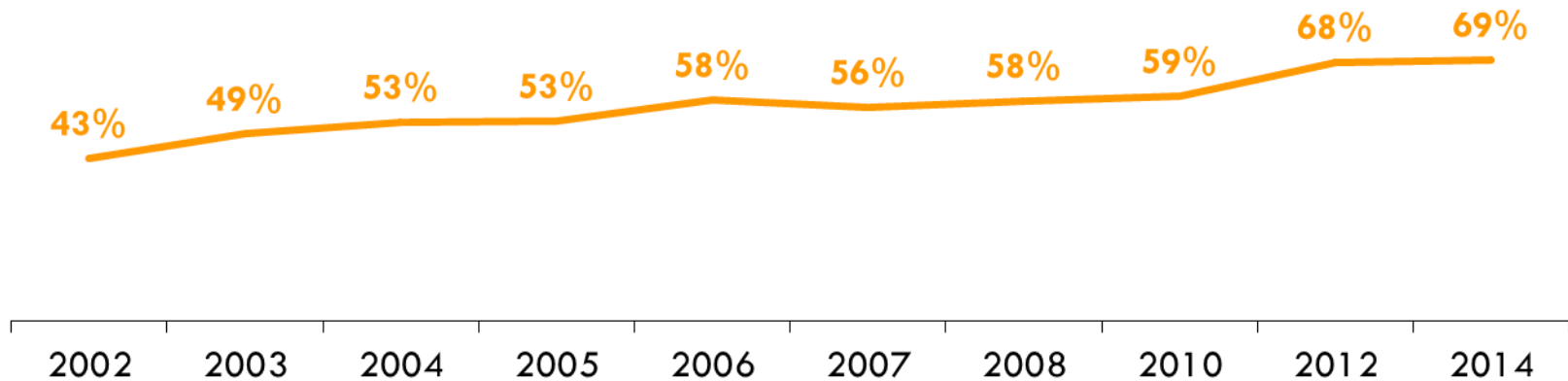
Over two in five of Vermont's current smokers were seriously thinking of quitting in the next 30 days. Significantly more current smokers with a recent quit attempt were thinking about quitting in the next month than those who had not attempted to quit in the last year. The proportion of current smokers who anticipate quitting has risen significantly since 2002 but has remained relatively unchanged since 2008.



Cessation Medications

For Vermont adults who try to quit smoking, the use of NRT or other medications is suggested. A majority of current smokers (69%) had ever used NRT, Zyban, Wellbutrin, or Chantix in an attempt to quit. This proportion has significantly increased from 2002 to 2014 (up 26%).*

Trend in current smokers who've ever used Nicotine Replacement Therapy, Zyban, Wellbutrin, or Chantix



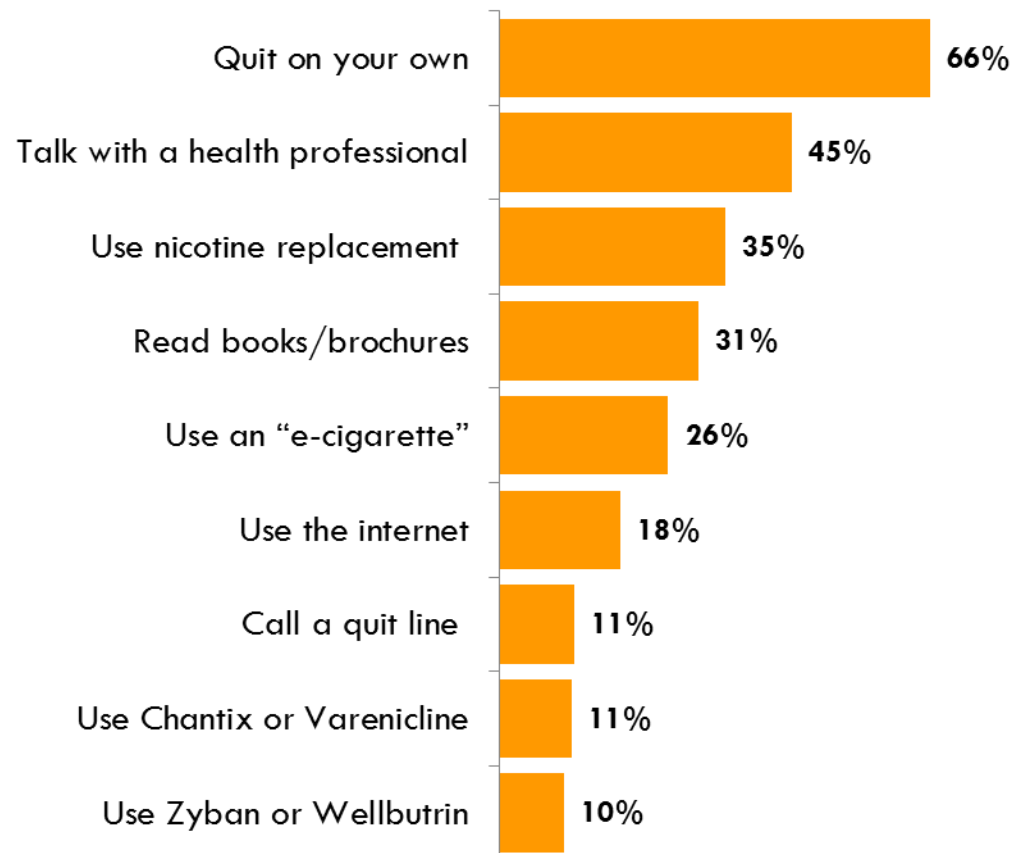
*Note: Zyban and Wellbutrin were added to this question in 2003 and Chantix in 2006.

Cessation Methods Used

During their most recent quit attempt, 66% of current smokers tried to quit without help. This proportion has remained consistent since 2006 (data not shown). Over two in five current smokers reported they talked with a health professional (45%). Over one in three current smokers used NRT* (35%) and about one in ten used the TCP Quit by Phone (Quitline) service, Zyban or Chantix.

The proportion of current smokers who reported use of an e-cigarette as a cessation method increased from 19% in 2012 to 26% in 2014, though this was not a statistically significant difference.

Cessation methods used by current smokers in most recent quit attempts

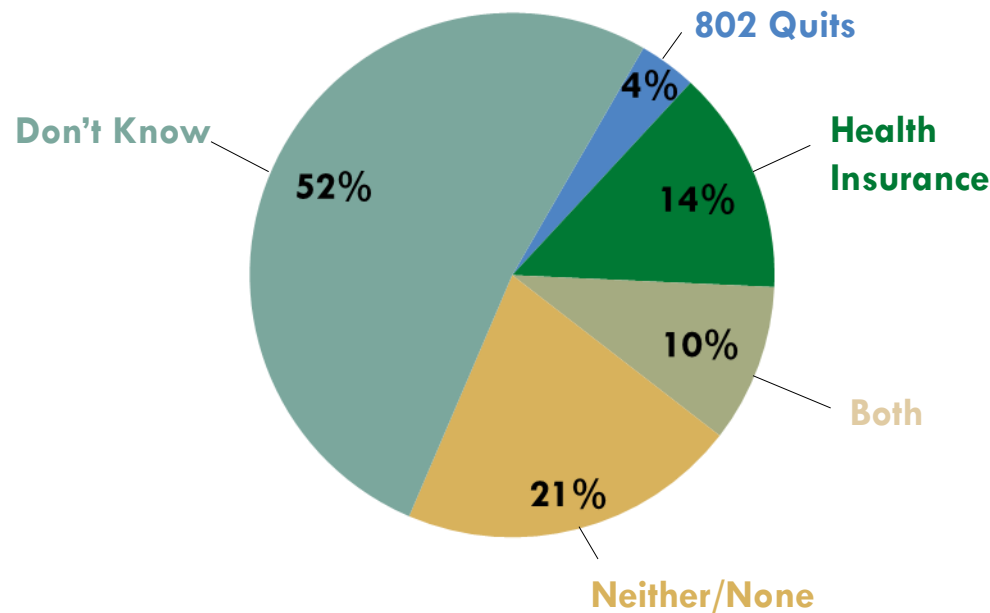


* NRT, or nicotine replacement therapy, includes use of the nicotine patch, gum, or lozenges

Eligibility for Cessation Assistance*

Nearly three quarters of current smokers thought they were not eligible for free or reduced cost NRT or did not know their eligibility status despite the fact that NRT is available to all Vermonters. There were no statistically significant changes from the 2012 results.

Perceived eligibility for free/reduced cost NRT by source

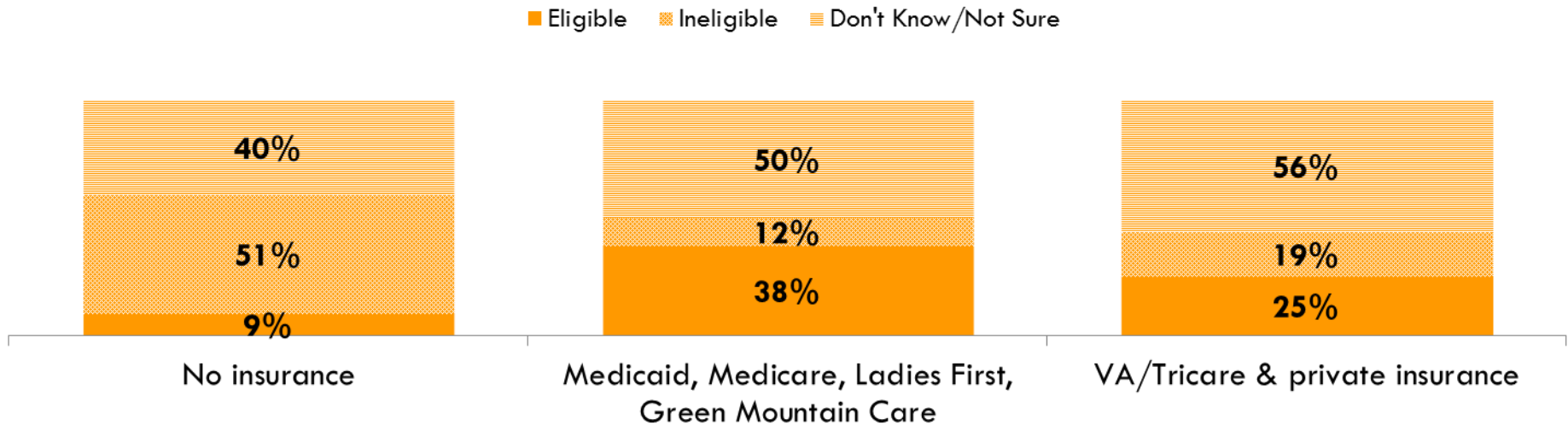


**Unless medically contraindicated, all current smokers are eligible for free or reduced cost NRT through 802 Quits or their health insurance provider.*

Eligibility for Cessation Assistance

Among current smokers in 2014 who did not have health insurance, less than one in ten thought they were eligible for free or reduced cost NRT. More than half incorrectly believed themselves to be ineligible (51%). Current smokers with state-subsidized insurance were statistically more likely than smokers with other insurance to believe they were eligible for free or reduced cost NRT (38% compared to 25% of those with private or Veterans' Administration (VA) insurance).

Comparison of uninsured current smokers' perceived eligibility for free or reduced cost NRT



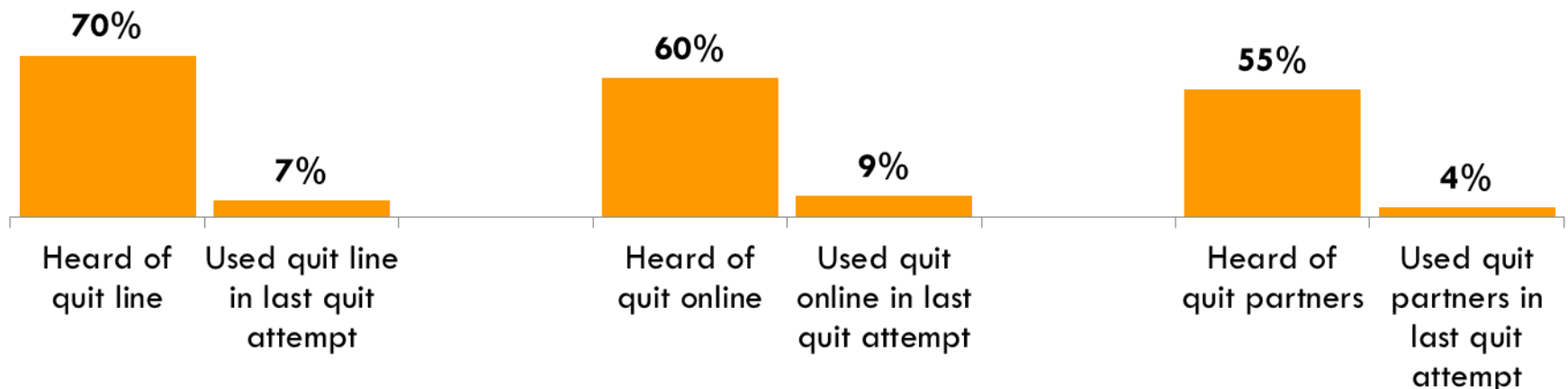
Note: Medicaid, Medicare, Ladies First Program and Green Mountain Care are combined because they provide similar medication subsidies. The Veterans' Administration and those with supplemental plans to government coverage provide similar subsidies to private insurance and are therefore grouped together as well.

Quit Service Awareness

Among current smokers in 2014 80% said that they had heard of 802 Quits, the current brand for the VTCP-supported quit services (data not shown). Over two-thirds (70%) of current smokers had heard of the quit line (phone) in 2014, while nearly two-thirds had heard of quit online and just over half had heard of quit partners (in-person).

Current smokers who made a quit attempt in the last year and had heard of a specific service were asked if they used that service in their last quit attempt. In 2014, 7% had used the quit line, 9% had used quit online and 4% used quit partners.

Comparison of current smokers' awareness of Quit Service programs



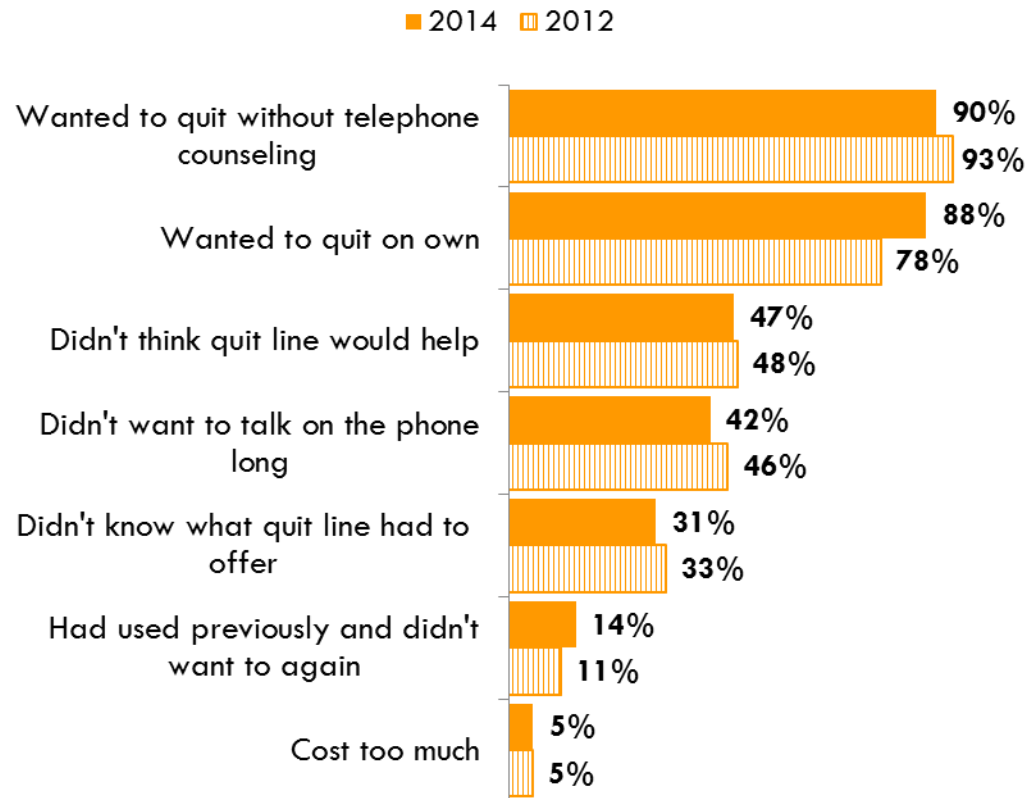
Quit Line Utilization

Current smokers who've made a quit attempt in the last year and have heard of the Quitline but did not use it were asked why they didn't use the program. Nine out of ten thought they could quit on their own or wanted to quit without counseling. About half did not think the Quitline would help and four out of five did not want to talk on the phone long. About 1 in 10 did not want to use it again and 1 in 20 thought it cost too much.

Nearly one-third said that they were not sure what the quit line had to offer.

Differences between 2014 and 2012 were not statistically significant.

Reasons for not using the quit line during most recent quit



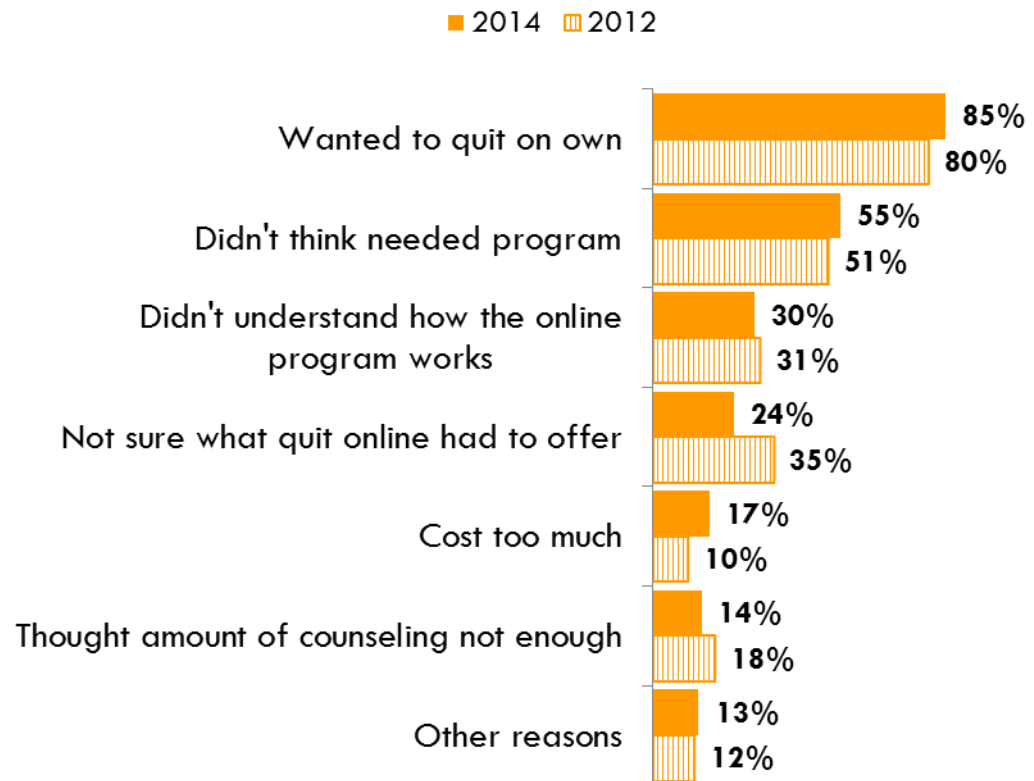
Quit Online Utilization

Those who had heard of quit online, but had not used it were asked why not. The most given reason was wanting to quit on their own (85%). Over half said they did not think this kind of program was what they needed to quit and nearly one-third didn't understand how the program worked. Seventeen percent thought that the service cost too much while 14% didn't think the amount of counseling was enough.

Nearly one-quarter said that they were not sure what quit online had to offer.

Differences between 2014 and 2012 were not statistically significant.

Reasons for not using quit online during most recent quit attempt

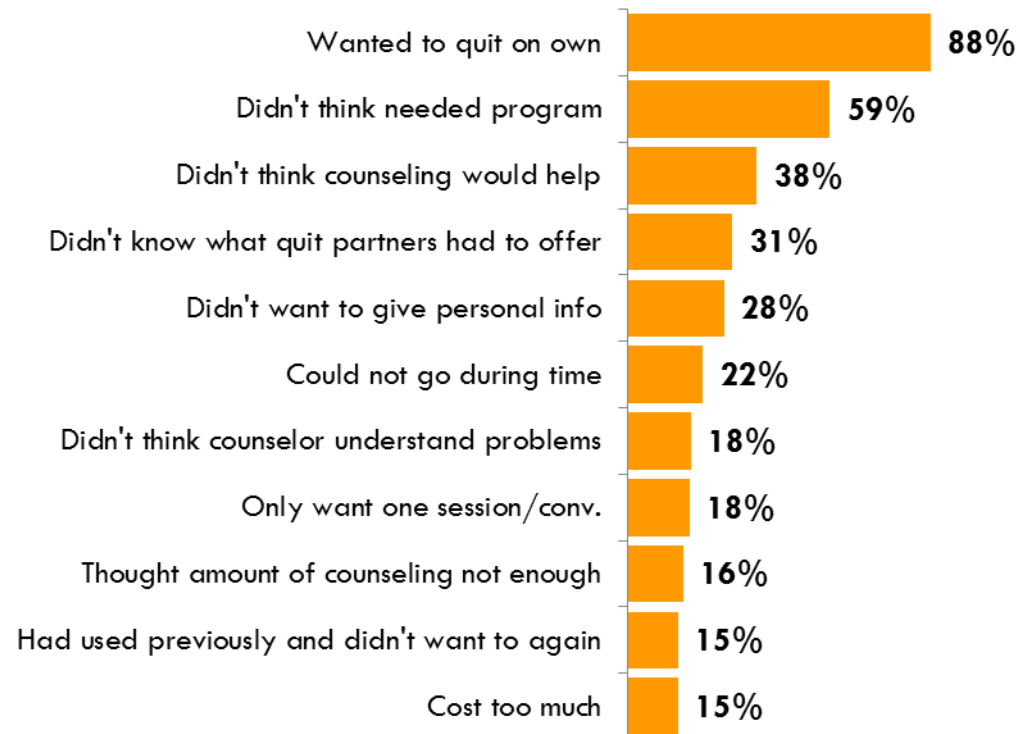


Quit Partners Utilization

Those who had heard of Quit in Person (Quit Partners), but had not used it were asked why not. The most given reason was wanting to quit on their own (88%). Nearly six in ten said they did not think this kind of program was what they needed to quit and 28% mentioned not wanting to give personal information. About 2 in 5 said that they did not think counseling would help them quit. Roughly one in five said they couldn't go during the time classes were offered (22%) or that they wanted only one session (18%). Sixteen percent said that the amount of counseling offered was not enough.

Thirty-one percent said that they were not sure what Quit Partners had to offer.

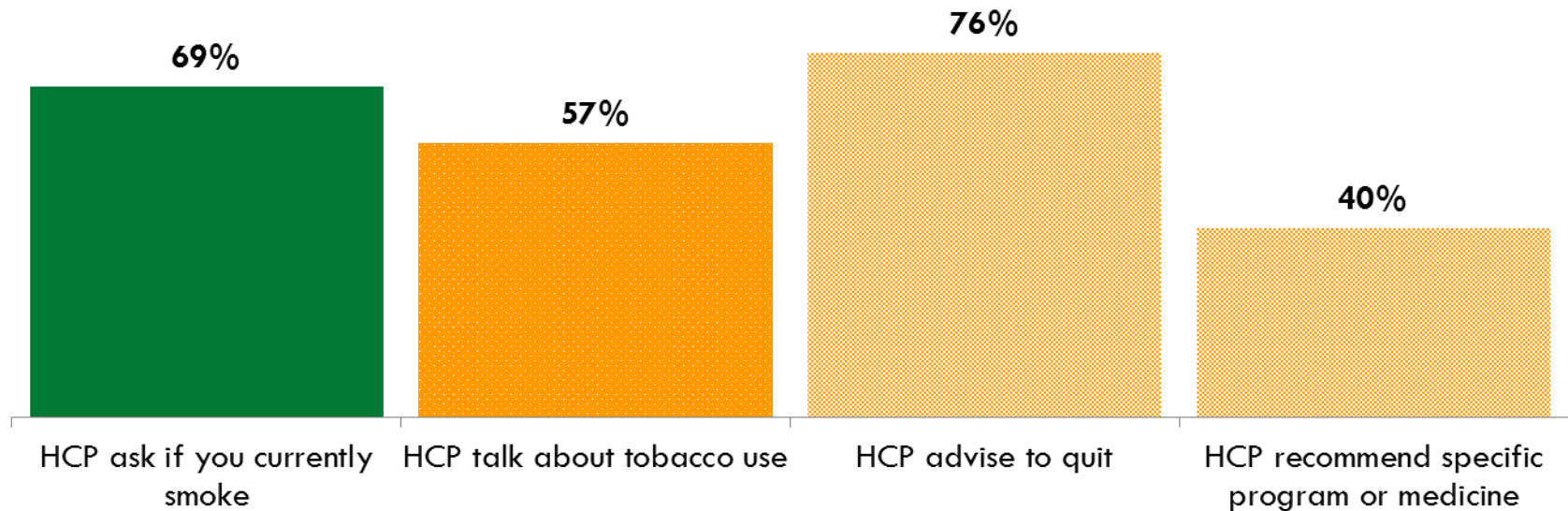
Reasons for not using quit partners during most recent quit attempt



Visits to health care professionals in the past 12 months

Among Vermonters who visited a health care professional (HCP) in the past 12 months, over two-thirds (69%) reported that the HCP asked if they currently smoke. Over half (57%) of smokers reported that the HCP talked to them about tobacco use. Roughly three-quarters of current smokers reported that the HCP advised them to quit and 40% reported that the HCP recommended a specific program or medicine for quitting.

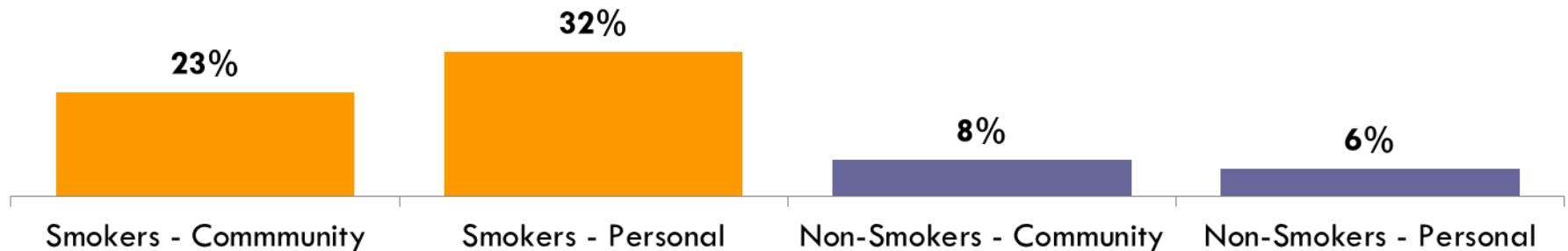
Smoking assessment during health care visit



Perception – Is Smoking Okay?

Nearly one-quarter of smokers felt it is okay for adults to smoke as much as they want. About one-third of smokers believed that their community felt it is okay for adults to smoke as much as they want. Conversely, less than one in ten non-smokers felt or thought their community felt that it was okay for adults to smoke as much as they want. The trend for smokers who said it is okay for adults to smoke as much as they want has gradually (though not significantly) increased from 2007 to 2014 – both for smokers who personally felt that way and those who believed the community feels that way. Trends for non-smokers have remained relatively unchanged since 2003 (data not shown).

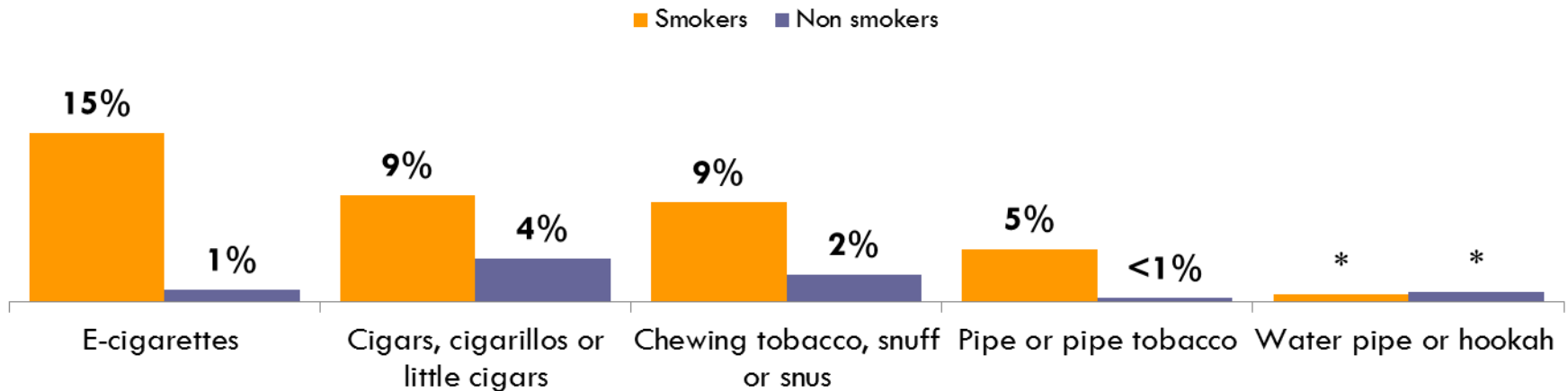
Perceived community and personal views toward unlimited adult smoking



Other Tobacco Products (OTP) and Tobacco Substitutes - Prevalence

For each type of OTP, smokers had a higher proportion of users than non-smokers, including e-cigarettes (15% vs. 1%), cigars, cigarillos or little cigars (9% vs. 4%), chewing tobacco, snuff or snus (9% vs. 2%) and pipe or pipe tobacco (5% vs. less than 1%). There were no significant differences from 2012[§].

Prevalence of other tobacco product use



[§]Note: Questions about other tobacco product changed between the 2012 and 2014 ATS. “Cigars, pipes ad pipe tobacco” was changed to “cigars, cigarillos, or little cigars” and “pipe or pipe tobacco”.

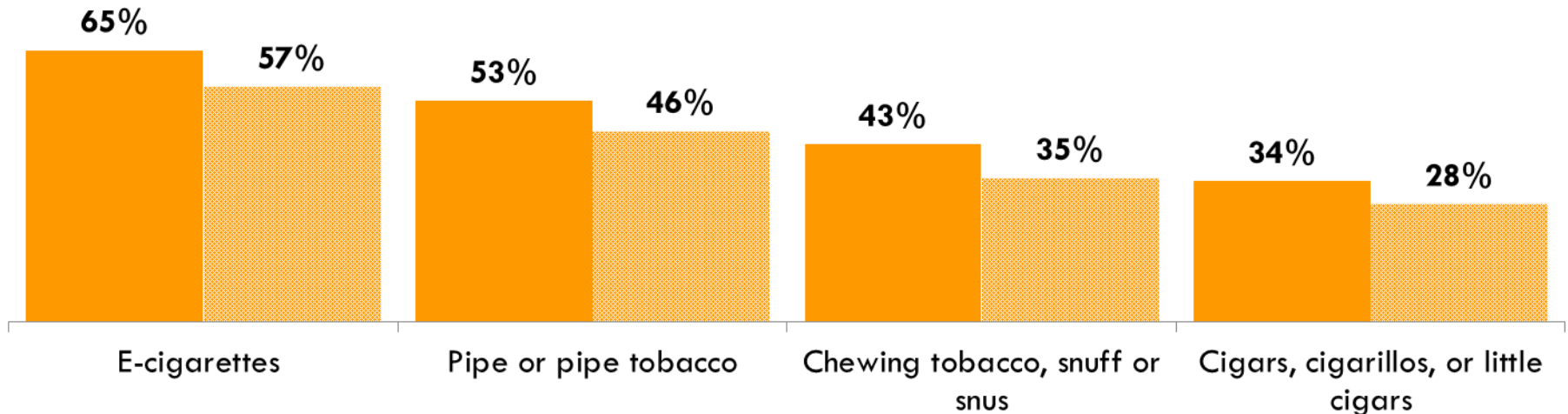
*Data could not be reported because numbers are too small.

OTP and Tobacco Substitutes – Quit Attempts/Seriously thinking of quitting

E-cigarette users were most likely to attempt to quit (64%) or to be seriously thinking of quitting (57%). Cigar, cigarillo, or little cigar users were least likely to attempt to quit (34%) or to be seriously thinking of quitting (28%).

Other tobacco product use - one or more quit attempts

■ One or more quit attempts ■ Seriously thinking of quitting



Cessation Methods Used – E-cigarette Users

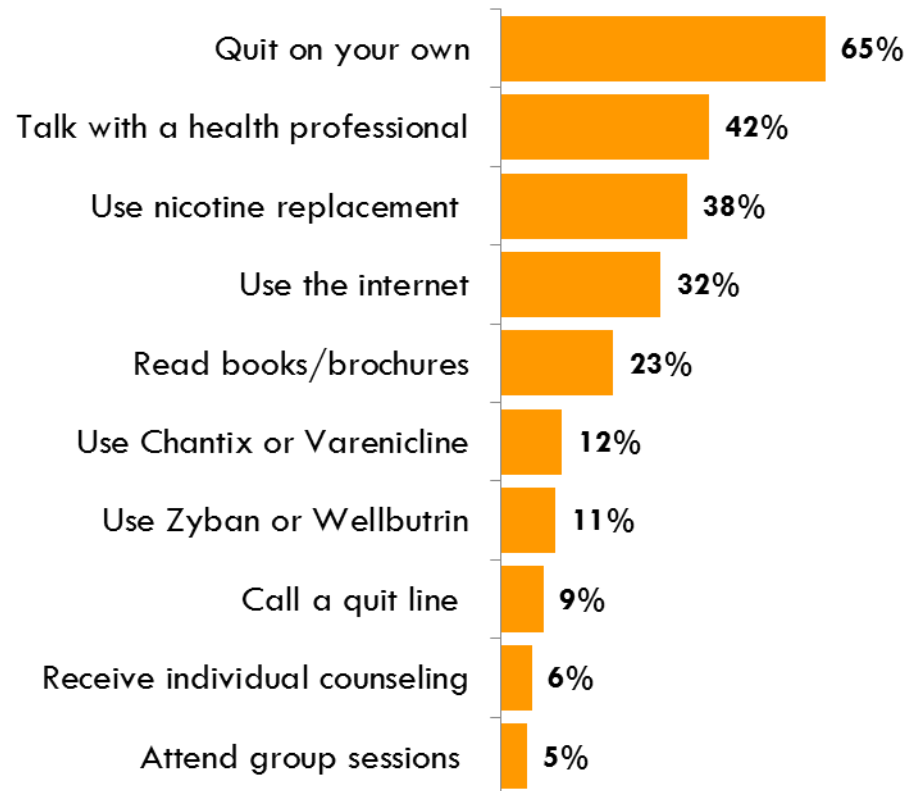
During their most recent quit attempt, nearly two-thirds of current e-cigarette users quit on their own while 2 in 5 reported they talked with a health professional (42%). Nearly 2 in 5 current e-cigarette users used NRT (38%) and about one in ten used the TCP Quitline (Quit by Phone) service, Zyban or Chantix.

Among current e-cigarette users, 69% report having ever used NRT, Zyban, Wellbutrin, or Chantix (data not shown).

The number of other tobacco product users, other than e-cigarette users, who attempted to quit was too small for further analysis.

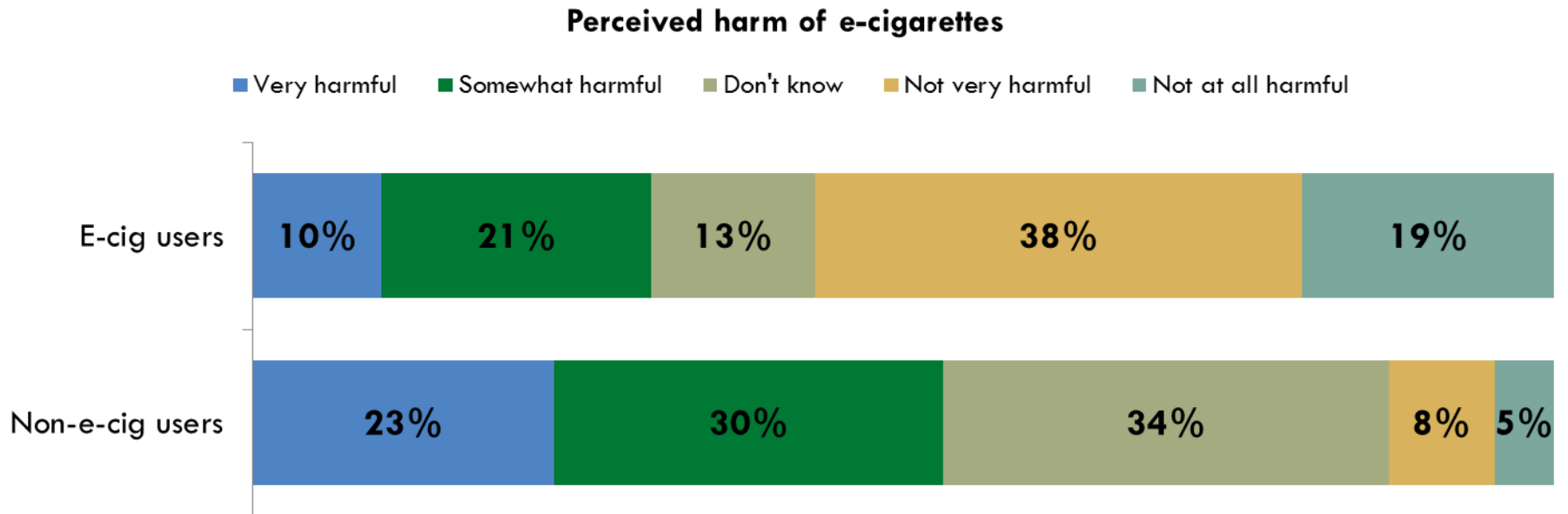
** NRT, or nicotine replacement therapy, includes use of the nicotine patch, gum, or lozenges.*

Cessation methods used by current e-cigarette users in most recent quit attempts



Perceived harm of electronic cigarettes

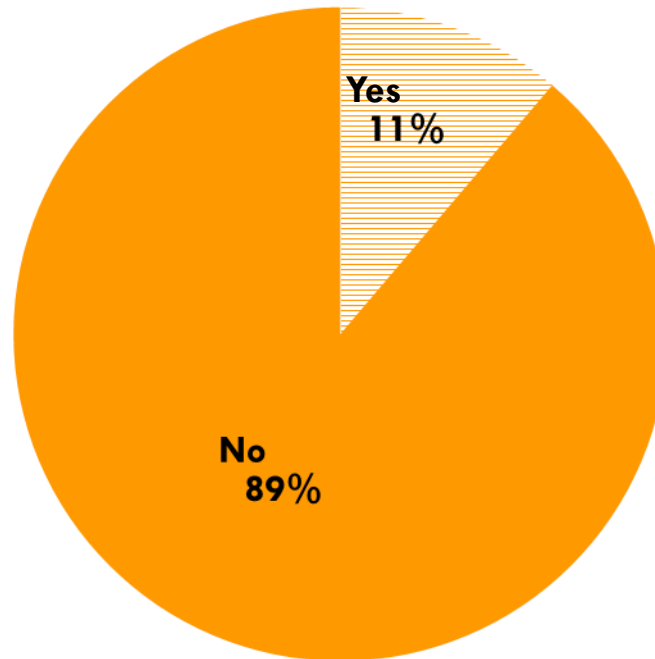
Most electronic cigarette users did not think there was any harm associated with e-cigarettes; 57% thought they were not very or not at all harmful. One-third of people who did not use e-cigarettes were unsure of the harm associated with e-cigarettes while 53% thought they were very or somewhat harmful.



Switched from cigarette to e-cigarette

At any time during the past year, 11% of current smokers switched completely from conventional cigarettes to e-cigarettes.

Proportion of current smokers who switched from cigarette to e-cigarette

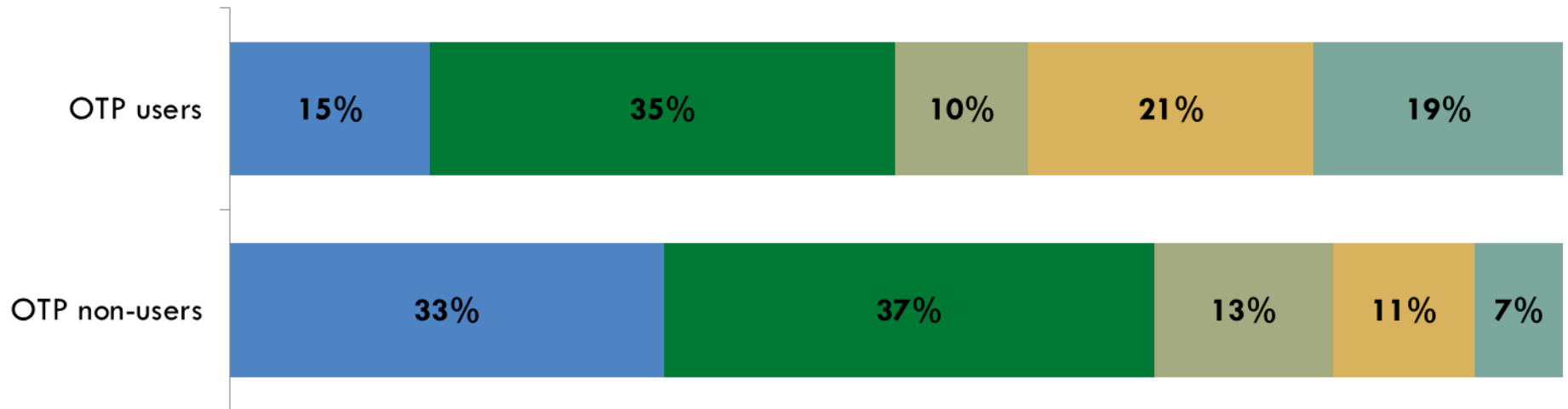


Perception – Is Other Tobacco Product Use OK?

Two in five OTP/tobacco substitute users believed that their community thought it was okay for adults to use OTP sometime or as much as they want. Seven out of ten people who did not use OTPs/tobacco substitutes believed that their community thought that adults definitely or probably should not use OTPs.

Perceived community views toward adult OTP use

■ Definitely should not use ■ Probably should not use ■ No opinion/Don't know ■ Okay to use sometimes ■ Okay to use as much as you want

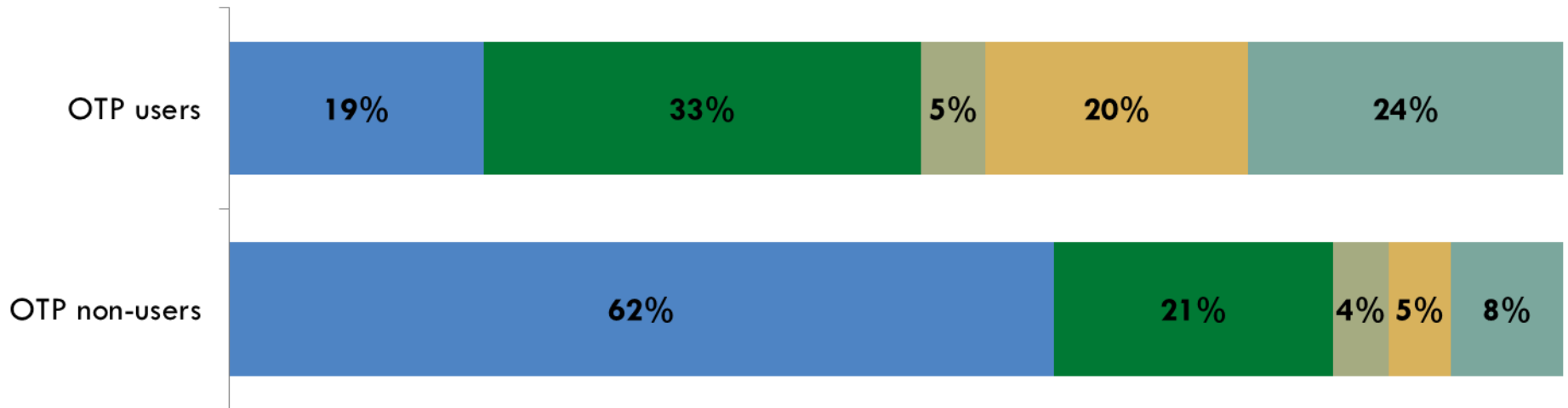


Perception – Is Other Tobacco Product Use OK?

Nearly half of OTP/tobacco substitute users believed that it was okay for adults to use OTP sometime or as much as they want. Over eight out of ten people who did not use OTPs/tobacco substitutes believed that adults definitely or probably should not use OTPs.

Personal views toward adult OTP use

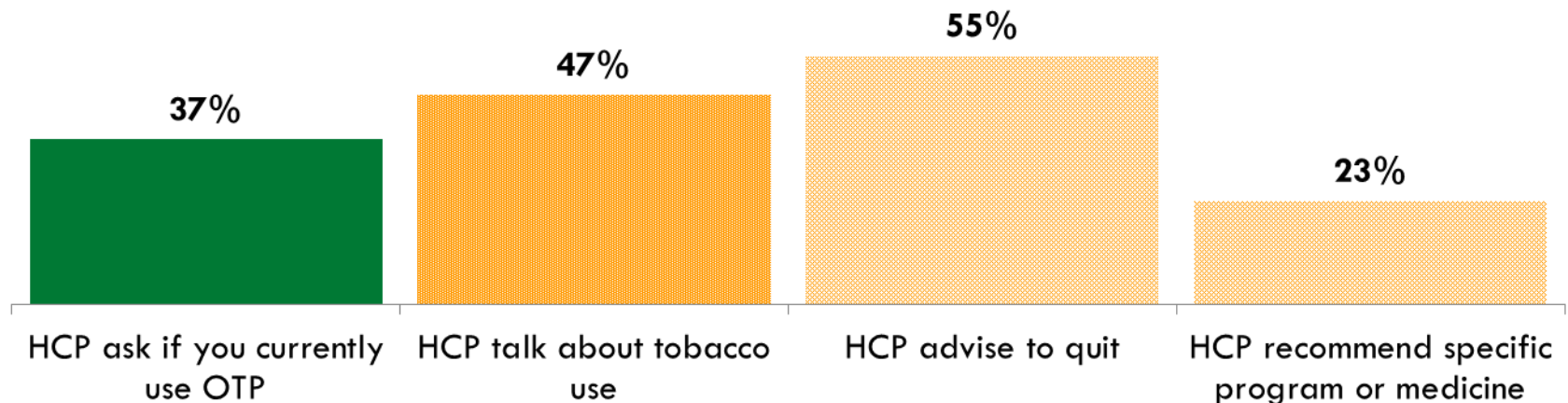
■ Definitely should not use ■ Probably should not use ■ No opinion/Don't know ■ Okay to use sometimes ■ Okay to use as much as you want



Visits to health care professionals in the past 12 months - OTP

Among Vermonters who visited a health care professional (HCP) in the past 12 months, over one-third reported that the HCP asked if they use OTPs. Nearly half of OTP/tobacco substitute users reported that the HCP talked to them about tobacco use. Over half of OTP users reported that the HCP advised them to quit and under one-quarter reported that the HCP recommended a specific program or medicine for quitting.

OTP use assessment during health care visit





Tobacco Use Initiation

Tobacco Use Initiation

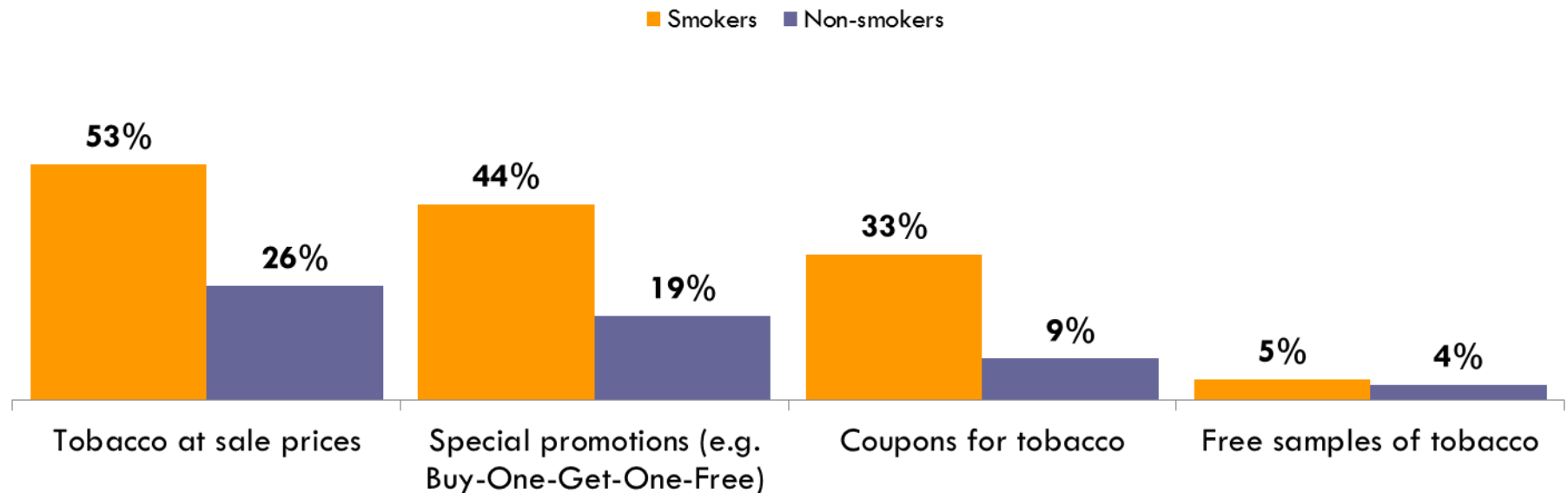
Initiation of tobacco use is influenced by several factors including the point of sale (POS) environment, availability of flavored tobacco products, and the density and location of tobacco outlets. This is particularly true for youth, young adults and people living in rural areas. The following section addresses attitudes and opinions of Vermonters with regard to these factors. The Vermont Tobacco Control Program (VTCP) has worked to address tobacco initiation, particularly by examining the local POS environment.

Tobacco Use Initiation

Point of sale - Tobacco advertisements in stores

Smokers were significantly more likely to notice “Tobacco at sales prices”, “Special promotions”, and “Coupons for tobacco” as compared to non-smokers.

Tobacco advertisements in stores



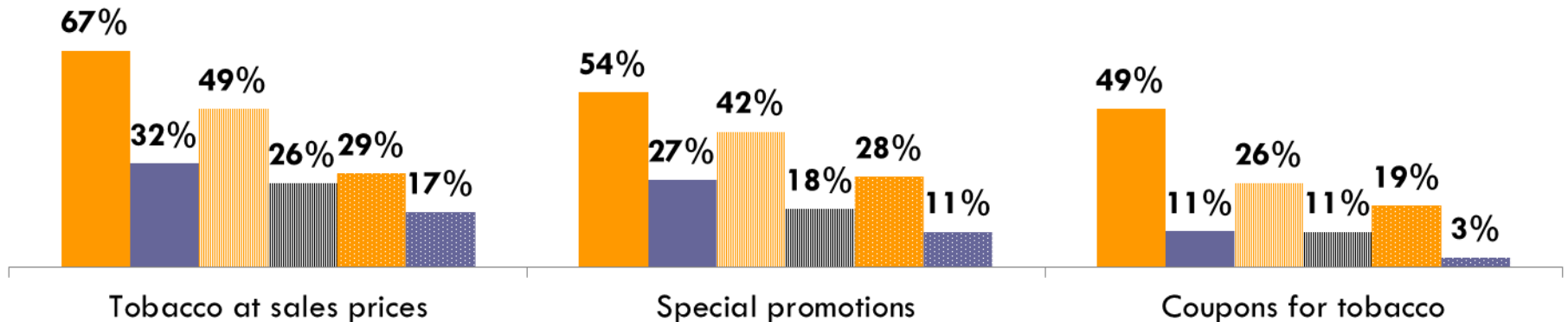
Tobacco Use Initiation

Point of sale - Tobacco advertisements in stores

There was a steady decline in the proportion of smokers who reported noticing tobacco advertising as age increased. Several differences between older age groups and younger age groups were statistically significant. In particular, 18 – 34 year old smokers were significantly more likely to notice all of the advertisements below as compared to older age groups. Among non-smokers, a similar decline in the proportion noticing tobacco advertising could be seen as age increased. While some of the differences were significant, the decline was not as dramatic as with smokers.

Tobacco Advertisements in stores by age groups

■ 18 - 34 smoker ■ 18 - 34 non-smoker ■ 35 - 64 smoker ■ 35 - 64 non-smoker ■ 65+ smoker ■ 65+ non-smoker



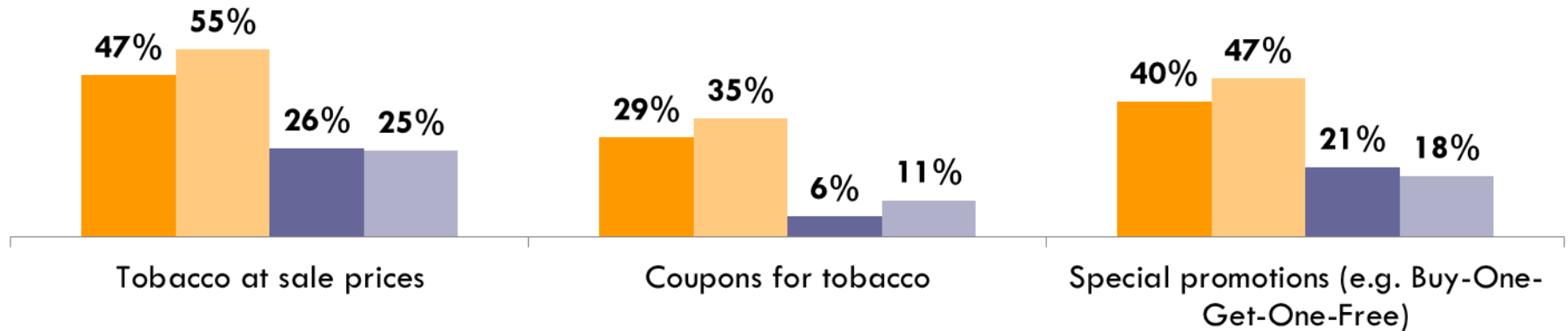
Tobacco Use Initiation

Point of sale - Tobacco advertisements in stores

Though there were some differences in the proportion of smokers and non-smokers who notice tobacco advertising when comparing metro and rural areas, none of these differences were statistically significant.

Tobacco advertisements in stores by rural/metro

Smokers- metro Smokers - rural Non-smokers - metro Non-smokers - rural



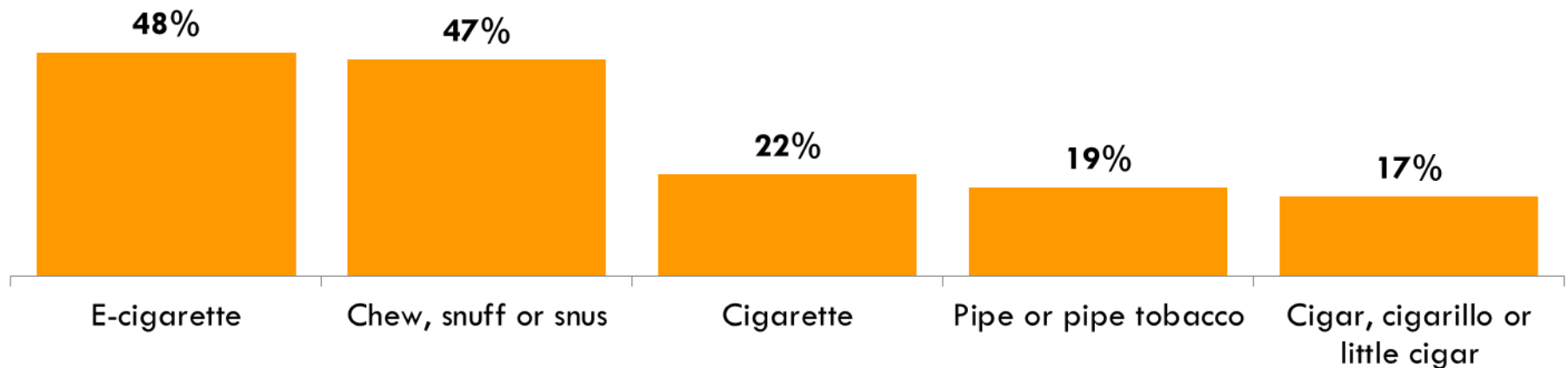
*Note: Metro areas were defined as Chittenden and Franklin counties. Rural areas were defined as all other counties.

Tobacco Use Initiation

Flavored tobacco products

Flavored tobacco products encourage tobacco initiation among youth. Among current users of chew, snuff, or snus and e-cigarettes, nearly half reported use of a flavored version of those products. In contrast, less than a quarter of current cigarette, cigar, cigarillo, or little cigar, and pipe or pipe tobacco users reported use of flavored products. Analysis among different age groups was not possible due to low numbers.

Percent of tobacco users who use flavored* products



*The 2014 ATS asked respondents about the use of the following flavors: menthol (mint), clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets

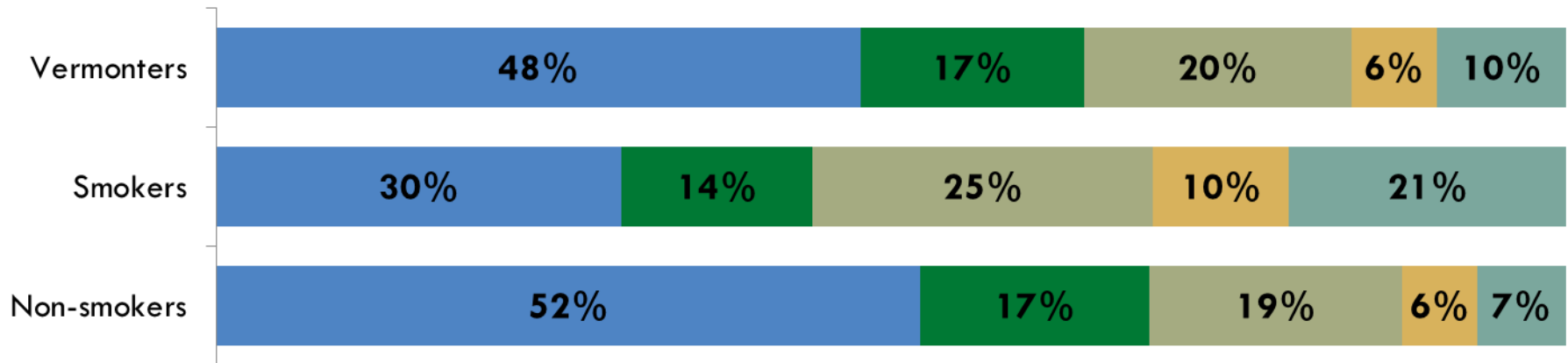
Tobacco Use Initiation

Tobacco Policy – Warning Labels

Almost half of Vermonters were strongly in favor of requiring warning labels on cigarette packs that show graphic images of damage caused by smoking. The proportion of supporters was higher among non-smokers (52%). Smokers were significantly less likely than non-smokers to strongly favor a requirement for these warning labels on cigarette packs (30% vs. 52%)

Opinion on a policy requiring warning labels on cigarette packs that show graphic images of damage caused by smoking

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against



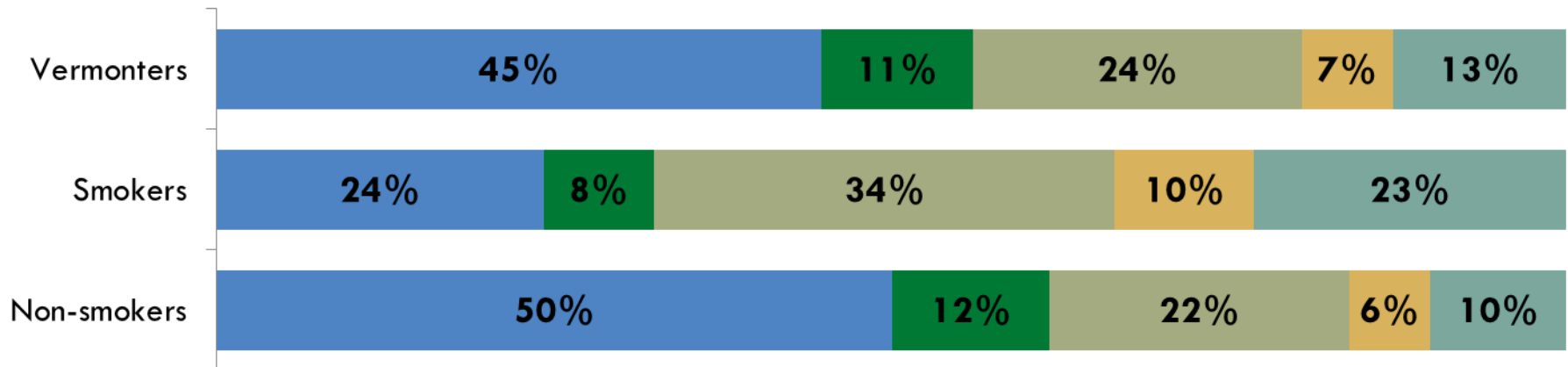
Tobacco Use Initiation

Tobacco Policy – Banning Tobacco Product Sale in Pharmacies

Nearly half (45%) of Vermonters were strongly in favor of banning the sale of all tobacco products in pharmacies. Non-smokers were similarly in strong favor of banning tobacco product sales in pharmacies (50%), while most smokers tended to be neither in favor nor against this policy (34%). Among Vermonters and non-smokers, the proportion strongly in favor of this policy was significantly higher than that proportion in 2012.

Opinion on a policy that bans the sale of all tobacco products in pharmacies

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against



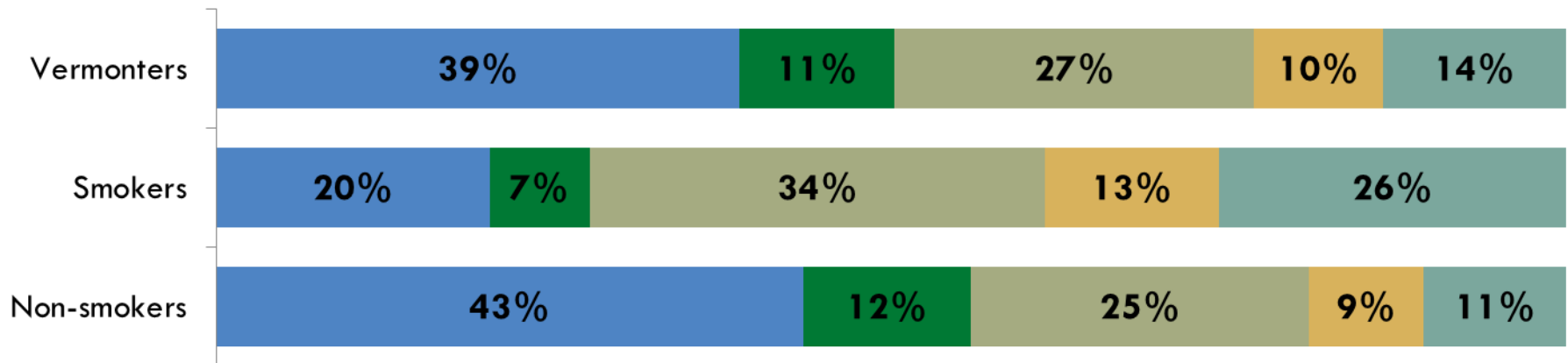
Tobacco Use Initiation

Tobacco Policy – Banning Tobacco Product Displays

Nearly two in five Vermonters were strongly in favor of banning the display of any tobacco products from stores. Non-smokers were similarly in strong favor of banning tobacco product displays (43%), while most smokers were neither in favor nor against (34%). The proportion of smokers who were somewhat in favor of this policy significantly declined from 2012.

Opinion on a policy that bans the display of tobacco products such as packs of cigarettes or cigars from stores

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against



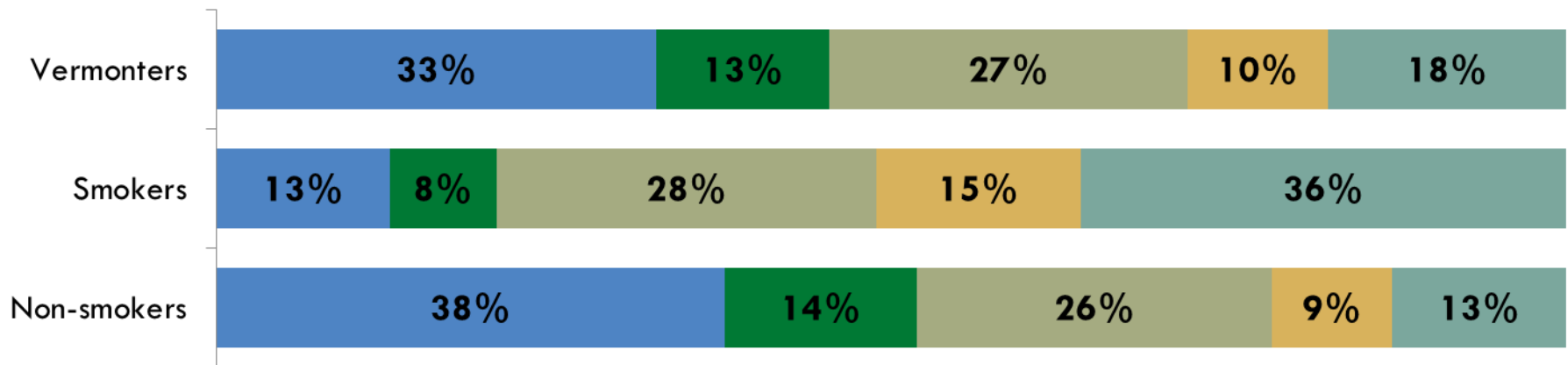
Tobacco Use Initiation

Tobacco Policy – Limiting Number of Stores Selling Tobacco Products

One-third of Vermonters were strongly in favor of limiting the number of stores that sell any tobacco products in their community. Non-smokers were similarly in strong favor of limiting the number of stores (38%), while smokers were strongly against this policy (36%).

Opinion on a policy that limits the number of stores that sell tobacco in your community

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against



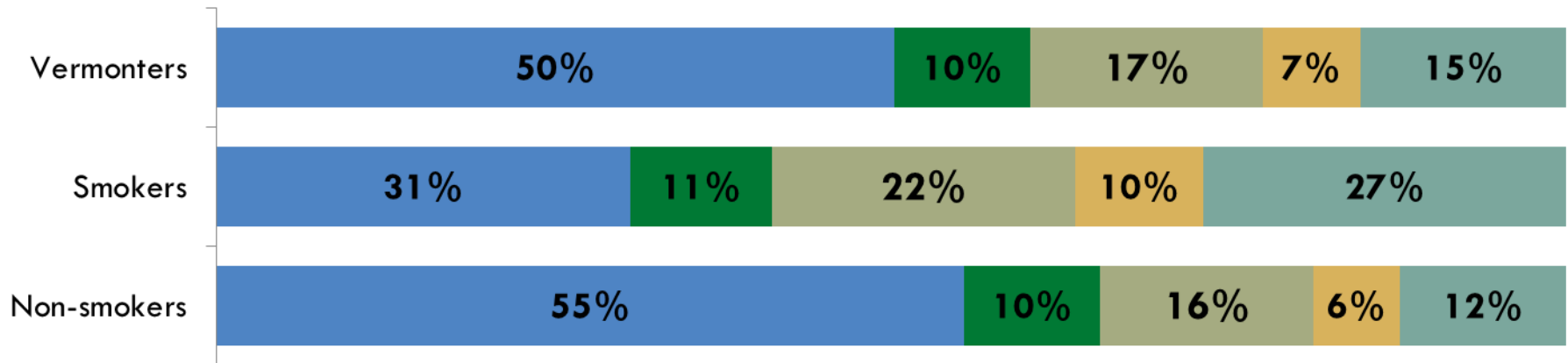
Tobacco Use Initiation

Tobacco Policy - Banning the sale of tobacco products near schools

Half of Vermonters were strongly in favor of banning the sale of tobacco products in stores that are located near schools. Smokers were significantly less likely than non-smokers to strongly favor banning tobacco sales in stores near schools (31% vs. 55%). These data do not substantially change when limiting to Vermonters with children in the home.

Opinion on a policy that bans the sale of tobacco products that are located near schools

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against



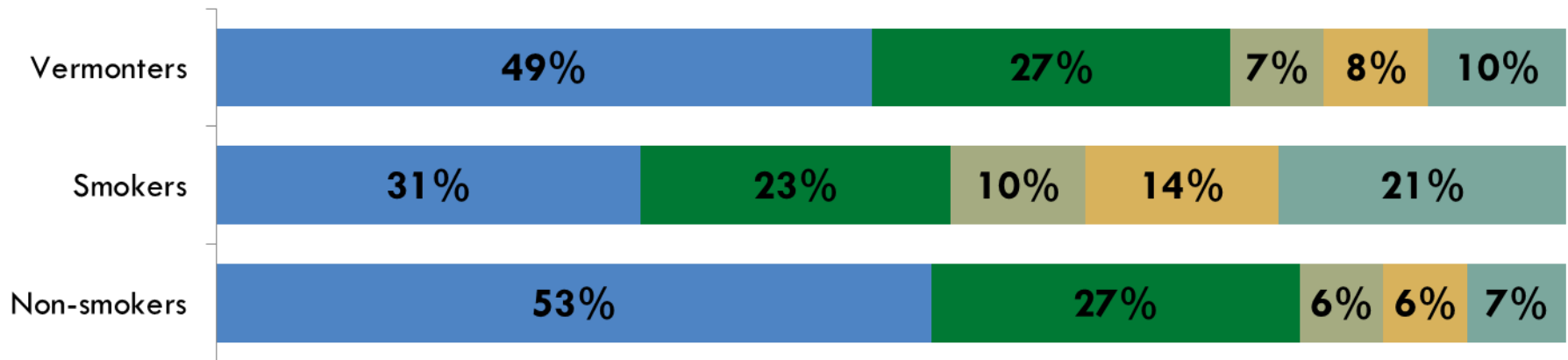
Tobacco Use Initiation

Tobacco advertising opinions – Encourages young people to smoke

Nearly half of Vermonters strongly agreed that tobacco advertising encourages young people to start smoking. Most non-smokers strongly agreed with this statement (53%) while less than one-third of smokers agreed. There were no significant difference by age (data not shown).

Tobacco advertising encourages young people to start smoking

■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disagree



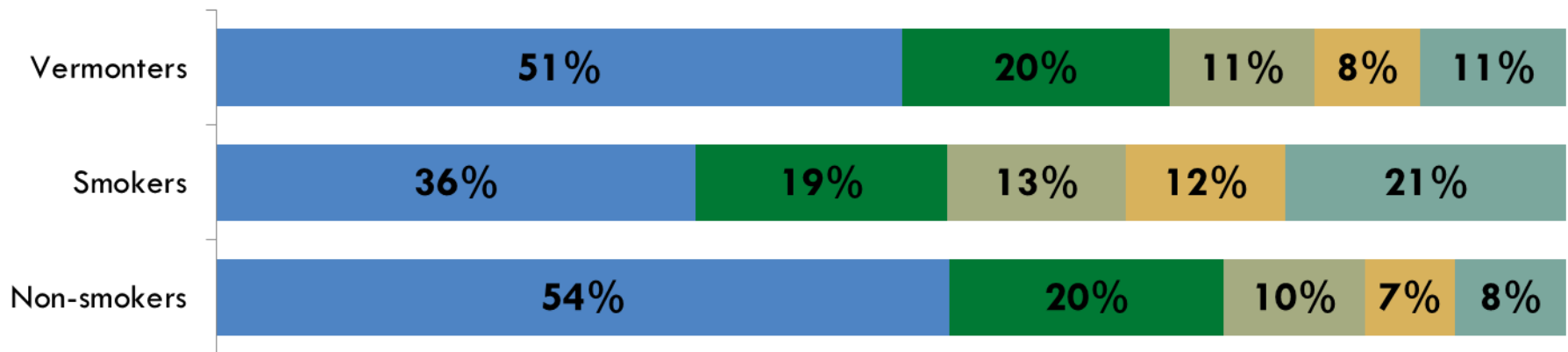
Tobacco Use Initiation

Tobacco advertising opinions – Ban on cigarette advertising

Over half of Vermonters strongly agreed that the ban on cigarette advertising should be extended to all print and electronic media. Most non-smokers strongly agreed with this statement (54%) while just over one-third of smokers agreed.

The ban on cigarette advertising should be extended to all print and electronic media

■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disagree



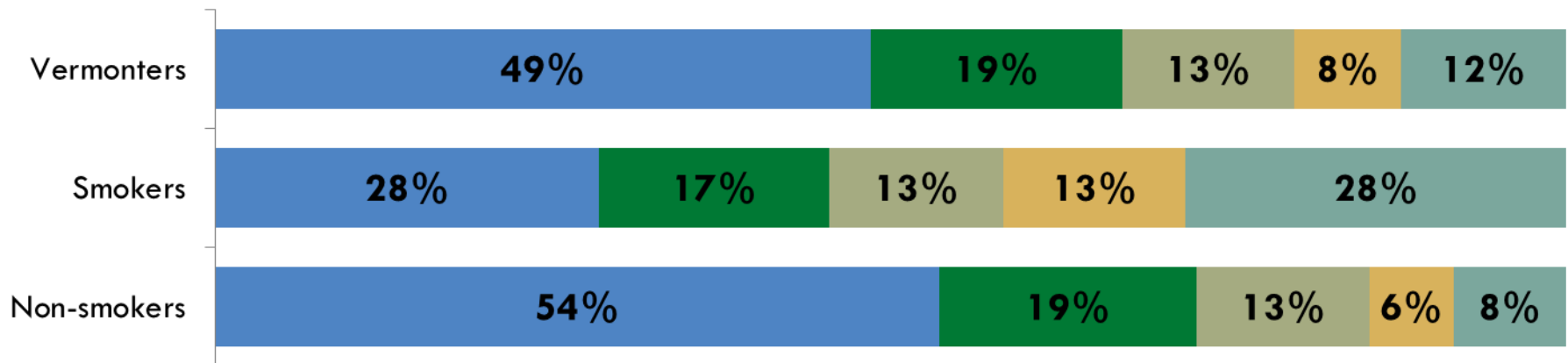
Tobacco Use Initiation

Tobacco advertising opinions – Advertising targets certain groups

Nearly half of Vermonters strongly agreed that tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups. Most non-smokers strongly agreed with this statement (54%) while smokers were no more likely to strongly agree than strongly disagree (28%). There were no significant differences by age, income or race. Of note, smokers who make greater than \$75,000 were much more likely to strongly agree with this statement (47%) as compared to smokers in any other income category (ranged from 23% - 27%).

Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups

■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disagree



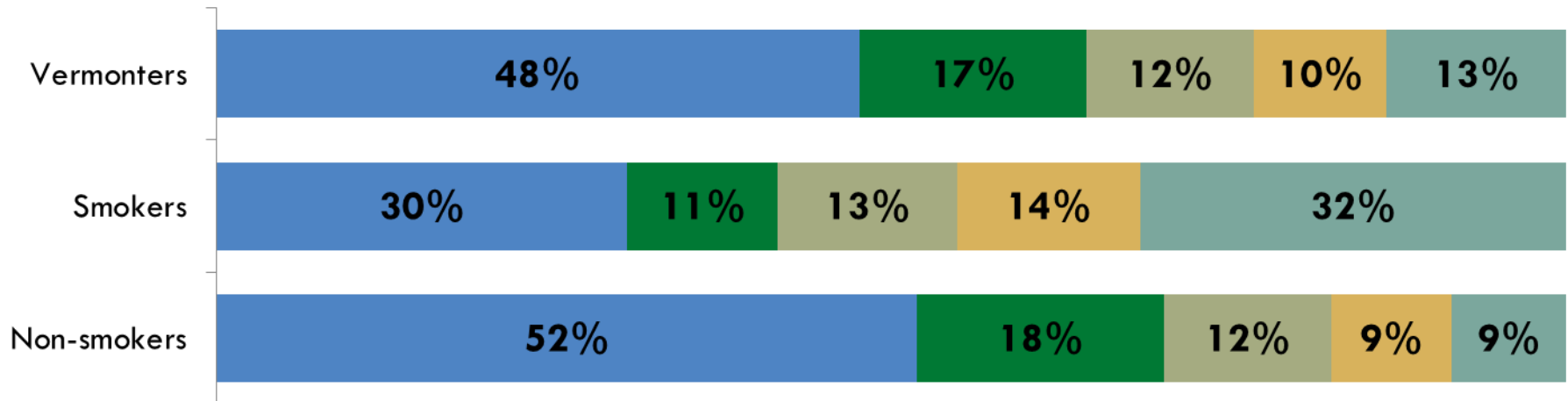
Tobacco Use Initiation

Tobacco advertising opinions – Advertising removed from stores

Nearly half of Vermonters strongly agreed that all tobacco advertising should be removed from stores. Most non-smokers strongly agreed with this statement (52%) while smokers were no more likely to strongly agree than strongly disagree.

All tobacco advertising should be removed from stores

■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disagree



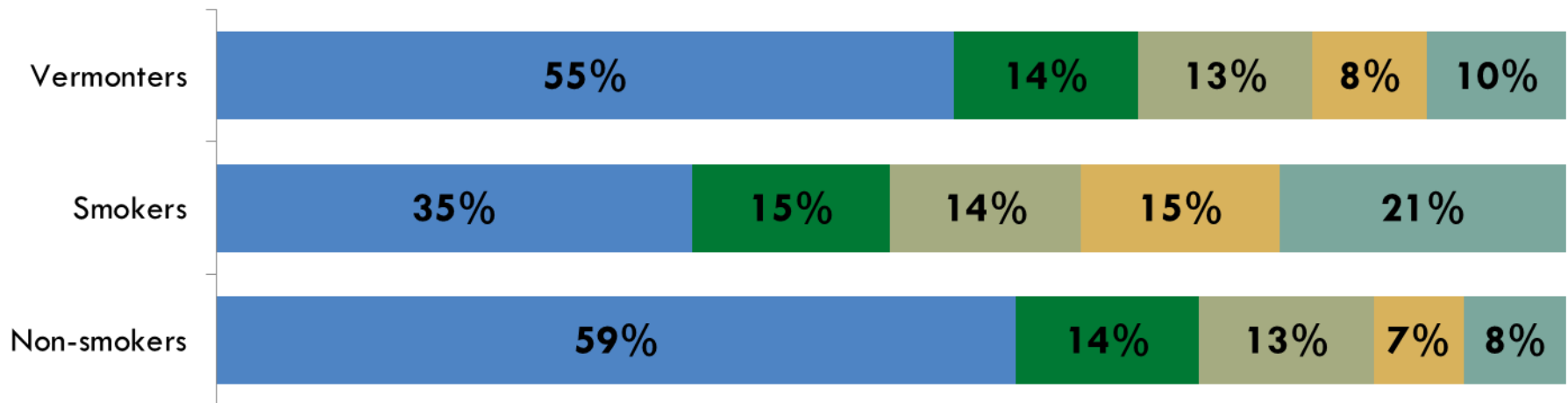
Tobacco Use Initiation

Tobacco advertising opinions – Advertising not allowed outside of stores

Over half of Vermonters strongly agreed that tobacco advertising on the outside of stores should not be allowed. Nearly three in five non-smokers strongly agreed with this statement while just over one-third of smokers agreed.

Tobacco advertising on the outside of the store should not be allowed

■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disagree



Secondhand Smoke

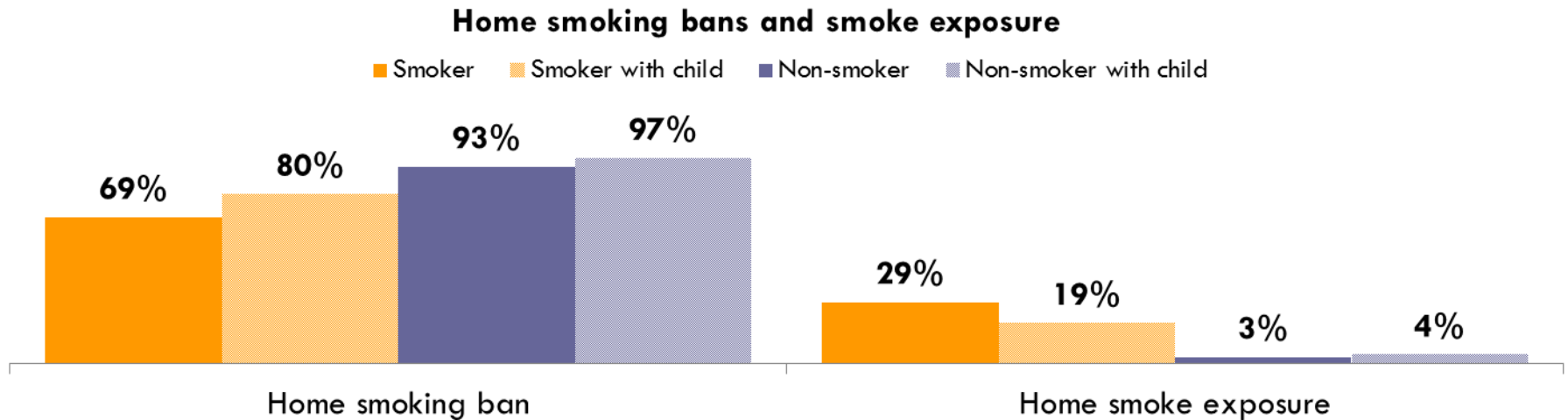
Secondhand Smoke

The VTCP has consistently placed an emphasis on encouraging attitudes and behaviors that reduce secondhand smoke exposure. VTCP promotes smoke-free zones, specifically at home and in the car when children are present. Additionally, VTCP works with community coalitions to positively influence attitudes, behaviors, and norms in Vermont towns and cities. The following section contains information on secondhand smoke exposure, personal smoking bans, perceived harm of secondhand smoke and opinions on policies related to reducing secondhand smoke exposure.

Secondhand Smoke

Secondhand Smoke - Home smoking bans and smoke exposure

The presence of a home smoking ban was reported for the majority of smokers (69%) and nearly all non-smokers (93%). When limiting to smokers and non-smokers with children in the home, those proportions increased. Smokers were most likely to report smoke exposure in the home (29%), this proportion decreased among smokers with children (19%). Non-smokers were very unlikely to report exposure to smoke in the home, regardless of having children in the home. Among smokers with a home smoking ban, the proportion reporting home smoke exposure drops from 29% to 4% (data not shown).

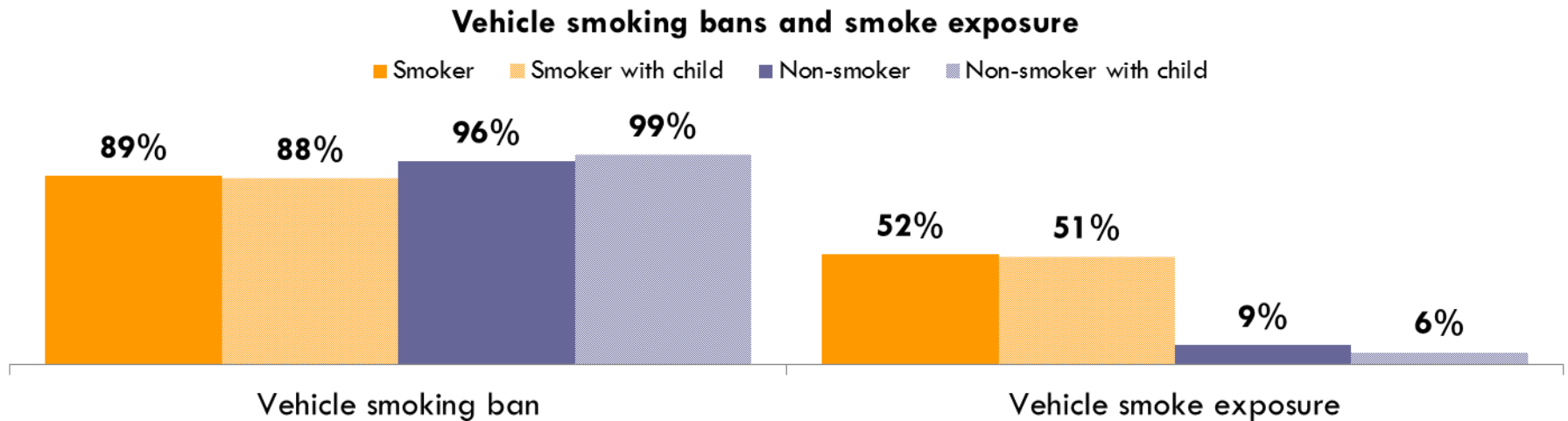


Note: Respondents were considered to have a home smoking ban if they did not allow any smoking anywhere in their home. They were considered to allow smoking if smoking was permitted in some places or at some times in their home or if there were no rules about smoking in their home.

Secondhand Smoke

Secondhand Smoke – Vehicle smoking bans and smoke exposure

The presence of a vehicle smoking ban was reported for a high proportion of smokers (89%) and nearly all non-smokers (96%). Limiting to smokers and non-smokers with children in home had very little effect on the proportion reporting the presence of a ban. Smokers were much more likely to report exposure in a car (52%) than non-smokers (9%). As with vehicle smoking bans, the proportions changed very little when limiting to smokers and non-smokers with children in the home.



Note: Respondents were considered to have a vehicle smoking ban if they did not allow any smoking when children are in the vehicle. They were considered to allow smoking if smoking was permitted sometimes or anytime when children are in the vehicle or if there were no rules about smoking when children are in the vehicle.

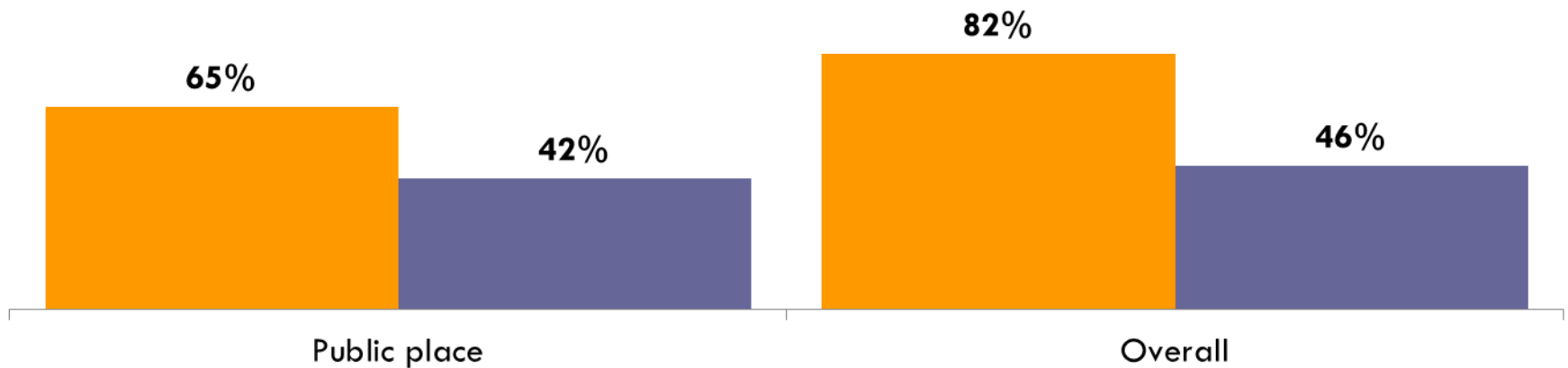
Secondhand Smoke

Secondhand Smoke – Public Place and Overall

Smokers were significantly more likely than non-smokers to report breathing smoke from someone else's cigarette in a public place (65% vs. 42%) and overall (82% vs. 46%). Though overall exposure to secondhand smoke among non-smokers increased from 39% in 2012, the change was not statistically significant.

Exposure to secondhand smoke in a public place and overall

■ Smoker ■ Non-smoker



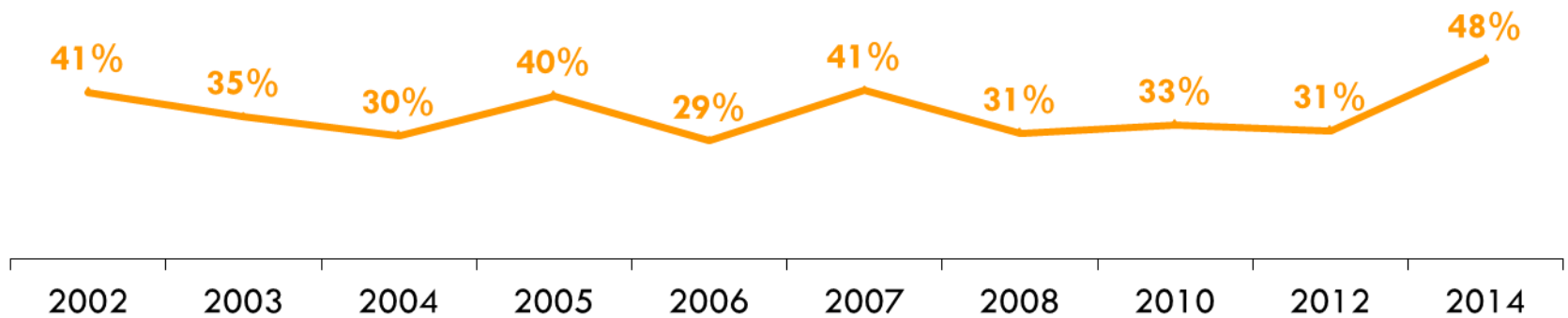
Note: Overall exposure to secondhand smoke was defined as a report of exposure to secondhand smoke in the home, a vehicle, or in a public place.

Secondhand Smoke

Health Provider Interaction

In 2014, nearly half of current smokers with children in the home under 13 years old reported that their health care provider asked if they smoke around their children. This was significantly higher than the proportion in 2012.

Trend in smokers with children reporting that, in the last year, health care professionals asked about smoking around children

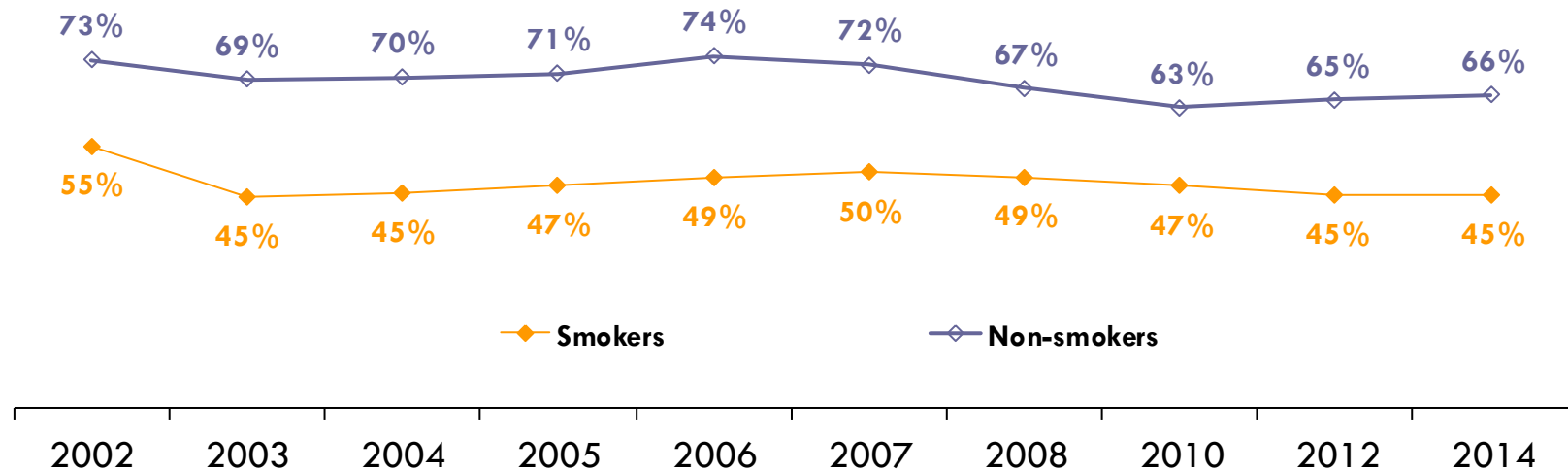


Secondhand Smoke

Reduction Seen in Perceived Harm of Secondhand Smoke

Smokers said they thought breathing smoke from other people's cigarettes is 'very harmful' to one's health significantly less often than non-smokers (66% vs. 45%). Significantly fewer smokers and non-smokers perceived secondhand smoke as 'very harmful' in 2014 compared to 2002, though the trend has had little change since 2008.

Trend in proportion who perceive secondhand smoke as 'very harmful'



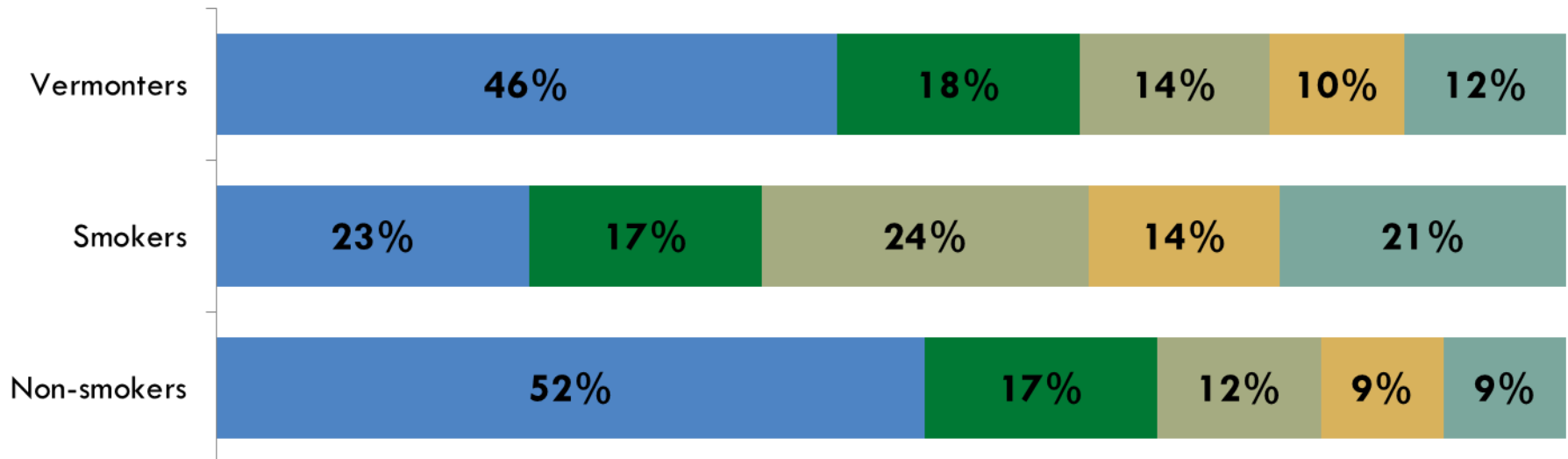
Secondhand Smoke

Tobacco Policy – Outdoor Bans

About half of Vermonters (46%) and non-smokers (52%) were strongly in favor of banning smoking in outdoor public places, significantly higher than 2012. Among smokers, the proportion strongly in favor (23%) and the proportion strongly against (21%) significantly increased and decreased, respectively, compared to 2012.

Opinion on a policy to ban smoking in outdoor public places

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against



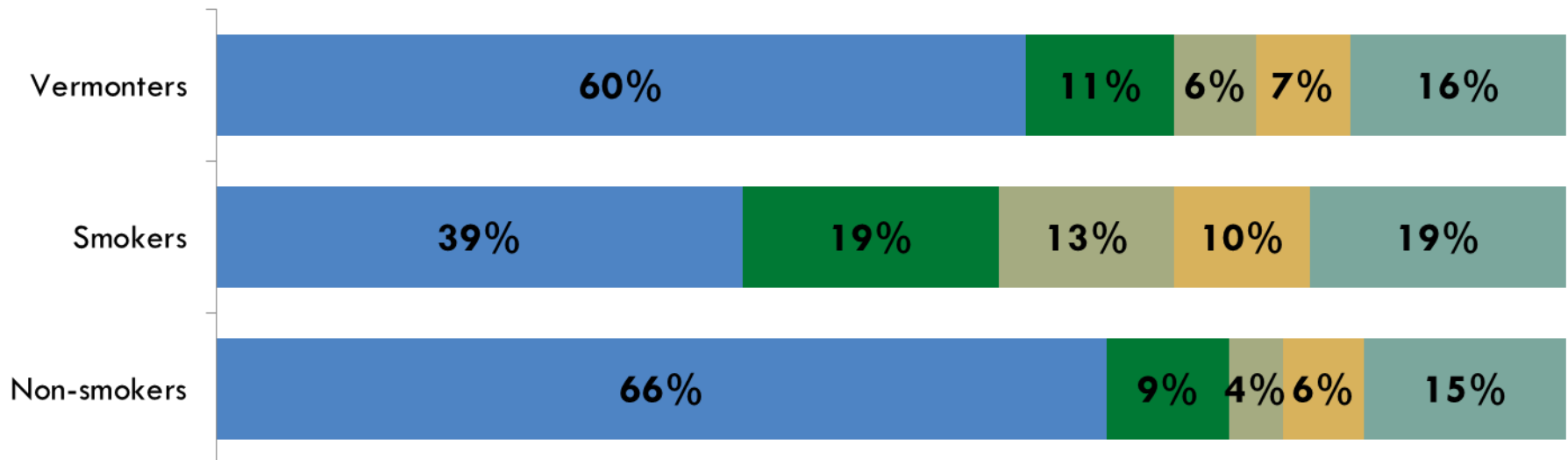
Secondhand Smoke

Tobacco Policy – Public Entryways

Sixty percent of Vermonters were strongly in favor of banning smoking in entrance ways of public buildings. Smokers were significantly less likely than non-smokers to strongly favor banning smoking in entrance ways of public buildings (39% vs. 66%).

Opinion on a policy to ban smoking in entrance ways of public buildings

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against

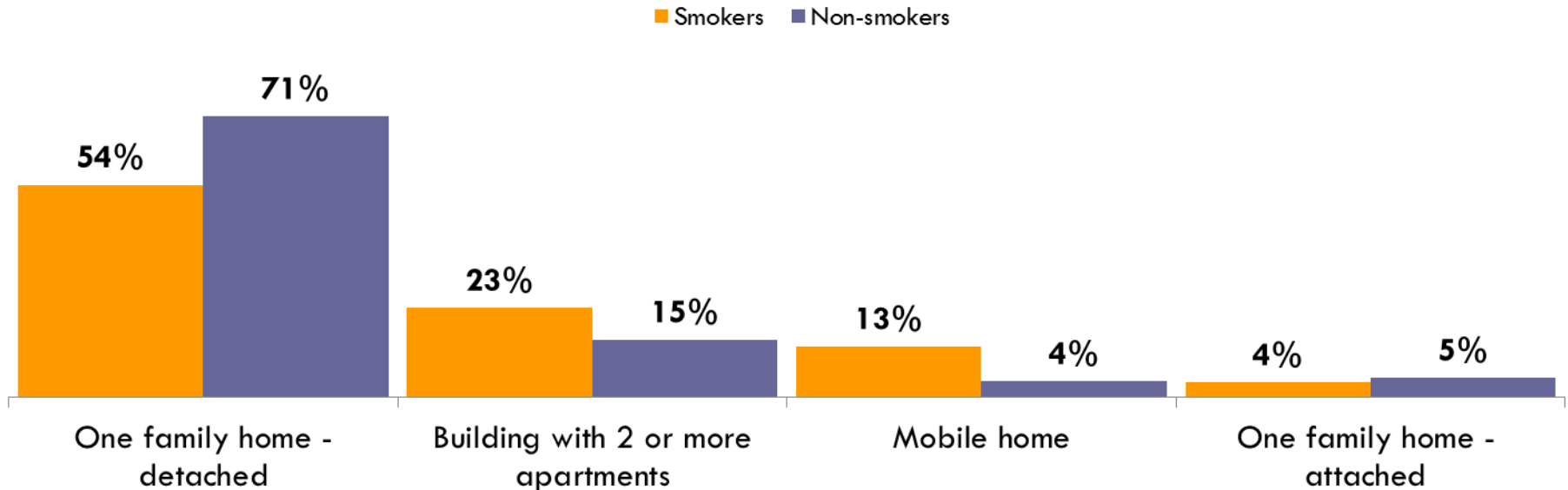


Secondhand Smoke

Tobacco Policy – Multi-unit Housing

Compared to non-smokers, smokers were significantly more likely to live in a building with 2 or more apartments or a mobile home. Non-smokers were significantly more likely to live in a detached one-family home. Among those living in a building with two or more apartments, smokers were significantly more likely to live a building with 10 or fewer apartments compared to non-smokers (84% vs. 66%) (data not shown).

Percent of Vermonters living in different housing situations



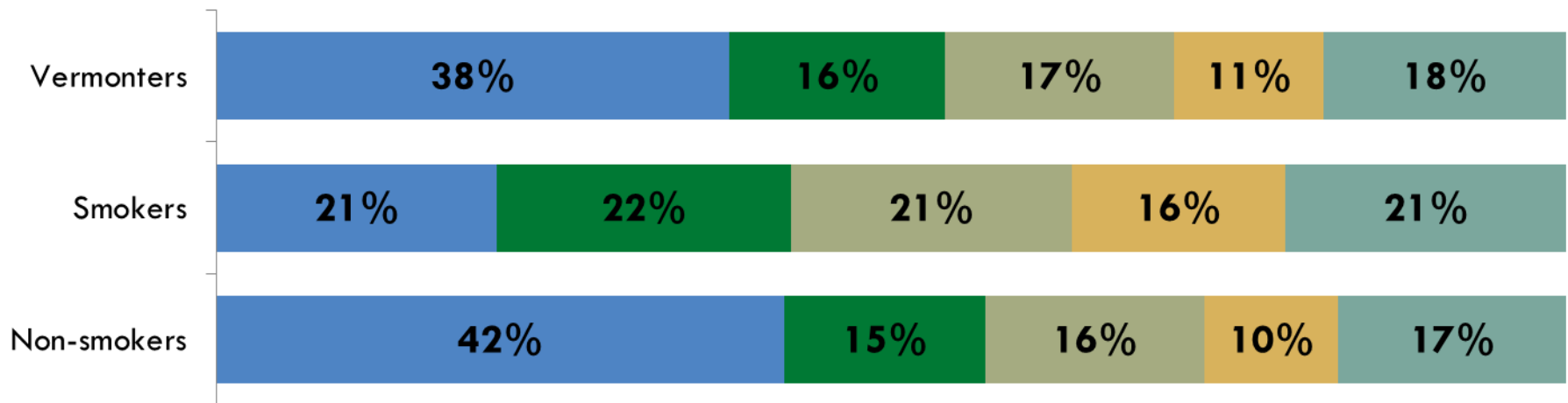
Secondhand Smoke

Tobacco Policy – Multi-unit Housing

Over one-third of Vermonters were strongly in favor of banning smoking in multi-unit complexes. The proportion of supporters was higher among non-smokers (42%). Conversely, only half as many smokers were strongly in favor of banning smoking in multi-unit complexes (21%).

Opinion on a policy to ban smoking in multi-unit complexes

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against



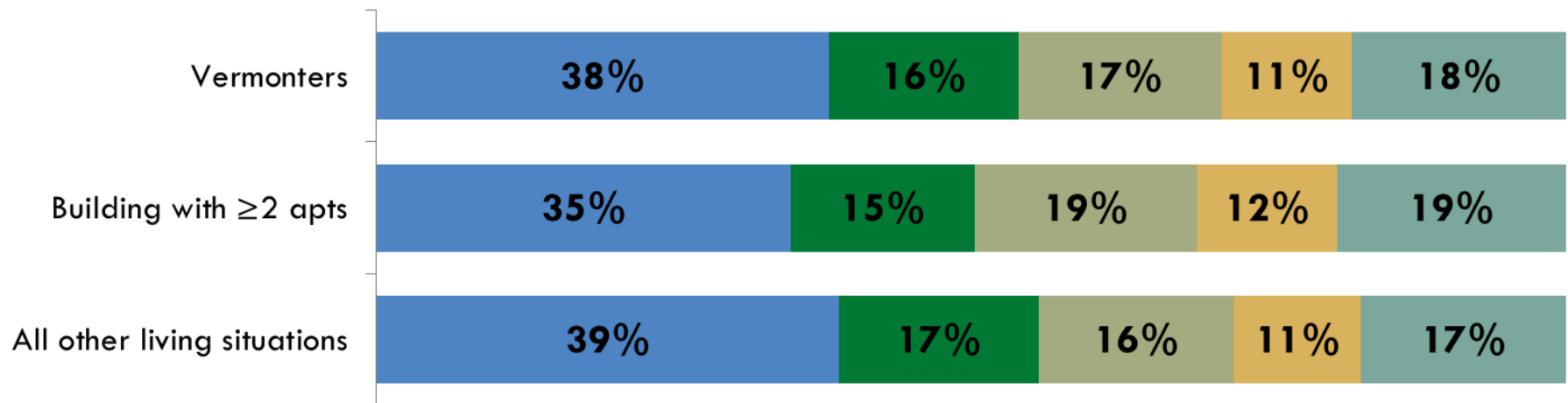
Secondhand Smoke

Tobacco Policy – Multi-unit Housing

Opinions on banning smoking in multi-unit housing did not appreciably vary by housing status. Among Vermonters living in a building with 2 or more apartments and Vermonters living in any other housing situation, between 35% and 39% were strongly in favor of banning smoking in unit housing.

Opinion on a policy to ban smoking in multi-unit complexes

■ Strongly in favor ■ Somewhat in favor ■ Neither in favor nor against ■ Somewhat against ■ Strongly against



Tobacco-related Disparities

Tobacco-Related Disparities

Disparities in tobacco use exist in Vermont, particularly among lower income and lower education adults. These groups bear a bigger share of the tobacco-related burden. VTCP has been diligent in its efforts to reduce tobacco-related disparities and promote health equity. This section examines tobacco-related behaviors specifically quit attempts, cessation methods and medications used, use of OTPs, visits to a health care provider, secondhand smoke exposure and smoking bans. Demographic sub-groups were based on age, gender, federal poverty level (FPL), education, insurance status and mental health status. Only sub-groups with statistically significant differences are presented.

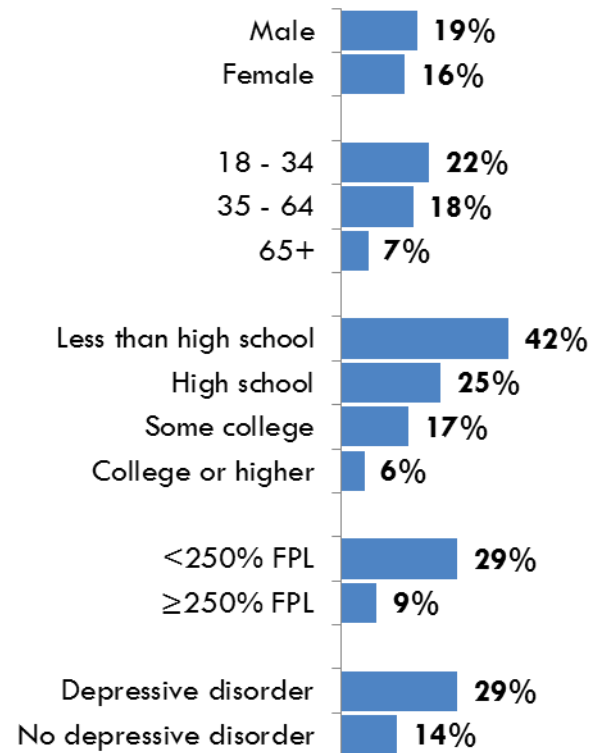
Tobacco-Related Disparities

Smoking prevalence among sub-groups

In 2013, less than two in ten (18%) Vermonters reported being cigarette smokers. Men and women reported smoking at statistically similar rates. Adults 65 and older smoked at significantly lower rates than those in other age groups.

Adults with less education, living at less than 250% below FPL or with a depressive disorder had significantly higher smoking rates than those with more education, living at least 250% above FPL or without a depressive disorder, respectively.

Vermont adult smoking prevalence, VT BRFSS 2013



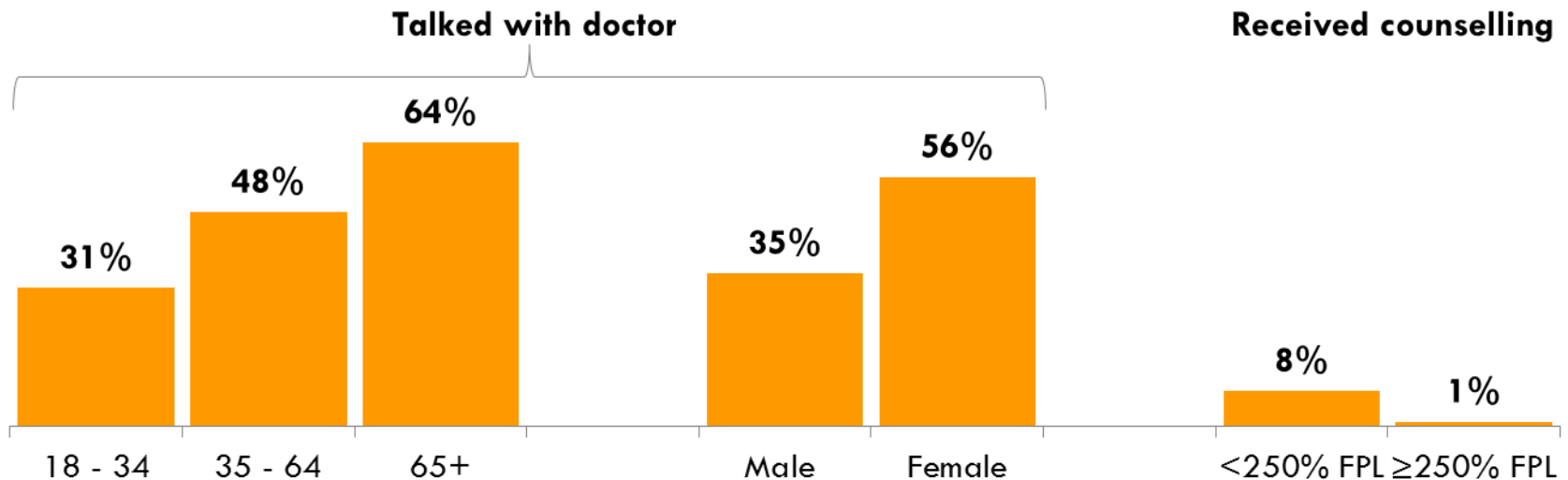
*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

Tobacco-Related Disparities

Quit Behaviors

Number of quit attempts and use of cessation medication did not significantly vary by any of the selected characteristics. Cessation method used significantly varied only for the ‘talked with a doctor or health care professional’ and the “received individual counselling” options. Among current smokers, 18 – 34 year olds were significantly less likely to talk with a doctor about quitting than 65 year olds and older (31% vs. 64%). Males were significantly less likely to talk with a doctor about quitting than females (35% vs. 56%). Current smokers who were 250% below FPL were significantly more likely to receive individual counselling as compared to those at or above 250% FPL (8% vs 1%).

Cessation methods used among smokers by age, gender and FPL

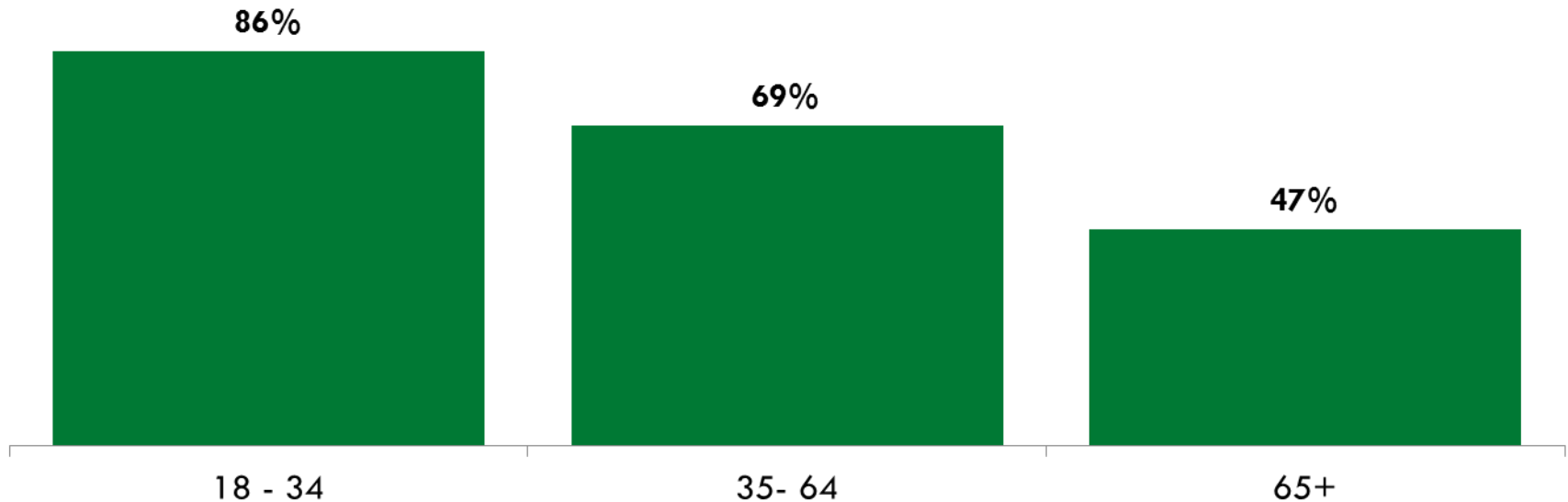


Tobacco-Related Disparities

Visits to health care professionals in the past 12 months

Having a health care professional (HCP) ask if you currently smoke was the only smoking-related HCP assessment that significantly varied by any of the selected characteristics. Vermonters were less likely to be asked if they smoke as age increased. All differences by age groups were significant.

**Smoking assessment among Vermonters during health care visit
by age**

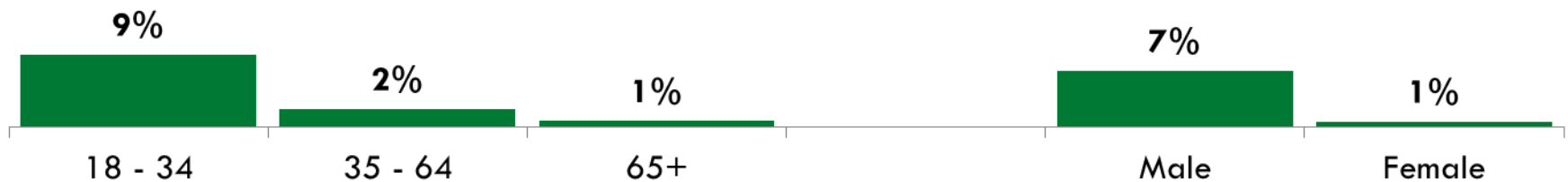


Tobacco-Related Disparities

Other Tobacco Products – Chew, Snuff, Snus

Use of chew, snuff or snus significantly varied by age and gender among Vermonters. Younger adults (18 – 34) and males were significantly more likely to currently use chew, snuff or snus than older adults and females, respectively.

Prevalence of chew, snuff or snus use among Vermonters by age and gender

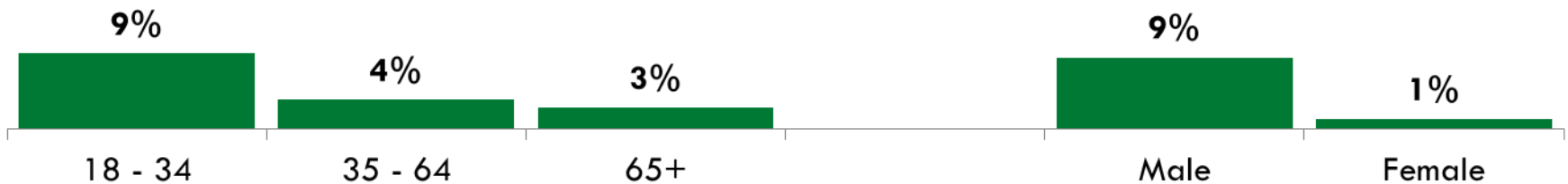


Tobacco-Related Disparities

Other Tobacco Products – Cigar, Cigarillo, Little Cigar

Use of cigars, cigarillos or little cigars significantly varied by age and gender among Vermonters. Younger adults (18 – 34) and males were significantly more likely to currently use cigars, cigarillos or little cigars than older adults and females, respectively.

Prevalence of cigars, cigarillos or little cigars use among Vermonters by age and gender

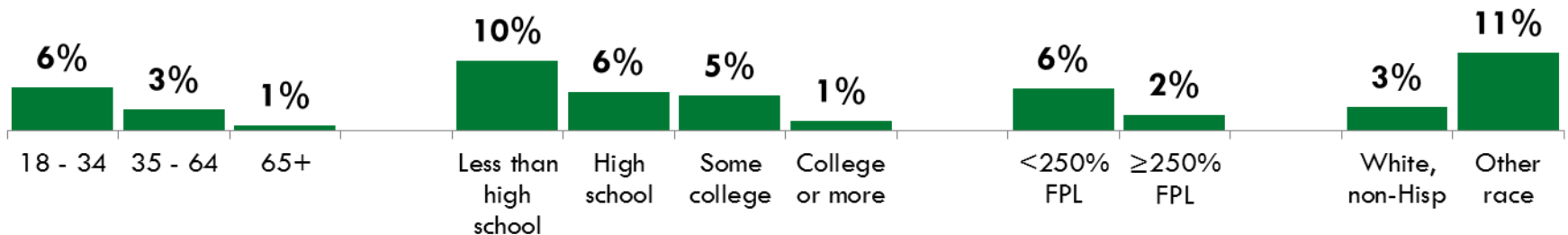


Tobacco-Related Disparities

Other Tobacco Products – Electronic Cigarettes

Use of electronic cigarettes significantly varied by age, education and FPL. Older adults (65+) and Vermonters who have completed a college education were significantly less likely to currently use electronic cigarettes than younger adults and Vermonters with less than a college education, respectively. Vermonters who were 250% below FPL were significantly more likely to use an electronic cigarette as compared to those at or above 250% FPL. White, non-Hispanic Vermonters were significantly less likely to use electronic cigarettes compared to Vermonters of all other races.

Prevalence of electronic cigarette use among Vermonters by age and education

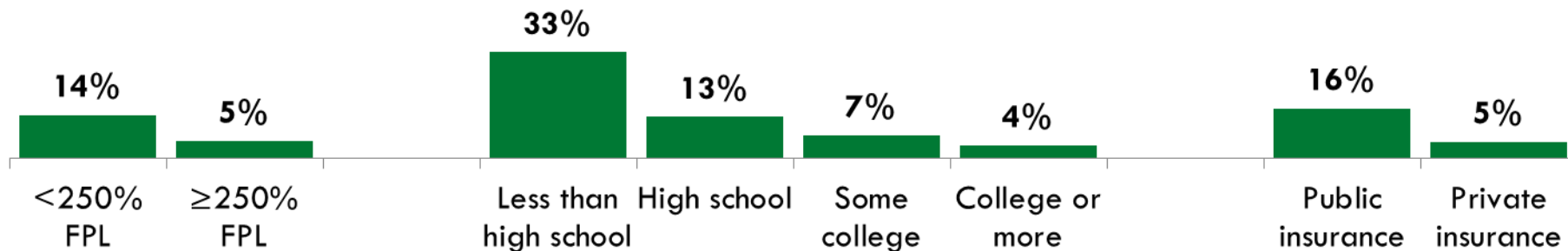


Tobacco-Related Disparities

Secondhand smoke exposure in the home

Vermonters who reported exposure to smoke in their home varied by FPL, education and insurance status. Vermonters who were 250% below FPL or who had public insurance were significantly more likely to be exposed to smoke in their home than those who were at least 250% above FPL or had private insurance, respectively. As education increased, the proportion of Vermonters exposed to smoke in their home decreased. All differences by education were significant.

Secondhand smoke exposure in the home among Vermonters by FPL, education and insurance

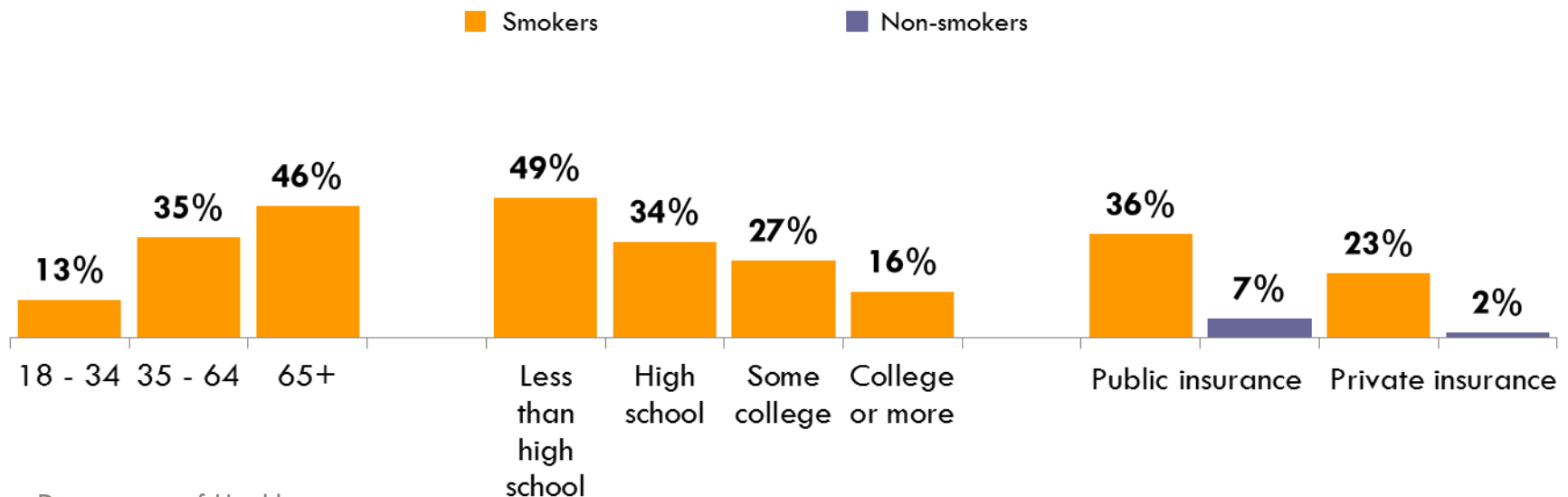


Tobacco-Related Disparities

Secondhand smoke exposure in the home

Vermont smokers who reported smoke exposure in the home varied by age, education and insurance status, while non-smokers varied only by insurance status. As smokers' age increased, the proportion reporting home smoke exposure also increased. All differences by age were significant. As education increased, the proportion of smokers reporting home smoke exposure decreased. Smokers with a college education or more were significantly less likely to report home exposure than smokers with a high school education or less. For both smokers and non-smokers, those with private insurance were significantly less likely to report home smoke exposure.

Secondhand smoke exposure in the home by age, education and insurance

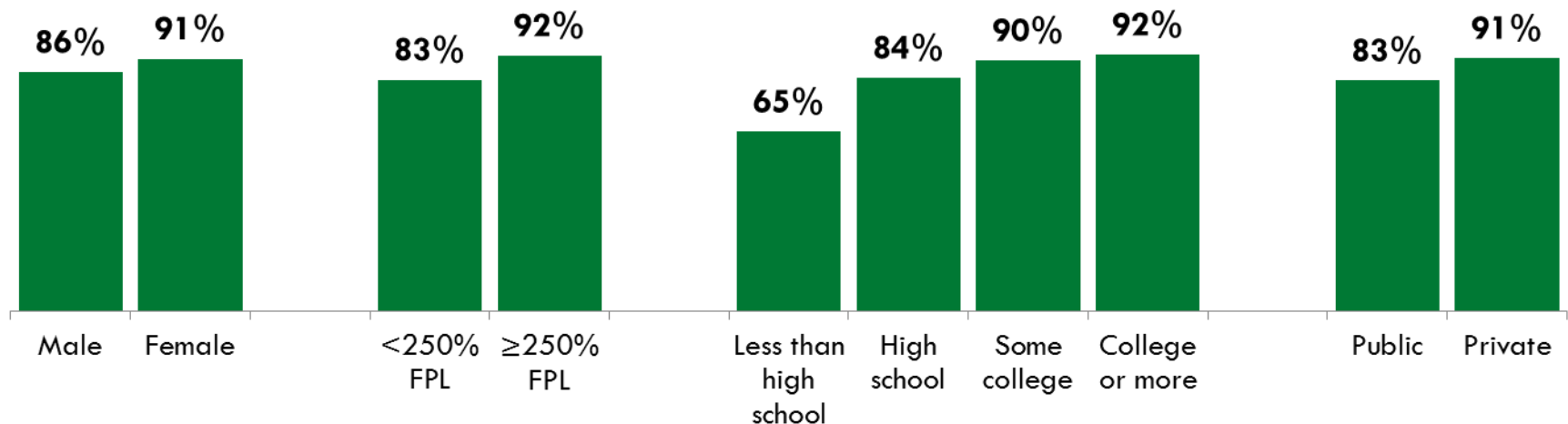


Tobacco-Related Disparities

Smoking bans in the home

Vermonters who did not allow smoking anywhere inside their home varied by gender, FPL, education and insurance status. Males, those who were below 250% FPL or those with public insurance were significantly less likely to have a home smoking ban than females, those who were at least 250% FPL or those with private insurance, respectively. Vermonters with less than a high school education were significantly less likely to have a home smoking ban than those with higher education. Those with a high school education were significantly less likely to have a home smoking ban than those with a college education or more.

Proportion of Vermonters with home smoking bans by gender, FPL, education and insurance

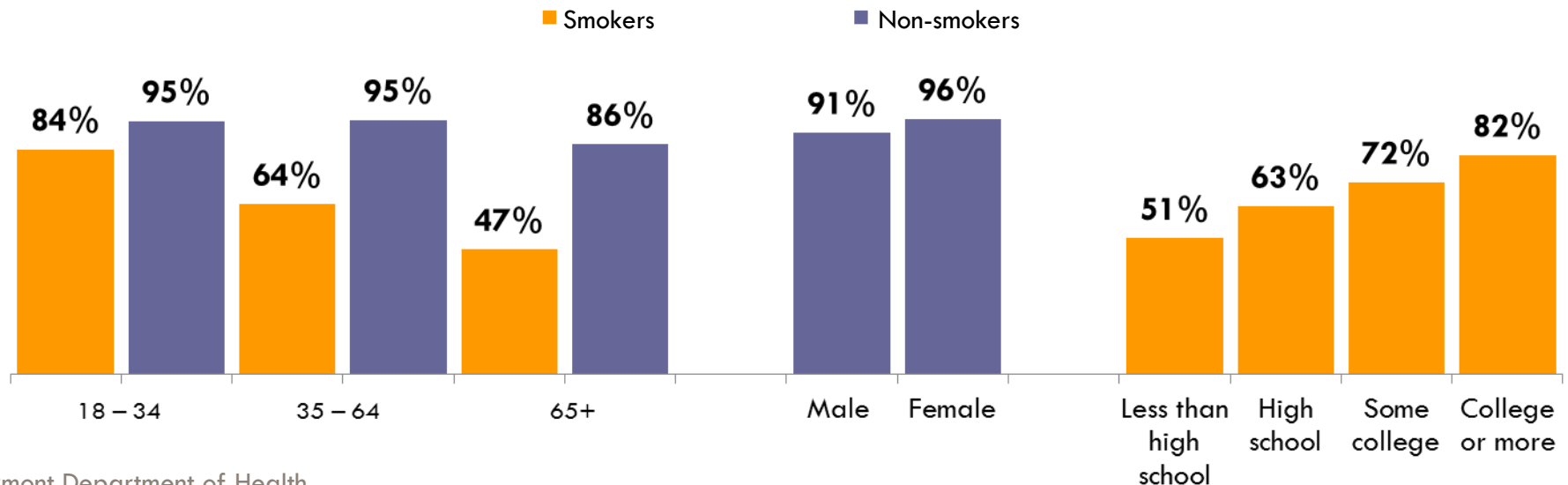


Tobacco-Related Disparities

Smoking bans in the home

Among smokers and non-smokers, as age increased the likelihood of a home smoking ban decreased. Among smokers, all differences by age were significant. Among non-smokers, those who were 65 and older were significantly less likely to have a home smoking ban than younger age groups. Compared to males, non-smoking females were significantly more likely to have a home smoking ban. Smokers with a college education or more were significantly more likely to have a home smoking ban than those with a high school education or less.

Proportion of smokers and non-smokers with home smoking bans by age, gender and education



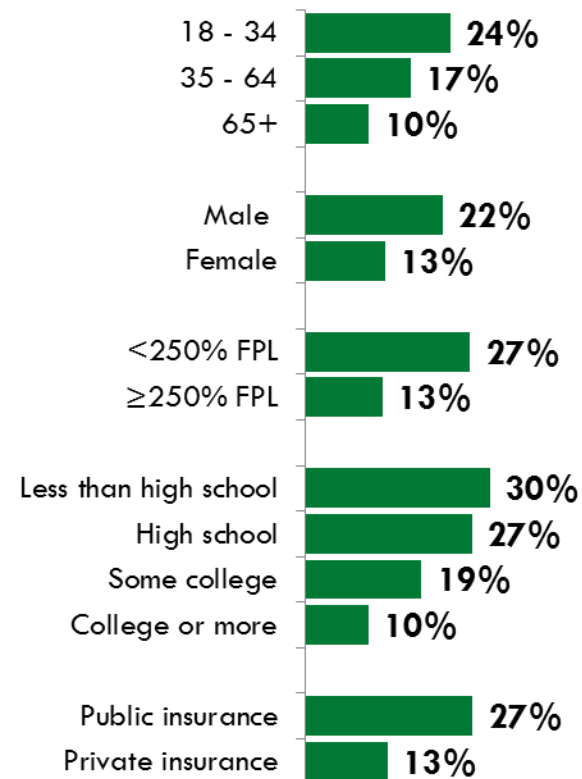
Tobacco-related Disparities

Secondhand smoke exposure in a vehicle

Vermonters who reported exposure to smoke in a vehicle varied by age, gender, FPL, education and insurance status.

A significantly lower proportion reporting vehicle smoke exposure occurred among those in the oldest age group (65+ vs. 18 – 34) , who were females (vs. males), who were at least 250% FPL (vs. less than 250% FPL), with higher education levels (college or more vs. all other education levels) or with private insurance (vs. public insurance).

Secondhand smoke exposure in a vehicle by age, gender, FPL, education and insurance

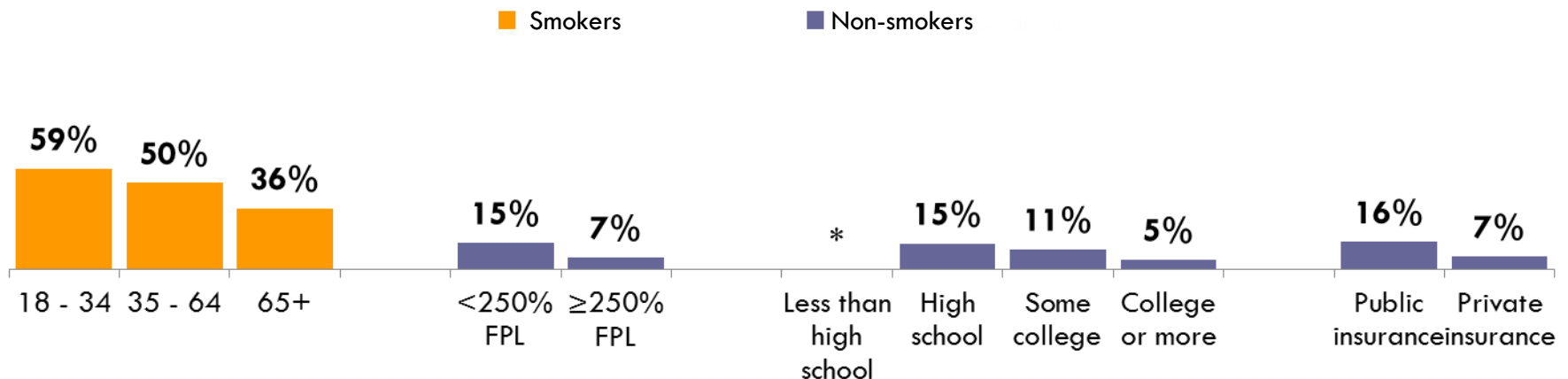


Tobacco-Related Disparities

Secondhand smoke exposure in a vehicle

Vermont smokers who reported exposure to smoke in a vehicle varied by age, while non-smokers varied FPL, education and insurance status. As smokers age increased, the proportion reporting vehicle smoke exposure decreased (18 – 34 year olds were significantly more likely than 65 year olds and older). Among non-smokers, those who were at least 250% FPL or had private insurance were significantly less likely to report vehicle smoke exposure compared to those below 250% FPL or had public insurance, respectively. Non-smokers with a college education or more were significantly less likely to have vehicle smoke exposure than those with a high school education.

Secondhand smoke exposure in a vehicle by age, FPL, education and insurance

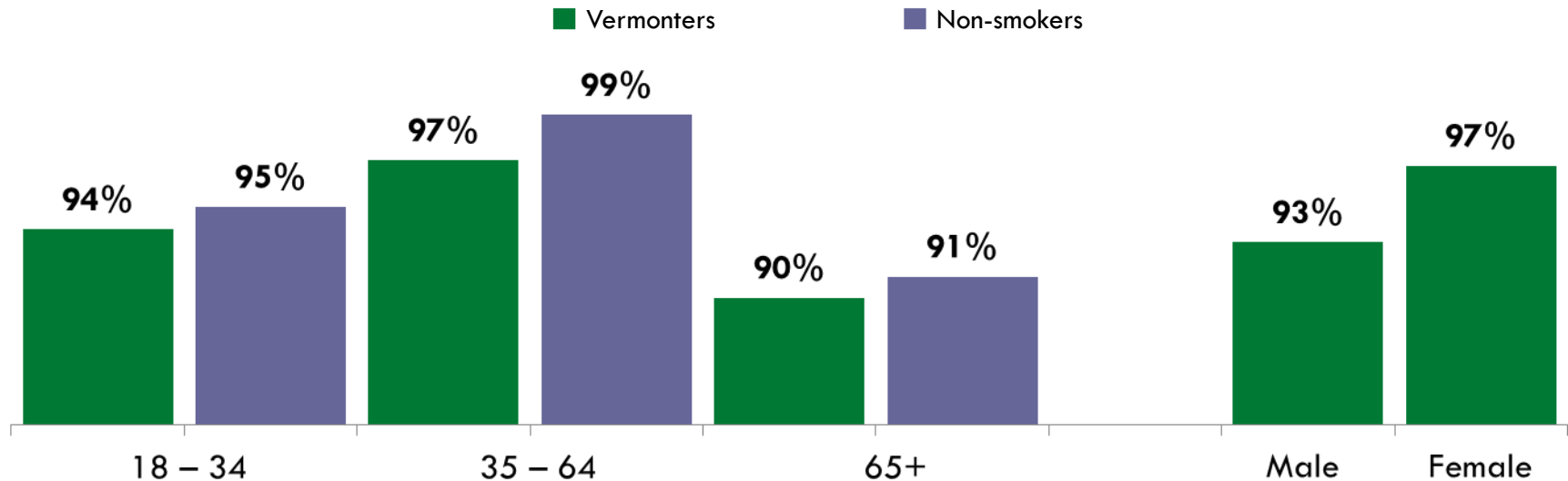


Tobacco-Related Disparities

Smoking bans in a vehicle

Vermonters who do not allow smoking in their vehicle when a child is present varied by age and gender. Those who were 35 – 64 years old were significantly more likely to have a vehicle smoking ban than those who were 65 years old and older. Females were significantly more likely to have a vehicle smoking ban than males. Among non-smokers, those who were 35 – 64 years old were significantly more likely to have a vehicle smoking ban than those who were 18 – 34 years old or 65 years old and older.

Proportion of Vermonters and non-smokers with vehicle smoking bans by age and gender

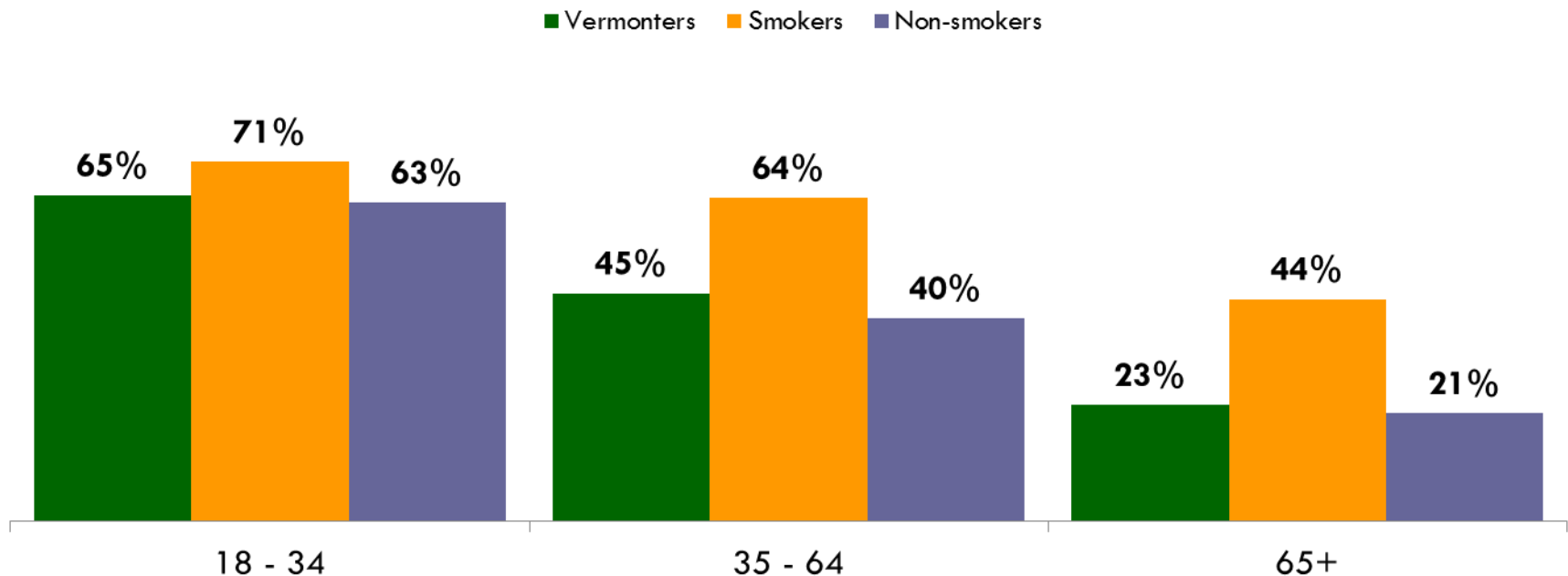


Tobacco-Related Disparities

Secondhand exposure in a public place

Among all Vermonters, smokers and non-smokers, there were differences by age for exposure to smoke from someone who was smoking tobacco in a public place during the last 7-days. In general, a report of smoke exposure was less likely as age increased. Significant difference in age included: Vermonters and non-smokers – all age groups; smokers – 65+ vs. all other age groups.

Comparison of public secondhand smoke exposure in the last week by age

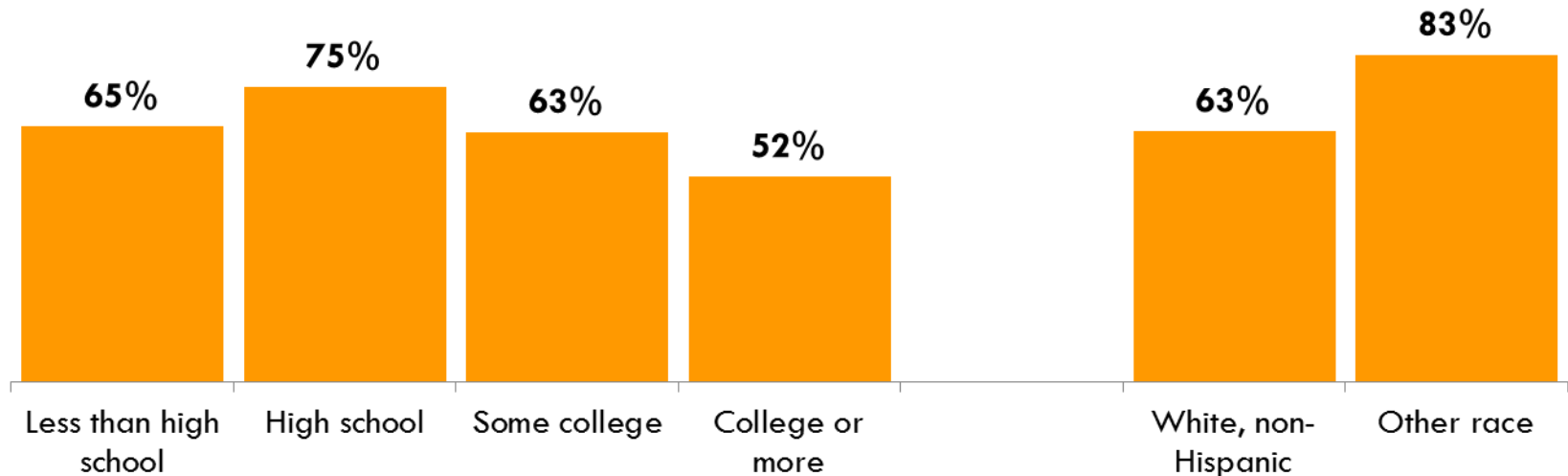


Tobacco-Related Disparities

Secondhand exposure in a public place

Among smokers, those with a college education or more were significantly less likely to report smoke exposure in a public place compared to those in high school. White, non-Hispanic Vermonters were significantly less likely to be exposed to secondhand smoke in a public place compared to Vermonters of all other races.

Comparison of public secondhand smoke exposure in the last week by education and race

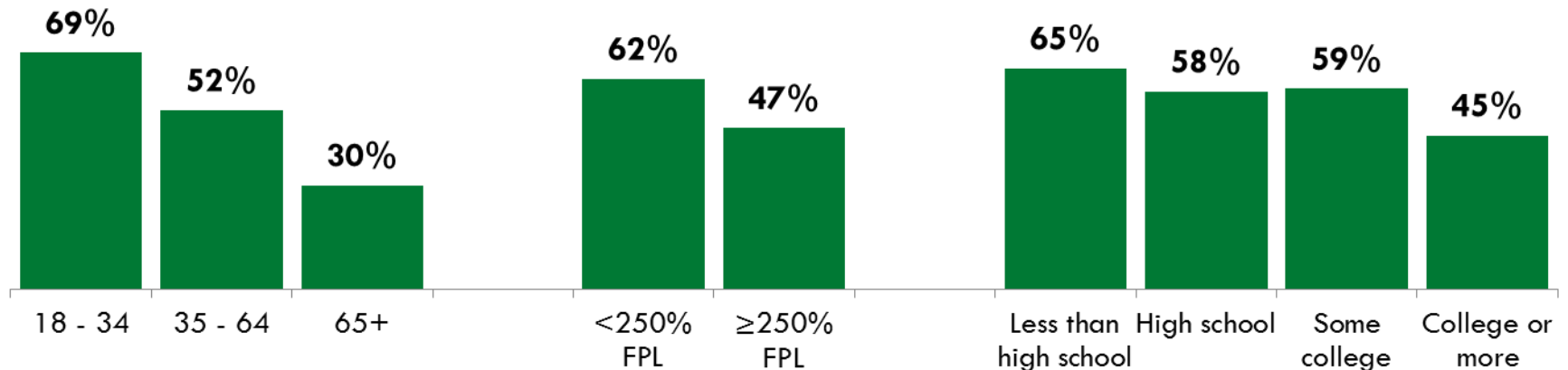


Tobacco-Related Disparities

Secondhand smoke exposure - overall

Among all Vermonters, exposure to other peoples' smoke at least once in the past seven days in the home, a vehicle or public places varied by age, FPL and education. As age increased, the proportion reporting exposure to smoke decreased. All differences by age group were significant. Those who were at or above 250% FPL were significantly less likely to report smoke exposure than those who were below 250% FPL. Vermonters with a college education or more were less likely to report exposure to smoke than those in all other education levels.

Combined secondhand smoke exposure from homes, vehicles or outdoors among Vermonters by age, FPL and education

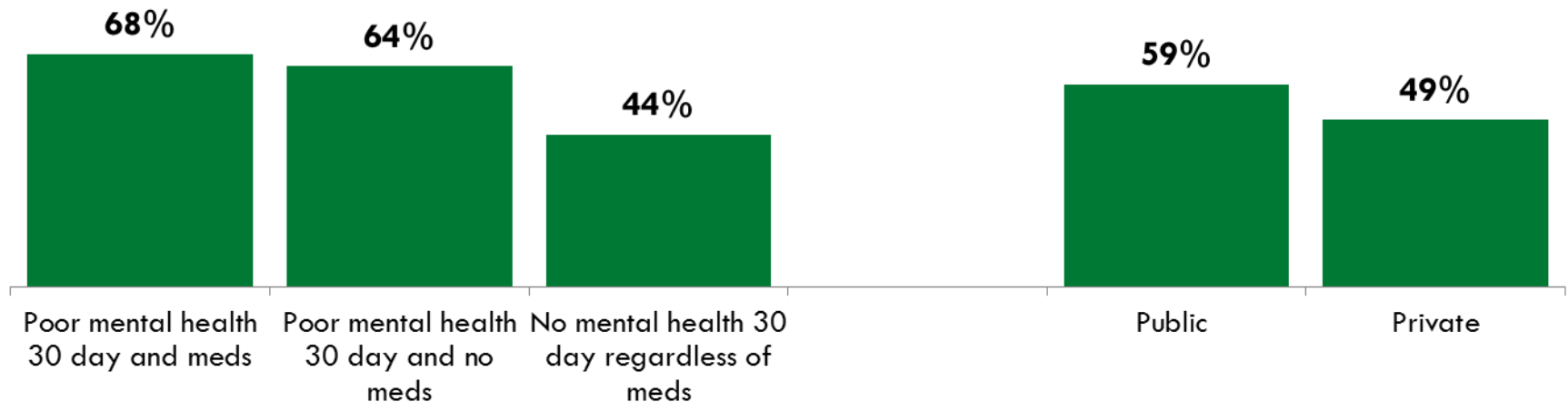


Tobacco-Related Disparities

Secondhand smoke exposure - overall

Among all Vermonters, exposure to other peoples' smoke at least once in the past seven days in the home, a vehicle or public places also varied by mental health status and insurance status. Those with private insurance were significantly less likely to report exposure to smoke than those with public insurance. Vermonters who had no poor mental health days in the past month were less likely to report smoke exposure than those who did report at least one poor mental health day in the past month.

Combined secondhand smoke exposure from homes, vehicles or outdoors among Vermonters by mental health status and insurance

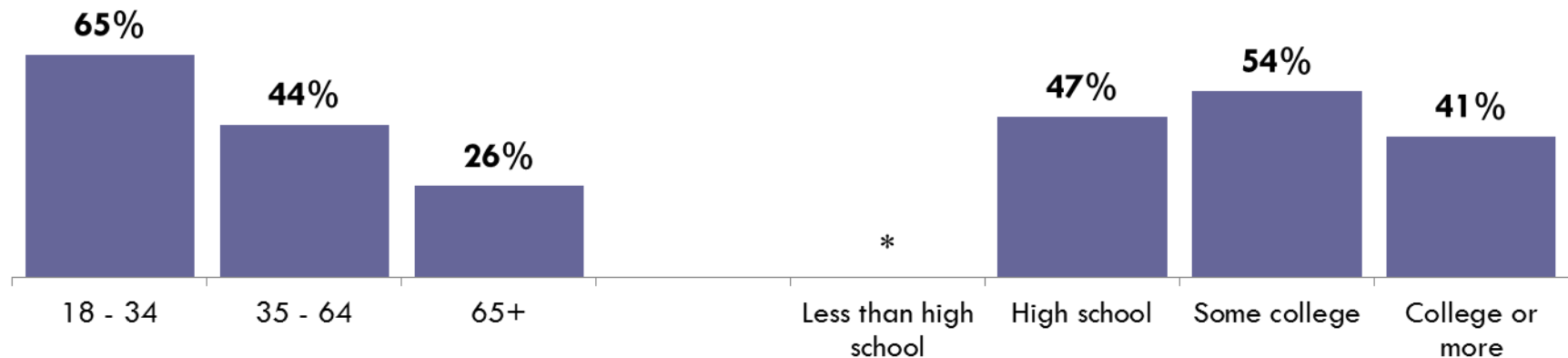


Tobacco-Related Disparities

Secondhand smoke exposure - overall

Among non-smokers, exposure to other peoples' smoke at least once in the past seven days in the home, a vehicle or public places varied by age and education. As age increased, the proportion reporting exposure to smoke decreased. All age groups were significantly different. Vermonters with a college education or more were less likely to report exposure to smoke than those who completed some college.

Combined secondhand smoke exposure from homes, vehicles or outdoors among non-smokers by age and education



Methodology

The VTATS is a telephone-based survey of non-institutionalized Vermont adult (18 years and older) residents over an eight week period during the fall of the calendar year. There have been various adjustments to the VTATS questionnaire and methodology since its inception in 2001. The most significant were in 2002 and were noted in previous reports. Trend data are included in this report. Past reports are available online at the Vermont Department of Health website (<http://www.healthvermont.gov/prevent/tobacco/surveillance.aspx>).

Prior to 2008, the sample included 2,000 respondents each year: 1,000 each of smokers and non-smokers regardless of telephone type. In 2008, the VTATS included over 200 cell phone users for the first time. Recognizing the increased importance to representativeness of including cell phone users, the 2010 and 2012 surveys set the following targets: 2,000 respondents total, 1,400 landline, 600 cell phone, 1,000 non-smokers and 1,000 current and former smokers (those who quit within the past five years). Unlike in 2008 when cell phone users were given shorter surveys, cell phone and landline users were given identical surveys for all surveys after 2008. In 2014, the cell phone/landline proportion changed again: 800 cell phone and 1,200 landline. The survey took about 20 minutes to complete.

The VTATS results were weighted by age, gender, county, household composition, telephone type, and smoking status in order to compensate for differences between the sample and the overall Vermont adult population. The weighting procedure ensured that the sample was representative of this population and permitted us to draw inferences about the whole Vermont adult population based on the results of the sample.

Methodology

Statistical differences between proportions were assessed using the Taylor Linearization Method, assuming a with replacement design. Differences were considered statistically significant when 95% confidence intervals did not overlap. These are noted in the text. All analyses were conducted using SAS 9.3 (Cary, NC, USA).

Sample characteristics for 2006 - 2014 VTATS data are presented on page 81. The table provides un-weighted respondent counts and proportions as well as the weighted proportion by each sample characteristic: gender, age group, education level, income level, and smoking status.

Response Rate

The CASRO response rates* for the 2014 VTATS were 30% and 27% for landline and cell phone respondents, respectively (page 81). For landlines and cell phones, this represents a decrease from 38% and 30% in 2012, respectively. It is important to note that there is not yet a standard formula for cell phone response rates. The survey contractor calculated a rate based on the information currently available.

** Based on Behavioral Risk Factor Surveillance System (BRFSS) Council of American Survey Research Organizations (CASRO) response rate.*

Methodology

Sample Characteristics by Survey Year		2006		2007		2008		2010		2012		2014	
		N	%	N	%	N	%	N	%	N	%	N	%
Overall		2,057	100%	2,124	100%	1,880	100%	2,044	100%	2,058	100%	2,050	100%
Gender	Female	1,287	63%	1,388	65%	1,078	57%	1,091	53%	1,100	53%	1,081	53%
	Male	770	37%	736	35%	802	43%	953	47%	958	47%	969	47%
Age Group	18 to 24 years	291	14%	279	13%	204	11%	468	23%	169	8%	140	7%
	25 to 44 years	555	27%	536	25%	471	25%	466	23%	536	26%	526	26%
	45 years and older	1,181	57%	1,281	60%	1,172	62%	1,074	53%	1,330	65%	1,351	66%
Education	Less than high school	132	6%	170	8%	109	6%	155	8%	131	6%	124	6%
	High school	727	35%	718	34%	558	30%	710	35%	661	32%	627	31%
	Some college	497	24%	526	25%	432	23%	601	29%	545	27%	529	26%
	College or higher	691	34%	702	33%	765	41%	570	28%	716	35%	761	37%
Income	Low	464	23%	523	25%	390	21%	529	26%	496	28%	522	30%
	Middle	877	43%	885	42%	813	53%	776	38%	838	48%	791	45%
	High	380	18%	399	19%	412	22%	356	17%	417	24%	446	25%
Smoking Status	Current smoker	906	44%	970	46%	524	28%	917	45%	925	46%	897	44%
	Recent quitter	69	3%	51	2%	54	3%	52	3%	44	2%	42	2%
	Former smoker	349	17%	318	15%	433	23%	259	13%	365	18%	360	18%
	Never smoker	724	35%	775	37%	862	46%	810	40%	670	33%	718	36%
	Smoker	975	47%	1,021	48%	578	31%	969	48%	969	48%	939	47%
	Non-smoker	1,073	52%	1,093	52%	1,295	69%	1,069	52%	1,035	52%	1,078	53%
Overall CASRO Response Rate (see page 80)	Landline	--	36%	--	22%	--	33%	--	38%	--	38%	--	30%
	Cell phone	--	--	--	--	--	27%	--	27%	--	30%	--	27%

Appendix A: Disparities analysis subgroups

Subgroup characteristics, VTATS 2014 (N = 2050)	Weighted %	Unweighted % (n)	Smoking prevalence* %
Gender			
Male	49	47 (969)	19
Female	51	53 (1081)	16
Age Group			
18 – 34	27	19 (389)	22
35 – 64	55	58 (1172)	18
65 +	18	23 (456)	7
Education			
Less than high school/GED	4	6 (124)	42 [§]
High school/GED	26	31 (627)	25
Some college (includes 2-year degrees)	25	26 (529)	17
College or higher	45	37 (761)	6
Federal poverty level			
<250%	37	42 (732)	29 [§]
≥250%	63	58 (1022)	9
Insurance status			<i>Not on BRFSS 2013</i>
Public	20	28 (513)	--
Private	80	72 (1340)	--
Mental health status			
Depression/stress past 30 days and taking medication	12	15 (305)	
Depression/stress past 30 days and not taking medication	27	26 (514)	29 ^{§†}
No depression/stress past 30 days, regardless of medication	61	59 (1179)	14

*Data from VT BRFSS 2013. BRFSS data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

[§]Significant difference among all levels.

[†]BRFSS defines mental health status based on a single question: 'Has a doctor ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?'

Appendix B: Disparities analysis subgroups

Definitions

Federal Poverty Level

A measure of income used to determine your eligibility for certain programs. FPL is calculated using data on income and number of children in the household, both of which are collected on the VTATS. The VTCP is interested in the tobacco-related behaviors among those below 250% FPL compared to those who are at least 250% FPL.

Insurance status

Public insurance was defined as having Medicaid, Medicare, Ladies First or Green Mountain Care. Private insurance as defined as having VA/Tricare, Blue Cross Blue Shield, MVP, Cigna or another type of private insurance. Because respondents could choose more than one insurance type, these two groups are not mutually exclusive.

Mental health status

Respondents were asked if they had bad mental health days (including stress and depression) in the past months. They were also asked if they were currently taking medicine or receiving treatment for a mental health condition. Responses to these two questions were used to create three groups of individuals with different mental health statuses.

Appendix A: 2014 Vermont Adult Tobacco Survey

Table of Contents

Smoking Status Definitions	2
Introduction: Landline and Cell Phones	3
Landline Screener 1: Any adult	4
Landline Screener 2: Smoker.....	9
Cell Phone Screener	14
Introductory Section.....	17
Section 1: Smoking Status	18
Section 2: Cigarette Smoking Practices – Current Smoker	20
Section 3: Cigarette Smoking Practices – Former Smokers	25
Section 4: Health Care Visits in the Last 12 Months.....	27
Section 5: Risk Perception and Social Influences.....	31
Section 6: Demographics	37
Closing	42
Appendix A: Vermont Town List for Q6_103	43
Appendix B: Special Block.....	1

Smoking Status Definitions

//PROGRAMMER NOTES: A respondent's smoking status may change, depending on their response to Q3_30B (in Section 3). The Variable "XSMOKER holds the original smoking status variable". The variable SMOKER, holds the updated smoking status (based on info from Q30_B if applicable).//

Logic	Set smoking status to	Set "XSMOKER" VARIABLE FLAG TO
Q1_3=01,02	Smoker	SMOKER=11
Q1_1=02,77,99	Non-Smoker	SMOKER=22
Q1_3=03,77,99	Ex-Smoker "former smoker"	SMOKER=33

Logic	Set smoking status to	Set "SMOKER" VARIABLE FLAG TO
Q1_3 = 01,02	Smoker	SMOKER=11
(Q1_1 = 02,77,99) OR (q3_30b > 5 years (this logic doesn't come until Section 3))	Non-Smoker	SMOKER=22
(Q1_3 = 03,77,99) OR (IF Q3_30B ≤ 5 (this logic doesn't come until Section 3))	Ex-Smoker "former smoker"/recent quitters	SMOKER=33

Create variable, LANDLINE, where 1= Landline Survey. Blank = Cell Phone Survey.

Introduction: Landline and Cell Phones

Answering machine message:

/ //ANSWERING MACHINE MESSAGE TEXT AND PROTOCOL
/ [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN AN ANSWERING MACHINE.
PLEASE HAVE CATI PROMPT THE SCRIPT TO LEAVE MESSAGES ON THE 1ST ANSWERING
MACHINE, AND ALSO THE 4TH AND 9TH ATTEMPTS RESULTING IN ANSWERING MACHINES.]:

[Interviewer: Leave the following message on the answer machine:]

"Hi, my name is _____. I am calling on behalf of the Vermont Department of Health to conduct an important study on the health of Vermont residents.

Please call us at 866-784-7216 at your convenience. Thanks."

Privacy Manager:

/ //PRIVACY MANAGER TEXT AND PROTOCOL
/ PROMPT INTERVIEWERS TO GO THROUGH PRIVACY MANAGERS ON THE 1ST, 4TH, AND 9TH
ATTEMPT RESULTING IN A PRIVACY MANAGER. PLEASE HAVE CATI PROMPT THE SCRIPT TO
WITH THE FOLLOWING TEXT TO NAVIGATE PRIVACY MANAGERS ON THE 1ST, AND ALSO
THE 4TH AND 9TH ATTEMPTS RESULTING IN PRIVACY MANAGERS]:

IF THE MESSAGE ASKS TO IDENTIFY WHO OR WHAT COMPANY IS CALLING:

"We are calling on behalf of the Vermont Department of Health."

IF MESSAGE ASKS TO ENTER A PHONE NUMBER:

Enter: 866-784-7216

//ASK ALL//

INTRO1: HELLO, I'm calling for the Vermont Department of Health. My name is _____. We're gathering information on the health of Vermont residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

/ IF 2 PERSON HOUSEHOLD RESUME/

HELLO, I'm calling for the Vermont Department of Health. My name is _____. We recently started an interview with an adult in your household about the health of Vermont residents. We are calling to complete the interview. Would that person be you?

[IF LL STUDY CONTINUE. If CELL STUDY GO TO “CELL PHONE SCREENER”]

Is this /insert telephone number/?

01 CORRECT NUMBER (PROCEED TO NEXT QUESTION)

05 (SELECTED PERSON) ON THE PHONE (PROCEED TO NEXT QUESTION THIS IS FOR SUSPENDED RECORDS—BRINGS TO LAST QUESTION ASKED IN SUSPENDED INTERVIEW)

06 NUMBER IS NOT THE SAME (TERM WITH DISPOSITION 21)

07 TERMINATION SCREEN

/ **IF INTRO1 IN (06)**

X1: Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time.

01 CONTINUE /TERMINATE- DISPO 21 OR 132/

[USED LAND LINE ONLY]

/ **IF INTRO1 IN (01 [OR IF RECORD SUSPENDED, INTRO1 WILL=05 (BE FILLED IN FROM PVIOUS CALL)])**

HS1: Is this a private residence?

01 {GO TO NOTE BEFORE PRES1_1} YES

02 NO (TERM WITH DISPOSITION 26)

/ **IF HS1 IN (02)**

X2: Thank you very much, but we are only interviewing private residences. Thank you for your time.

01 CONTINUE /TERMINATE DISPO 026/

Landline Screener 1: Any adult

/ **//ASK IF HS1=01 AND SCRTYPE=1//**

PRES1: Our study requires that we randomly select one adult who lives in your household to be interviewed.

01 CONTINUE

//ASK IF HS1=01 AND SCRTYPE=1//

S1_1. In order to make this random selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?

__ NUMBER OF ADULTS [RANGE=0-18]

/ **IF S1_1=0 /**

ADULT0 You are saying there are NO adults 18 or over in your household. Is that correct?

- 1 YES, CORRECT: NO ADULTS 18 OR OVER IN HOUSEHOLD (TERM WITH DISPOSITION 27)
- 2 NO, INCORRECT (GOES BACK TO S1_1)

/ **//IF ADULT0 =1 /**

X3 Thanks very much, but we are only interviewing adults 18 or over. Thank you for your time.
01 CONTINUE (ASSIGN DISPO 027)

/ **IF S1_1 > 5**

NOTE2 I am sorry. I just want to make sure I recorded this correctly. You said that there are (s1_1) adults living in your household. Is that correct?

- 1 YES, CORRECT AS IS
- 2 NO, RE-ASK QUESTION (GOES BACK TO S1_1)

/ **//IF S1_1 (IN 1, 2), ASK S1_2,**

- S1_2. **[IF S1_1=1 “Are you the adult?”]**
[IF S1_1=2 “Are you one of the adults?”]
- 21 YES, MALE
 - 22 YES, FEMALE
 - 03 {GO TO S1_2b} NO

/ **IF S1_1=2 AND S1_2 IN (03)**

- S1_2ZT. May I speak with one of the adults?
- 01 Yes
 - 02 No /Terminate 105/

//IF S1_1 =2//

S1_2Z . IF 2 ADULTS IN HOUSEHOLD, THEN WE RANDOMLY SELECT “1” OR “2” (BEFORE WE ASK ABOUT WOMEN AND MEN). IF “1”, THEN THE PERSON ON THE PHONE IS SELECTED. IF “2”, THEN THE OTHER ADULT IS SELECTED, AND WE ASK FOR THE TRANSFER.

/ **IF S1_2 IN (21,22) AND (S1_1=1 OR S1_2Z=1)/**

- S1_2a. Then you are the person I need to speak with.
01 CONTINUE

/ **//IF S1_2 = 03 AND S1_2Z IS BLANK, ASK S1_2B,**

S1_2b. Is the adult a man or a woman?

- 21 {AUTOCODE S1_3} MAN (MALE)
- 22 (AUTOCODE S1_3) WOMAN (FEMALE)

/ **IF S1_2B IN (21,22)**

S1_2c. May I speak with /fill in (him/her) from previous question/?
01 {GO TO "CORRECT RESPONDENT"} YES
02 {TERMINATE} NO
77 {DISPO 109} DON'T KNOW
99 {TERMINATE} REFUSED

/ **//IF S1_1>2**

S1_3A. How many of these adults are men?
-- NUMBER OF ADULTS [RANGE=0-18]

00 NONE
01 ONE
02 TWO
03 THREE
04 FOUR
05 FIVE
06 SIX
07 SEVEN
08 EIGHT
09 NINE

/ **IF S1_3A > 5**

NOTE3 I am sorry. I just want to make sure I recorded this correctly. You said that there are (s1_3A) **adult men** living in your household. Is that correct?
1 YES, CORRECT AS IS
2 NO, RE-ASK QUESTION (GOES BACK TO S1_3A)

/ **//IF S1_1>2 /**

S1_3B. How many of these adults are women?
-- NUMBER OF ADULTS [RANGE=0-18]

00 NONE
01 ONE
02 TWO
03 THREE
04 FOUR
05 FIVE
06 SIX
07 SEVEN
08 EIGHT
09 NINE

/ **IF S1_3B > 5**

NOTE4 I am sorry. I just want to make sure I recorded this correctly. You said that there are (s1_3B) **adult women** living in your household. Is that correct?

- 1 YES, CORRECT AS IS
- 2 NO, RE-ASK QUESTION (GOES BACK TO S1_3B)

/ SEL
/ RANDOMLY SELECT ADULT; ASSIGN SELECTED VALUE:
/ 01 OLDEST FEMALE
/ 02 2ND OLDEST FEMALE
/ 03 3RD OLDEST FEMALE
/ 04 4TH OLDEST FEMALE
/ 05 5TH OLDEST FEMALE
/ 06 6TH OLDEST FEMALE
/ 07 7TH OLDEST FEMALE
/ 08 8TH OLDEST FEMALE
/ 09 9TH OLDEST FEMALE
/ 11 OLDEST MALE
/ 12 2ND OLDEST MALE
/ 13 3RD OLDEST MALE
/ 14 4TH OLDEST MALE
/ 15 5TH OLDEST MALE
/ 16 6TH OLDEST MALE
/ 17 7TH OLDEST MALE
/ 18 8TH OLDEST MALE
/ 19 9TH OLDEST MALE
/ 20 NO RESPONDENT SELECTED
/ 21 ONE PERSON - MALE
/ 22 ONE PERSON - FEMALE
/ 24 PERSON (SINGLE ADULT HH)
/ 25 2 ADULTS--PERSON ON THE PHONE
/ 26 2 ADULTS—OTHER ADULT (NOT PERSON ON THE PHONE) SELECTED

/ /ASK IF TOTAL NUMBER OF MEN PLUS WOMEN IS LESS THAN NUMBER RECORDED IN
ADULTS/
/

SHOWTOT

I'm sorry, something is not right.

Number of Men - [INSERT NUMBER MEN]

Number of Women - [INSERT NUMBER WOMEN]

Number of Adults - [INSERT NUMBER OF ADULTS]

- 1 Correct the number of men
- 2 Correct the number of women
- 3 Correct the number of adults

/ **IF S1_1 = 2-18 AND S1_2Z IS BLANK/**

S1_4. The person in your household that I need to speak with is /insert selected respondent/. Would that be you?

01	{GO TO "You're the one"}	YES
02		NO
77	{DISPO 109}	DON'T KNOW
99	{TERMINATE}	REFUSED

/ **IF S1_4 IN (02) OR IF S1_2Z=02//**

S1_4a. May I speak with /[IF S1_4 in 02 insert "selected respondent". IF S1_2Z=02 "the other adult in the household"] /?

01	{GO TO "CORRECT RESPONDENT"}	YES
02	{}	NO
77	{DISPO 109}	DON'T KNOW
99	{TERMINATE IF TWOADLT=1}	REFUSED

/ **/ASK IF ((S1_2Z=02) AND (S1_4A= 2,77,99))/**

TWOADLT So I can make sure to ask for the correct person when I call back, can you tell me how to identify them...for example you can give me their initials, or tell me to ask for the "oldest male" in the household....

01 GAVE RESPONSE

77 DON'T KNOW {GO TO TERMINATE SET AS DISPO 109/

99 REFUSE{TERMINATE}

//IF TWOADLT= 01/

TWOADLTO

ENTER RESPONSE _____

/ **ASK IF (S1_4A, , S1_2C, S2_5B, S2_7A) IN (01) OR (S1_2Z=1 AND S1_2ZT=1)**

CORRESP Correct respondent: HELLO, I'm calling for the Vermont Department of Health. We're gathering information on the health of Vermont residents. Your phone number has been chosen randomly to be interviewed and I'd like to ask some questions about health and health practices.

01 CONTINUE

/ **ASK IF (S1_2C, S1_4, S1_4A, S1_2Z, S2_2B S2_7, S2_7A IN (01), OR S1_2, S2_3, S2_5 IN (21,22) OR**

YOURTHE1:

[READ IF NECESSARY: Then you are the person I need to speak with.]

Your participation in the study is voluntary. You can decline to participate. If you choose to participate, you do not have to answer any question you don't want to, and you can end the interview at any time. The information you give me will be confidential. The interview takes about 18 minutes to complete. I will ask you questions about your health, tobacco use and other related topics. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. The call may be monitored or recorded for quality assurance purposes.

General verification: 1-866-784-7216

VT DEPT OF HEALTH (ONLY IF REQUESTED): 1-800-869-2871 (Business hours only)

001 Person interested, continue

002 Go back to Adults question. Warning: A new respondent may be selected. (You need Supervisor's permission to use this option.)”

Landline Screener 2: Smoker

/ **ASK IF HS1=01 AND SCRTYPE=2//**

PRES2. Our study requires that we randomly select one adult who lives in your household to be interviewed.

01 CONTINUE

ASK IF HS1=01 AND SCRTYPE=2//

S2_1. In order to make this random selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?

-- {RANGE = 0-18}NUMBER OF ADULTS

/ **IF S2_1=0/**

ADULT0 You are saying there are NO adults 18 or over in your household. Is that correct?

- 1 YES, CORRECT: NO ADULTS 18 OR OVER IN HOUSEHOLD (TERM WITH DISPOSITION 13)
- 2 NO, INCORRECT (GOES BACK TO S2_1)

/ **//IF S2_1 > 5/**

NOTE2 I am sorry. I just want to make sure I recorded this correctly.

You said that there are (s2_1) adults living in your household.
Is that correct?

- 1 Yes, correct as is
- 2 No, re-ask question

/ **//IF S2_1=1/**

S2_2. Are you the adult?

- 01 {GO TO S2_3} YES
- 02 NO

/ **//IF S2_2 = 02/**

S2_2N Is the adult a man or a woman?

21 Male
22 Female

/ IF S2_2 IN (02)

S2_2a. May I speak with (him/her)?

01		YES
02	{TERMINATE}	NO
77	{DISPO 109}	DON'T KNOW
99	{TERMINATE}	REFUSED

/ IF S2_2A IN (01)

S2_2b. HELLO, I'm calling for the Vermont Department of Health. We're gathering information on the health of Vermont residents. Your phone number has been chosen randomly to be interviewed and I'd like to ask some questions about health and health practices.

01 CONTINUE

/ IF S2_2=1 OR S2_2B IN (01)

S2_3. Do you smoke cigarettes every day, some days, or not at all?

21	{GO TO YOU'RE THE ONE}	EVERY DAY OR SOME DAYS, MALE
22	{GO TO YOU'RE THE ONE}	EVERY DAY OR SOME DAYS, FEMALE
03	NOT AT ALL, MALE	GO TO TERM3 /TERM ASSIGN DISP
043/		
04	NOT AT ALL, FEMALE	GO TO TERM3 /TERM ASSIGN DISP
043/		

//IF S2_3 IN (3,4) OR S2_4A = 0//

TERM3. Thank you very much, those are all the questions I have for you. Thank you for your time. STOP
01 Continue

/ IF S2_1>1

S2_4. Can you please tell me how many of these adults smoke cigarettes every day or some days, and how many do not smoke cigarettes at all?

S2_4A	__	NUMBER OF ADULTS WHO SMOKE EVERY DAY OR SOME DAYS [RANGE=0-18]
S2_4B	__	NUMBER OF ADULTS WHO DO NOT SMOKE AT ALL [RANGE=0-18]

/ //IF SUM OF S2_4A AND S2_4B IS NOT EQUAL TO S2_1, ASK S2_4CHK, OTHERWISE GO TO INSTRUCTIONS BEFORE S2_5/

S2_4CHK. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in answer from S2_1/ adults in the household, now I have that there are /fill in answer from S2_4/ adults in the household. Is this correct?

01	{RESET S2_1}	NO, NUMBER OF ADULTS IN HOUSEHOLD IS WRONG
02	{RESET S2_4}	NO, NUMBER OF ADULTS IN PREVIOUS QUESTION IS WRONG
03		CORRECT, NO CHANGE
77		DON'T KNOW
99		REFUSED

/If S2_4 Number of adults who smoke every day or some days = 1, go to S2_5/

/If S2_4 Number of adults who smoke every day or some days >1, go to S2_6/

/If S2_4 Number of adults who smoke every day or some days = 0 or S2_3 = 03, or 04, TERM/

/IF S2_3 = 03 or 04, TERM/

If (S2_4a) Number of adults who smoke every day or some days = 1

S2_5. The person I need to speak with is the adult who smokes every day or some days. Are you the adult?

21	{GO TO YOU'RE THE ONE}	YES, MALE
22	{GO TO YOU'RE THE ONE}	YES, FEMALE
03		NO

/ **IF S2_5 = 03/**

S2_5a. Is the adult a man or a woman?

21	MAN
22	WOMAN
77	DON'T KNOW
99	REFUSED

/ **IF S2_5 IN (03)**

S2_5b. May I speak with /fill in "him" or "her" from previous question/?

01	{GO TO "CORRECT RESPONDENT"}	YES
02	{GO TO CALLBACK}	NO
77	{GO TO CALLBACK}	DON'T KNOW
99	{TERMINATE}	REFUSED

/ **IF S2_4A >1**

S2_6. How many of the adults in your household who smoke every day or some days are men, and how many are women?

S2_6A	__	NUMBER OF MEN SMOKERS [RANGE=0 to S2_4A]
S2_6B	__	NUMBER OF WOMEN SMOKERS [RANGE=0 to (S2_4A-S2_6A)]

/ //IF S2_6A > 5/

NOTE3 I am sorry. I just want to make sure I recorded this correctly.

You said that there are (s2_6a) men in your household who smoke every day.
Is that correct?

- 1 Yes, correct as is
- 2 No, re-ask question

/ //IF S2_6B > 5/

NOTE4 I am sorry. I just want to make sure I recorded this correctly.

You said that there are (s2_6b) women in your household who smoke every day.
Is that correct?

- 1 Yes, correct as is
- 2 No, re-ask question

/ //IF S2_4A <> S2_6A + Q2_6B AND S2_4A > 1/

S2_6CHK I'm sorry, I seem to have made a mistake. Earlier you said there
were (S2_4a) adults who smoke cigarettes every day or some days.
Now I have that there are (S2_6a + Q2_6b) adults. Is this correct?

- 01 NO, NUMBER OF ADULTS IN PREVIOUS QUESTION IS WRONG /RESET TO S2_4A/
- 02 NO, NUMBER OF ADULTS WHO SMOKE EVERY DAY/SOME DAYS IS WRONG /RESET TO S2_6A/
- 03 CORRECT, NO CHANGE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

```

/ LIST1
/ RANDOMLY SELECT ADULT; ASSIGN SELECTED VALUE:
/ 01 OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 02 2ND OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 03 3RD OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 04 4TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 05 5TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 06 6TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 07 7TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 08 8TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 09 9TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 11 OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 12 2ND OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 13 3RD OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 14 4TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 15 5TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 16 6TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 17 7TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 18 8TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 19 9TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 20 NO RESPONDENT SELECTED WHO SMOKES EVERY DAY OR SOME DAYS.
/ 21 ONE PERSON - MALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 22 ONE PERSON - FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
/ 24 PERSON WHO SMOKES EVERY DAY OR SOME DAYS.

```

//IF (S2_4A) >1

S2_7. The person in your household that I need to speak with is /INSERT SELECTED RESPONDENT/.
Would that be you?

01	{GO TO "You're the one"}	YES
02		NO
77	{DISPO 109}	DON'T KNOW
99	{TERMINATE}	REFUSED

/ IF S2_7 IN (02)

S2_7a. May I speak with the /INSERT SELECTED RESPONDENT/?

01	{GO TO "CORRECT RESPONDENT"}	YES
02	{TERMINATE}	NO
77	{DISPO 109}	DON'T KNOW
99	{GO TO TERMINATE}	REFUSED

/ ASK IF (S1_4A, , S1_2C, S2_5B, S2_7A,) IN (01) OR (S1_2Z=1 AND S1_2ZT=1)

CORRESP Correct respondent: HELLO, I'm calling for the Vermont Department of Health. We're gathering information on the health of Vermont residents. Your phone number has been chosen randomly to be interviewed and I'd like to ask some questions about health and health practices.

01 CONTINUE

/ ASK IF (S1_2C, S1_4, S1_4A, S1_2Z, S2_2B S2_7, S2_7A IN (01), OR S1_2, S2_3, S2_5 IN (21,22)
OR S2_5B (01) /

YOURTHE1:

[READ IF NECESSARY: Then you are the person I need to speak with.]

Your participation in the study is voluntary. You can decline to participate. If you choose to participate, you do not have to answer any question you don't want to, and you can end the interview at any time. The information you give me will be confidential. The interview takes about 18 minutes to complete. I will ask you questions about your health, tobacco use and other related topics. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. The call may be monitored or recorded for quality assurance purposes.

General verification: 1-866-784-7216

VT DEPT OF HEALTH (ONLY IF REQUESTED): 1-800-869-2871 (Business hours only)

001 Person interested, continue

002 Go back to Adults question. Warning: A new respondent may be selected. (You need Supervisor's permission to use this option.)”

Cell Phone Screener

[CATI NOTE: Please include a response option on each intro screen for: “DOES NOT LIVE IN “VT” These responses should terminate out as ineligible for the study. Please read to respondents; “I’m sorry, we’re only interviewing residents of VT at this time. Thank you.”]

/ ASK ALL IF SAMPLE=CELL/

CINTRO HELLO, I'm calling for the Vermont Department of Health. My name is _____. We're gathering information on the health of Vermont residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

1 Continue

4 DOES NOT LIVE IN VT (TERM WITH DISPOSITION 040)

9 Terminate

/ ASK IF CINTRO IN (01)/

Sc3c. Your safety is important to me. Are you driving a car or operating another motor vehicle right now?

1 Yes → Thank you very much. We will contact you at a later time. (TERM WITH DISPOSITION 104 IF CTERM_0 AND CTERM_B ARE BLANK)

2 No → Continue

//ASK IF Sc3c=1//

SC3C_CB

SET CALLBACK

01 CONTINUE

/ **/ASK IF SC3C=02/**

Sc3ac. Are you in a location where talking on the phone may jeopardize your safety and/or confidentiality?

1 Yes →Thank you very much. We will contact you at a later time. (TERM WITH DISPOSITION 104 IF CTERM_0 AND CTERM_B ARE BLANK)

2 No →Continue

//ASK IF Sc3ac=01//

Sc3AC_CB

SET CALLBACK

01 CONTINUE

/ **/ASK IF SC3AC=02/**

Sc4c. In addition to your cell phone, do you also have a residential landline telephone? Do not include landline telephones that are used only for computers or fax machines.

01 Yes

02 No

88 DON'T HAVE A CELL PHONE/THIS ISN'T A CELL PHONE

95 DOES NOT LIVE IN VT [TERM INEL.GEOGRAPHY DISPO 040]

/ **ASK IF SC4C=1**

PCTCELL

Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

(221-223)

— — — Enter Percent (1 to 100)

8 8 8 Zero

7 7 7 Don't know/Not sure

9 9 9 Refused

/ **/IF SC4C=88 OR PCTCELL=1-89,888,777,999/**

NOCELL: Thank you very much for your time. Those are all the questions I have.”

01 CONTINUE (DISPO 042)

/ **/IF ANY OF CINTRO=4 OR SC4C=95 OR SC6C=2//**

EX7:

“I’m sorry, we’re only interviewing residents of Vermont at this time. Thank you.”

01 CONTINUE

/ **/ASK IF SC4C=02 OR PCTCELL=90-100/**

Sc5c. Are you 18 years of age or older?

01 YES
02 NO /TERM ASSIGN DISPO 45/
77 DON'T KNOW /TERM ASSIGN DISPO 46/
99 REFUSED /TERM ASSIGN DISPO 46/

/ /ASK IF SC5C=02,77,99

Ex5 IF UNDER 18 YRS Thank you very much, but we are only interviewing people age 18 and older. **STOP**

01 CONTINUE

/ /ASK IF SC5C=01

NQ12SC6 Can you please tell me how many members of your household, including yourself, are 18 years of age or older?

__ Number of adults /RANGE=0-18/

77 DON'T KNOW/NOT SURE

99 REFUSED

/ /ASK IF SC5C=01

Sc5d Just in case the call is dropped can I get your first name or initials, so I can make sure to ask for the right person when I call back?

01 Gave first name //GO TO ENTER NAME//

02 Gave Initials //GO TO ENTER INITIALS//

99 Refuse //GO TO Sc6c//

/ /ASK IF SC5D=01/

/ NAME

//ENTER NAME//

_____ [INTERVIEWER VERIFY NAME]

//GO TO Sc6c//

/ /ASK IF SC5D=02/

INITIALS

//ENTER INITIALS

_____ [INTERVIEWER VERIFY INITIALS]

//GO TO Sc6c//

/ /ASK IF SC5D IN (01,02, 99)/

Sc6c. As I mentioned earlier, I am calling on behalf of the Vermont Department of Health to gather information on the health of Vermont residents. Your cell phone number has been chosen randomly. The interview takes about 18 minutes to complete. The call may be monitored or recorded for quality assurance, but all information is kept confidential. Your participation in the study is voluntary. You don't have to answer any question you don't want to, and you can end the interview at any time. I will

ask you questions about your health, tobacco use and other related topics. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

General verification: 1-888-316-8056

VT DEPT OF HEALTH (ONLY IF REQUESTED): 1-800-869-2871 (Business hours only)

1 CONTINUE

2 DOES NOT LIVE IN VERMONT /TERM WITH DISPOSITION 040; GO TO EX7/

T TERMINATE

Introductory Section

/ //ASK ALL//

NQ20071. In general, would you say your health is:

[READ LIST]

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK ALL//

NQ20072. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

____ Number of Days [Range: 0 – 30]

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK ALL//

NQ20073. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

____ Number of Days [Range: 0 – 30]

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK ALL//

NQ20141 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Section 1: Smoking Status

/ **//ASK ALL//**

Q1_1. Have you smoked at least 100 cigarettes in your entire life?
01 YES
02 {SET XSMOKER=NO (22)} NO
77 {SET XSMOKER= NO (22)} DON'T KNOW/NOT SURE
99 {SET XSMOKER= NO (22)} REFUSED

/ **//ASK IF Q1_1 = 1//**

Q1_2. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for at least 30 days?
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ **//ASK IF Q1_1 = 1//**

Q1_3. Do you now smoke cigarettes every day, some days, or not at all?
01 {SET SMOKER=YES} EVERY DAY
02 {SET SMOKER=YES} SOME DAYS
03 {SET XSMOKER=EX (33)} NOT AT ALL
77 {SET XSMOKER=EX (33)} DON'T KNOW
99 {SET XSMOKER=EX (33)} REFUSED

/ **//ASK IF Q1_3 IN (01,02)//**

Q1_4. Now I'd like you to think about the past 30 days. On how many of the past 30 days did you smoke?
-- {RANGE 01-30} [ENTER RESPONSE]
88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED

/ **//ASK IF Q1_4 (1-30) //**

We are interested in the actual number of cigarettes that people smoke in a day.

Q1_5. On the average, on days when you smoked during the past 30 days about how many cigarettes did you smoke a day?

[1 PACK =20 CIGARETTES]
[ENTER '100' FOR 100 OR MORE CIGARETTES A DAY.]
--- {RANGE 000-100} [ENTER RESPONSE]
777 DON'T KNOW/NOT SURE
999 REFUSED

/ **ASK ALL**

NQ201216 I'd like to ask you about your use of tobacco products other than cigarettes. Do you use any of the following products every day, some days, or not at all?

01 CONTINUE

[READ IF NECESSARY: I'd like to ask you about your use of tobacco products other than cigarettes. Do you use any of the following products every day, some days, or not at all?]

NQ1216A Chewing tobacco, snuff or snus? [IF NECESSARY: Snus is a moist, smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.]

NQ1416a Cigars, cigarillos, or little cigars?

NQ1416b Water piper or hookah {pronounced: who-kah} pipe filled with tobacco?

NQ1416c Piper or pipe tobacco?

NQ1216C E-cigarettes or electronic cigarettes? [IF NECESSARY: Electronic cigarettes or e-cigarettes are battery-operated devices designed to look like and be used like conventional cigarettes. They typically contain a cartridge filled with nicotine, flavoring and other chemicals in a liquid or gel form.]

NQ1216D Any other type of tobacco products (i.e.bidi, etc.)?

01 EVERY DAY

02 SOME DAYS

03 NOT AT ALL

77 DON'T KNOW/NOT SURE

99 REFUSED

/ **//ASK Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)//**

NQ1417 Are any of the following tobacco products you use every day or some days flavored to taste like menthol (mint), clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets?

01 CONTINUE

/ //ASK Q1_3 IN (01,02)

NQ1417A Cigarettes?

/ ASK IF NQ1216A IN (01,02)

NQ1417B Chewing tobacco, snuff, or snus? [IF NECESSARY: Snus is a moist, smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.]

/ ASK IF NQ1416A IN (01,02)

NQ1417C Cigars, cigarillos, or little cigars?

/ ASK IF NQ1416B IN (01,02)

NQ1417D Water pipe or hookah {pronounced: who-kah} pipe filled with tobacco?

/ ASK IF NQ1416C IN (01,02)

NQ1417E Pipe or pipe tobacco?

/ ASK IF NQ1216C IN (01,02)

NQ1417F E-cigarettes or electronic cigarettes? [IF NECESSARY: Electronic cigarettes or e-cigarettes are battery-operated devices designed to look like and be used like conventional cigarettes. They typically contain a cartridge filled with nicotine, flavoring and other chemicals in a liquid or gel form.]

/ ASK IF NQ1216D IN (01,02)

NQ1417G Any other type of tobacco products (i.e. bidi, etc.)?

01 Yes

02 No

77 DON'T KNOW/NOT SURE

99 REFUSED

Section 2: Cigarette Smoking Practices – Current Smoker

/ //ASK Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)//

Q2_8. How many times in the past 12 months have you made a serious attempt to quit smoking cigarettes or using other tobacco products?

[OVER 95 =95]

-- {RANGE 00-95}

[ENTER RESPONSE]

97

DON'T KNOW/NOT SURE

99

REFUSED

/ //ASK IF (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND (Q2_8 >= 1 OR Q2_8 = 97 OR 99)//

NQ20063. In your most recent attempt to quit smoking cigarettes or using other tobacco products, did you... ..
01 CONTINUE

NQ20063A. Quit on your own with no help.

NQ20063C. Read books, brochures, or pamphlets to prepare for quitting

NQ20063D. Call a quit line for help

NQ20063E. Talk with a doctor or other health professional

NQ20063F. Attend group sessions or classes

NQ20063G. Receive individual counseling

NQ20123H. Use nicotine replacement (IF NECESSARY: A patch, gum, lozenge, spray, etc.)

NQ20063M. Use zyban or wellbutrin

NQ20063N. Use Chantix or Varenicline

[PRONOUNCED: SHAN tix and ver EN e kleen]?

NQ20063O. Use the internet

NQ20123X. Use an "e-cigarette"

NQ20123Y. Use a cessation texting program

NQ20123Z. Use a cessation application or 'app'

NQ20063P. Did you use any methods in your most recent quit attempt that I didn't mention?

01	YES
02	NO
77	DON'T KNOW
99	REFUSED

/ IF NQ20063P IN (01)

NQ20063X. What other method did you use in your most recent quit attempt
SPECIFY:

/ //ASK Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)//

Q2_14B. Are you seriously thinking of quitting smoking cigarettes or using other tobacco products in the next 30 days?

01	YES
02	NO
77	DON'T KNOW
99	REFUSED

/ DP: IF NQ20123H=01 OR NQ20063M=01 OR NQ20063N=01 AUTOPOPULATE Q2_19=01

/ //ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND NQ20123H=02,77,99 AND NQ20063M=02,77,99 AND NQ20063N=02,77,99//

Q2_19. Have you EVER used a nicotine skin patch, gum, inhaler, nasal spray, lozenges, Zyban, Wellbutrin, Chantix, or Varenicline?

[PRONOUNCED: (ver EN e kleen) and (SHAN tix)]

01	YES
02	NO
77	DON'T KNOW/NOT SURE

99 REFUSED

/ **ASK IF Q1_3 IN (01,02)**

NQ20142a At any time during the past 12 months, did you completely switch from smoking traditional cigarettes to using electronic or e-cigarettes?

- 01 Yes
- 02 No
- 77 Don't know
- 99 Refused

/ **//ASK Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)//**

NQ20103. Have you heard of 802 Quits, formerly the Vermont Quit Network?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02), MULTIPUNCH {MUL=6}//**

NQ20104. Have you heard of the following 802 Quits (formerly the Vermont Quit Network) services...

[READ LIST]

[Check all that apply]

[INTERVIEWER, OPTIONS 01 THROUGH 03 SHOULD BE READ TO THE RESPONDENT. DO NOT READ OTHER RESPONSES, BUT OK TO CHOOSE MULTIPLE RESPONSES ACROSS 01-06]

- 01 Quit by Phone
- 02 Quit Partners (formerly Quit in Person)
- 03 Quit Online
- [DO NOT READ]
- 04 QUIT LINE
- 05 QUIT NET
- 06 HOSPITAL GROUP/HOSPITAL QUIT PROGRAM
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)//**

NQ201014. Have you ever gone to the website 802QUITS.ORG (formerly VTQUITNETWORK.ORG)?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND (NQ20104 = 1 OR NQ20104 = 4) AND (Q2_8 ≥ 1)//**

NQ20105. In your most recent quit attempt, did you call 802 Quits' (formerly the Vermont Quit Network) Quit by Phone service?

[Note to interviewer: If respondent says they called the Quit Line, code this question as yes]

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK NQ20105 = 2//**

NQ20106. I'm going to read you a list of reasons why some people don't call 802 Quits' (formerly the Vermont Quit Network) Quit by Phone service. Please answer yes or no to each of the statements.

01 CONTINUE

/ **//ASK NQ20105 = 2//**

//ROTATE NQ20106A THROUGH NQ20106I//

/ **//DP AND PROGRAMMING USE RQ20106A THROUGH RQ20106I WHICH WILL HOLD THE POSITION (1-9) IN THE ROTATION OF THE CORRESPONDING QUESTION/**

NQ20106A. You wanted to quit on your own, without help

NQ20106B. You didn't think telephone counseling would help

NQ20106F. You had used a quit line before and didn't want to do it again

NQ20106G. You thought it cost too much

NQ20106H. You didn't like to or couldn't talk on the telephone for long amounts of time

NQ20106I. You thought you could quit without telephone counseling

NQ20126K. You are not sure what "Quit by Phone" is or what it has to offer

NQ20106J. Was there any other reason I didn't read?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **IF NQ20106J IN (01)**

NQ20106X What was the other reason?

SPECIFY:

/ **//ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND (NQ20104 IN (02,06)) AND (Q2_8 ≥ 1)//**

NQ20107. In your most recent quit attempt, did you use 802 Quits' (formerly the Vermont Quit Network) Quit Partners (formerly Quit in Person) service?

- 01 YES
- 02 NO
- 77. DON'T KNOW
- 99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108. I'm going to read you a list of reasons why some people don't use 802 Quits' (formerly the Vermont Quit Network) Quit Partners (formerly Quit in Person) service. Please answer yes or no to each of the statements.
01 CONTINUE

/ //ASK NQ20107 = 2//

/ //ROTATE NQ20108A THROUGH NQ2010M//

/ //DP AND PROGRAMMING USE RQ20108A THROUGH RQ20108M WHICH WILL HOLD THE POSITION (1-13) IN THE ROTATION OF THE CORRESPONDING QUESTION//

NQ20108A. You wanted to quit on your own, without help

NQ20108B. You didn't think this kind of program is what you needed to quit

NQ20108C. You didn't think a counselor could understand your problems with quitting

NQ20108D. You didn't think group or individual counseling would help

NQ20108E. You didn't want to give personal information to a group or counselor

NQ20108F. You didn't think the amount of counseling would be enough to help

NQ20108G. You only wanted to talk to someone once or only wanted one session

NQ20108H. You had used groups or counseling before and didn't want to do it again

NQ20108I. You thought it cost too much

NQ20108L. You couldn't go during the time of day the program was offered

NQ20128O. You are not sure what "Quit Partners" or "Quit in Person" is or what it has to offer

NQ20108N. Was there any other reason I didn't read?

01 YES

02 NO

77 DON'T KNOW

99 REFUSED

/ IF NQ20108N IN (01)

NQ20108X What was the other reason?
SPECIFY:

/ //ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND (NQ20104 IN (03,05)) AND (Q2_8 ≥ 1)//

NQ20109. In your most recent quit attempt, did you use 802 Quits' (formerly the Vermont Quit Network) Quit Online service?

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ201010. I'm going to read you a list of reasons why some people don't use 802 Quits' (formerly the Vermont Quit Network) Quit Online service. Please answer yes or no to each of the statements.
01 CONTINUE

/ //ASK NQ20109 = 2//
/ //ROTATE NQ1010A THROUGH NQ1010I//
/ //DP AND PROGRAMMING USE RQ1010A THROUGH RQ1010I WHICH WILL HOLD THE
POSITION (1-9) IN THE ROTATION OF THE CORRESPONDING QUESTION//

NQ1010A. You wanted to quit on your own, without help

NQ1010B. You didn't think this kind of program is what you needed to quit

NQ1010E. You didn't understand how the online program works.

NQ1010F. You didn't think the amount of counseling would be enough to help

NQ1010I. You thought it cost too much

NQ1210K. You are not sure what "Quit Online" is or what it has to offer

NQ1010J. Was there any other reason I didn't read? [Specify: _____]

01 Yes

02 No

77 Don't know

99 Refused

/ IF NQ20100J IN (01)

NQ1010X. What was the other reason?

SPECIFY:

/ //ASK Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR
NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)//

NQ20102. Are you eligible to get free or reduced cost nicotine patches, gum or lozenges from 802 Quits (formerly the Vermont Quit Network), through your health insurance provider, through both **organizations**, or are you NOT eligible?

01. 802 Quits (formerly Vermont Quit Network)

02. Health Insurance Provider

03. Both

04. Neither/Not eligible

77. DON'T KNOW

99. REFUSED

Section 3: Cigarette Smoking Practices – Former Smokers

/ //ASK Q1_3 IN (03,77,99)

Q3_30B. About how long has it been since you last smoked cigarettes regularly?

1__ HOURS /RANGE=101-123/

2__ DAYS /RANGE=201-207/

3__ WEEKS /RANGE=301-304/

4__ MONTHS /RANGE=401-412/

5__ YEARS /RANGE=501-599/

777 DON'T KNOW/NOT SURE [skip to section 4]

999 REFUSED [skip to section 4]

/ //ASK IF Q3_30B >= 1 HOUR AND <= 1 YEAR//

Q3_30BCHK. [LABELED AS Q3_30BCK IN PROGRAM] Just to make sure I've entered the information correctly, you said you last smoked cigarettes regularly XX minutes/hours/days/weeks/months/ years ago?

01 YES, CORRECT
02 {RESET Q3_30B} INCORRECT

[If q3_30b > 5 years; smoking status changes from smoker to non-smoker. These respondents skip to section 4.]

/ //ASK Q3_30B ≤ 505

Q3_32. I am going to read a list of reasons some people have for quitting cigarettes. For each, tell me if it was a reason why you tried to quit.

01 CONTINUE

Q3_32A. Concern about health effects of smoking
Q3_32B. Concern about the cost of smoking
Q3_32D. Restriction on smoking at home or at work or other public places
Q3_32E. Advice from doctor or other health professional
Q3_32F. Pregnancy or partner is pregnant
Q3_32H. Because of smoke effects on my child/children
Q3_32I. Concern that my child will become a smoker
Q3_32J. Availability of free or reduced cost nicotine patches, gum or lozenges?
Q3_32K. Is there another reason I didn't read?
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ IF Q_32K IN (01)

Q3_32KX What was the other reason?
SPECIFY:

/ //ASK Q3_30B ≤ 505 //

NQ20065: In your most recent attempt to quit smoking cigarettes, did you.. ..

01 CONTINUE

NQ20065A. Quit on your own with no help.
NQ20065C. Read books, brochures, or pamphlets to prepare for quitting
NQ20065D. Call a smokers' quit line for help
NQ20065E. Talk with a doctor or other health professional
NQ20065F. Attend group sessions or classes
NQ20065G. Receive individual counseling
NQ20125H. Use nicotine replacement [IF NECESSARY: a patch, gum, lozenge, sprays, etc.]
NQ20065M. Use zyban or wellbutrin
NQ20065N. Use Chantix or Varenicline

NQ20065O. Use the internet
NQ20125X. Use an “e-cigarette”
NQ20125Y Use a cessationa texting program
NQ20125Z Use a cessation application or ‘app’
NQ20065P. Did you use any methods in your most recent quit attempt that I didn’t mention?
01 YES
02 NO
77 DON’T KNOW
99 REFUSED

/ **IF NQ20065P IN (01)**

NQ20065X What other methods did you use in your most recent quit attempt?
SPECIFY:

/ **ASK Q3_30B=101-501**

NQ20142b At any time during the past 12 months, did you completely switch from smoking traditional cigarettes to using electronic or e-cigarettes?

01 Yes
02 No
77 Don’t know
99 Refused

Section 4: Health Care Visits in the Last 12 Months

/ **//ASK ALL //**

Q6_97. INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

11 MALE
22 FEMALE

/ **IF SELECTED = 21 AND Q6_97 IS FEMALE**

S13Q16A INTERVIEWER: Are you sure the respondent is FEMALE?
The respondent selected was the \.list: \.list1: \. \list3:
You need to go back and correct the mistake.
[PRESS ENTER TO CONTINUE ...]

/ **IF SELECTED = 22 AND Q6_97 IS MALE**

S13Q16B INTERVIEWER: Are you sure the respondent is MALE?
The respondent selected was the \.list: \.list1: \. \list3:
Is the previous answer correct?
You need to go back and correct the mistake.
[PRESS ENTER TO CONTINUE ...]

/ **IF SEL IS ONE PERSON - MALE AND Q6_97 IS FEMALE**

S13Q16C

INTERVIEWER: Are you sure the respondent is FEMALE?

This is a single adult household and it was indicated earlier that the respondent was MALE.

- 1 Yes, respondent is a FEMALE (SKIPTO PRES4)
- 2 No, respondent is a MALE

/ **IF SEL IS ONE PERSON - FEMALE Q6_97 IS MALE**

S13Q16D

INTERVIEWER: Are you sure the respondent is MALE?

This is a single adult household and it was indicated earlier that the respondent was FEMALE.

- 1 Yes, respondent is a MALE (SKIPTO PRES4)
- 2 No, respondent is a FEMALE

/ **//ASK ALL//**

PRES4 The next set of questions are about visits you may have had with health care professionals in the past 12 months. By health care professional I mean, doctor, nurse, physician's assistant, or nurse practitioner.

01 CONTINUE

/ **//ASK ALL://**

Q4_39A. Have you visited a health care professional for health care in the past 12 months?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK Q4_39A = 1//**

Q4_39B. Thinking about your last visit, were you asked if you currently smoke?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

//ASK Q4_39A = 1//

NQ20143. Thinking about your last visit, were you asked if you currently use tobacco products other than cigarettes?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//(ASK IF (Q1_3 IN (01,02) OR 101 ≤ Q3_30B ≤ 505 OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND Q4_39A = 1//**

Q4_39C. Thinking about your last visit, did your health care professional talk with you about cigarette smoking or the use of other tobacco products?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND Q4_39A = 1//**

Q4_39D. Did your health care professional advise you to stop smoking cigarettes or using other tobacco products?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND Q4_39A = 1//**

Q4_39E. Did your health care professional recommend any specific program or medicine to help you quit smoking cigarettes or using other tobacco products?

- 01 YES
- 02 NO
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

/ **//ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND Q4_39A = 1 AND Q4_39E = 1//**

/ **MUL=12**

Q4_39E1. What program did your health care professional recommend to help you quit cigarettes or using other tobacco products?

[Note to interviewer: if respondent says they were referred to the Quit Line, code this as 09-Quit by Phone

If respondent says they were referred to the hospital program or Quit Partners, code this as 10-Quit in Person and if they say they were referred to Quit Net, code this as 11-Quit in Person]

[PLEASE DO NOT READ]

[Check all that apply]

- 01 NICOTINE PATCH
- 02 NICOTINE GUM
- 03 NICOTINE INHALER
- 04 NICOTINE NASAL SPRAY
- 05 NICOTINE LOZENGES OR TABLETS
- 06 ZYBAN OR WELLBUTRIN

- 07 CHANTIX or VARENICLINE
- 08 VERMONT QUIT NETWORK
- 09 QUIT BY PHONE
- 10 QUIT IN PERSON
- 11 QUIT ONLINE
- 12 YOUR QUIT YOUR WAY
- 88 NONE OF THE ABOVE
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK ALL//**

Q4_40A. Have you visited a dentist or dental hygienist in the past 12 months?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK Q4_40A = 1//**

Q4_40B. Thinking about your last visit, were you asked if you currently smoke?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK Q4_40A = 1//**

NQ20144 Thinking about your last visit, were you asked if you use tobacco products other than cigarettes?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND Q4_40A = 1//**

Q4_40D. Thinking about your last visit, did your dentist or dental hygienist advise you to stop smoking cigarettes or using other tobacco products?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK (Q1_3 IN (01,02) OR NQ1216A IN (01,02) OR NQ1416A IN (01,02) OR NQ1416B IN (01,02) OR NQ1416C IN (01,02) OR NQ1216C IN (01,02) OR NQ1216D IN (01,02)) AND Q4_40A = 1//**

Q4_40E. Thinking about your last visit, did your dentist or dental hygienist recommend any specific program or medicine to help you quit smoking cigarettes or using other tobacco products?

- 01 YES
- 02 NO

77 DON'T KNOW
99 REFUSED

/ **//ASK ALL//**

NQ6_1 I'm next going to ask you about types of health insurance. By health insurance, I mean the plan that covers the cost of some or all of your health care.

01 CONTINUE

/ **//ASK ALL//**

NQ6_1. Do you have any type of health insurance that covers some or all of your health care costs?

01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ **//ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//**

NQ6_2 I am going to read a list of types of health insurance. For each, please tell me if it is part of your health insurance coverage....

01 CONTINUE

NQ6_2A. Medicaid Or PC Plus Medicaid

NQ6_2B. Medicare

NQ6_2D. Ladies First [CATI: Asked only of female respondents] **//ASK IF Q6_97=22 AND NQ6_2=01**

NQ6_2E. Veterans Administration or Tricare

NQ6_2F. Blue Cross Blue Shield

NQ6_2G. MVP

NQ6_2H. Cigna

NQ6_2K. Green Mountain Care

NQ6_2I. Other Private Insurance

NQ6_2J. Are There Any Other Types Of Health Insurance I Didn't Mention?

01 YES
02 NO
77. DON'T KNOW/NOT SURE
99. REFUSED

/ **ASK IF NQ6_2J IN (01)**

NQ6_2X What other type of insurance?

SPECIFY:

Section 5: Risk Perception and Social Influences

/ **//ASK ALL//**

Q5_41T Now I'm going to ask you some questions about people around you.

01 CONTINUE

/ //ASK ALL//

Q5_42B. In your opinion, how do most people in your community feel about adults smoking tobacco (for example cigarettes, cigars, or pipes)?

[READ LIST]

- 01 Definitely Should Not Smoke
- 02 Probably Should Not Smoke
- 03 Ok To Smoke Sometimes
- 04 Ok To Smoke As Much As You Want

[PLEASE DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_42C. How do you feel about adults smoking tobacco (for example cigarettes, cigars, or pipes)?

[READ LIST]

- 01 Definitely Should Not Smoke
- 02 Probably Should Not Smoke
- 03 Ok To Smoke Sometimes
- 04 Ok To Smoke As Much As You Want

[PLEASE DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_44. Which statement best describes the rules about smoking tobacco (for example cigarettes, cigars, or pipes) inside your home?

[READ LIST]

- 01 Smoking Is Not Allowed Anywhere Inside Your Home
- 02 Smoking Is Allowed In Some Places Or At Some Times
- 03 Smoking Is Allowed Anywhere Inside The Home
- 04 There Are No Rules About Smoking Inside The Home

[PLEASE DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_45. During the past 7 days, how many days did anyone smoke tobacco (for example cigarettes, cigars, or pipes) anywhere inside your home?

-- {RANGE 01=07}

[ENTER RESPONSE]

88 LESS THAN 1 DAY PER WEEK/RARELY/NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

/ //ASK ALL//

Q5_46. Which statement best describes the rules about smoking tobacco (for example cigarettes, cigars, or pipes) inside your car or truck when there are children in the vehicle?

[PLEASE READ]

- 01 Smoking Is Not Allowed When Children Are In The Vehicle
- 02 Smoking Is Allowed Sometimes When Children Are In The Vehicle
- 03 Smoking Is Allowed Any Time When Children Are In The Vehicle
- 04 There Are No Rules About Smoking Inside The Vehicle

[PLEASE DON'T READ]

- 77 DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_47. In the past seven days, have you been in a car with someone who was using tobacco (for example cigarettes, cigars, or pipes)?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK ALL//

Q5_49. How many children less than 18 years of age live in your household?

- {RANGE 00-12} [ENTER RESPONSE]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q5_49 >= 1 AND Q5_49 <=12)//

Q5_50. During the past 12 months, did any doctor, or other health professional ask if you smoke tobacco (for example cigarettes, cigars, or pipes) around your children?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK ALL//

Q5_45T Now I am going to ask about the smoke from other people's cigarettes, cigars, or pipes.

01 CONTINUE

/ //ASK ALL//

NQ20085. During the past 7 days, that is, since [DATE FILL], on how many days did you breathe the smoke from someone who was smoking tobacco (for example cigarettes, cigars, or pipes) in an indoor or outdoor public place?

- {RANGE 01=07} [ENTER RESPONSE]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK ALL//

Q5_54. Do you think that breathing smoke from other people's cigarettes, cigars, or pipes is:

[READ LIST]

- 01 Very Harmful To One's Health
- 02 Somewhat Harmful To One's Health
- 03 Not Very Harmful To One's Health
- 04 Not At All Harmful To One's Health

[PLEASE DO NOT READ]

- 77 NO OPINION/DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

NQ20145 How harmful do you think using electronic cigarettes is to a person's health?

[READ LIST]

- 01 Very harmful
- 02 Somewhat harmful
- 03 Not very harmful or
- 04 Not at all harmful to one's health?

[PLEASE DO NOT READ]

- 77 NO OPINION/DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

NQ20146 In your opinion, how do most people in your community feel about adults using tobacco products other than cigarettes?

[READ LIST]

- 01 Definitely should not use other tobacco products
- 02 Probably should not use other tobacco products
- 03 Okay to use other tobacco products sometimes, or
- 04 Okay to use other tobacco products as much as you want?

[PLEASE DO NOT READ]

- 77 NO OPINION/DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

NQ20147 How do **you** feel about adults using tobacco products other than cigarettes?

[READ LIST]

- 01 Definitely should not use other tobacco products
- 02 Probably should not use other tobacco products

- 03 Okay to use other tobacco products sometimes, or
- 04 Okay to use other tobacco products as much as you want?
- [PLEASE DO NOT READ]
- 77 NO OPINION/DON'T KNOW
- 99 REFUSED

/ **ASK ALL**

NQ20126 Next I would like to ask you about your support for tobacco policies. What is your opinion about policies that ban smoking in...

01 CONTINUE

[READ IF NECESSARY: What is your opinion about policies that ban smoking in...]

NQ20126A Outdoor public places such as beaches or parks? Are you... [READ LIST]

NQ20126B Entrance ways of public buildings and workplaces? Are you... [READ LIST]

NQ20126C Apartment buildings, condominiums, and other multi-unit complexes, including indoor areas, private balconies, and patios? Are you... [READ LIST]

- 01 Strongly in favor
- 02 Somewhat in favor
- 03 Neither in favor nor against
- 04 Somewhat against
- 05 Strongly against
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **ASK ALL**

NQ20127 What is your opinion about polices that...

01 CONTINUE

[READ IF NECESSARY: What is your opinion about polices that...]

NQ20127a Require warning labels on cigarette packs that show graphic images of damage caused by smoking, such as black lungs? Are you... [READ LIST]

NQ20127B Ban the sale of all tobacco products in pharmacies? Are you... [READ LIST]

NQ20127C Ban the display of tobacco products such as packs of cigarettes or cigars from stores? Are you... [READ LIST]

NQ20127D Limit the number of stores that sell tobacco in your community? Are you... [READ LIST]

NQ20127e Ban the sale of tobacco products that are located near schools? Are you... [READ LIST]

- 01 Strongly in favor
- 02 Somewhat in favor
- 03 Neither in favor nor against
- 04 Somewhat against
- 05 Strongly against
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **ASK ALL**

NQ148 Next I would like to ask you about tobacco advertising. In the last 6 months, have you noticed any of the following types of tobacco advertisements in stores?

01 CONTINUE

NQ148a Free samples of tobacco?

NQ148b Tobacco at sale prices?

NQ148c Coupons for tobacco?

NQ148d Special promotions for tobacco products, such as Buy-One-Get-One-Free offers?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **ASK ALL**

NQ20149 For each of the following statements, please tell me if you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree.

01 CONTINUE

NQ149a Tobacco advertising encourages young people to start smoking.

NQ149b The ban on cigarette advertising should be extended to all print and electronic media.

NQ149c Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups.

NQ149d All tobacco advertising should be removed from stores.

NQ149e Tobacco advertising on the outside of the store should not be allowed.

- 01 Strongly agree
- 02 Somewhat agree
- 03 Neither agree nor disagree
- 04 Somewhat disagree
- 05 Strongly disagree

77 DON'T KNOW

99 REFUSED

Section 6: Demographics

/ **//ASK ALL//**

Q6_93T Finally, I'm going to ask you for some general information about yourself.
01 CONTINUE

/ **//ASK ALL//**

Q6_93. What is your age?
___ {RANGE 018-099}[ENTER RESPONSE] [099 = 99 AND OLDER]
777 DON'T KNOW
999 REFUSED

/ **//ASK ALL//**

Q6_94. Are you Hispanic or Latino?
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK ALL//**

/ **MUL=6**

Q6_95. Which one or more of the following would you say is your race?
{MUL=6}
[READ LIST]
[Check all that apply]

01 White
02 Black Or African American
03 Asian
04 Native Hawaiian Or Pacific Islander
05 American Indian Or Alaska Native
66 Other: [Enter Response]
[PLEASE DO NOT READ]
77 DON'T KNOW
99 REFUSED

/ **IF Q6_95 IN (66)**

Q6_95X [ENTER OTHER SPECIFY]
ENTER RESPONSE:

/ **//ASK IF MORE THAN ONE RESPONSE TO Q6_95//**

Q6_96. Which one of these groups would you say best represents your race?
[CATI: recall responses from Q6_95 only]

[READ LIST]

- 01 White
- 02 Black Or African American
- 03 Asian
- 04 Native Hawaiian Or Pacific Islander
- 05 American Indian Or Alaska Native
- 66 Other //insert text from Q6_95X//

[PLEASE DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK ALL//**

Q6_98. What is the highest grade or year of school that you have completed? (IF CURRENTLY A STUDENT, ASK: What grade are you now in?)

[READ ONLY IF NECESSARY]

- 01 Never Attended School Or Only Attended Kindergarten
- 02 Grades 1-8 (Elementary)
- 03 Grades 9-11 (Some High School)
- 04 Grade 12 Or Ged (High School Graduate)
- 05 College 1 Year To 3 Years (Some College Or Technical School)
- 06 College 4 Years Or More (College Graduate)

[PLEASE DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

/ **ASK ALL**

NQ201410 Do you live in... [READ LIST]

- 01 A mobile home
- 02 A one-family house detached from any other house
- 03 A one-family house attached to one or more houses
- 04 A building with 2 or more apartments
- 05 Other residential living situation
- 06 I do not currently have a home
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **ASK IF NQ201410=4**

NQ201411 About how many apartments are in your building?

-- [RANGE 02-50]

88 MORE THAN 50

77 DON'T KNOW/NOT SURE

99 REFUSED

/ //ASK ALL//

Q5_59. Are you currently..... [READ LIST]

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for more than 1 year
- 04 Out of work for less than 1 year
- 05 A homemaker
- 06 A student
- 07 Retired, or
- 08 Unable to work
- 77 DON'T KNOW
- 99 REFUSED

/ ASK ALL

Q6_99T I have just a few, final questions left....

01 CONTINUE

/ //LANDLINE ONLY ASK ALL//

Q6_99. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //IF Q6_99 IN (01)//

Q6_100. How many of these are residential numbers?

- __ {RANGE = 01-05} [ENTER RESPONSE]
- 06 6 OR MORE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //LANDLINE ONLY ASK ALL//

NQ201412 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

(165)

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

/ /LANDLINE ONLY ASK IF Q6_100 >= 3 AND NOT 77 OR 99) OR (Q6_100 >= TOTL_HH)
Q6_100c -

I am sorry, just to double check, you indicated you have \:q6_100:
residential phones in your household.

IS THIS CORRECT?

- 1 Yes, correct as is\n /
- 2 No, re-ask question /REASK Q6_100/

/ //ASK ALL//

Q6_103. What town do you live in?

[PROGRAMMING SEE APPENDIX A AT END OF THIS DOCUMENT FOR FULL LIST OF TOWNS]

____ TOWN CODE

1940B OTHER_____ [SPECIFY, LENGTH = 70]

7777A DON'T KNOW

9999A REFUSED

/ /ASK IF Q6_103=1940B/

Q6_103o ENTER OTHER SPECIFY [LENGTH=70]

/ASK IF Q6_103 NE 7777A OR 9999A/

Q6_VER

I want to make sure that I got it right.

You said that you live in

/IF Q6_103=1940A,1940B INSERT Q6_100 ELSE INSERT TOWN FROM q6_103 /

Is that correct?

- 11 Yes, correct as is...
- 22 No, re-ask question /GO BACK TO Q6_103/

/ //ASK ALL//

Q6_102 Is your annual household income from all sources—

(120-121)

/ IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED)

Q6_102A [04] Less than \$25,000 [If "no," ask 05; if "yes," ask 03]

(\$20,000 to less than \$25,000)

01 Yes

02 No

77 Don't Know

99 Refused

/ **//ASK IF Q6_102A = 1//**
Q6_102B [03] Less than \$20,000 [If “no,” code 04; if “yes,” ask 02]
(\$15,000 to less than \$20,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ASK IF Q6_102B = 1//**
Q6_102C [02] Less than \$15,000 [If “no,” code 03; if “yes,” ask 01]
(\$10,000 to less than \$15,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ASK IF Q6_102C=1//**
Q6_102D [01] Less than \$10,000 [If “no,” code 02]
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ASK IF Q6_102A = 2//**
Q6_102E [05] Less than \$35,000 [If “no,” ask 06]
(\$25,000 to less than \$35,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ASK IF Q6_102E = 2//**
Q6_102F [06] Less than \$50,000 [If “no,” ask 07]
(\$35,000 to less than \$50,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ASK IF Q6_102F = 2//**
Q6_102G [07] Less than \$75,000 [If “no,” code 08]
(\$50,000 to less than \$75,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ASK IF Q6_102G=02//**
NQ12Q6_H less than \$100,000
(\$75,000 to less than \$100,000)
1 Yes
2 No
7 Don't Know
9 Refused

/ **//ASK IF NQ12Q6_H =2//**
NQ12Q6_I \$100,000 or more
1 Yes
2 No
7 Don't Know
9 Refused

/ **//ASK IF Q6_102A- Q6_102G NE 9//**
Q6_102AA Your Annual Household Income is [enter range from code in s12q10A-G /IF
NQ126_I=02 INSERT "\$75,000 TO LESS THAN \$100,000"]
Is This Correct?
1 No, re-ask question [GO TO Q6_102A]
2 Yes, correct as is. [CONTINUE]

Closing

/ **ASK ALL**

CLOSE That's my last question. Everyone's answers will be combined to give us information to guide state health policies. Thank you very much for your time and cooperation.

01 CONTINUE

Appendix A: Vermont Town List for Q6_103

/PROGRAMMER NOTE: THIS IS THE SAME TOWN LIST AS VT BRFSS "DTOWN" VAR

1205A ADAMANT	0602A BERKSHIRE	0302A BURKE
0101A ADDISON	0602B BERKSHIRE CENTER	0402A BURLINGTON
1001A ALBANY	1203A BERLIN	1111A BURNHAM HOLLOW
1001B ALBANY CENTER	1203B BERLIN CORNERS	0410A BUTLERS CORNERS
1001C ALBANY VILLAGE	1404A BETHEL	0704B BUTLERS ISLAND
0701A ALBURG	0606A BINGHAMVILLE	0209A BUTTERNUT BEND
0701B ALBURG CENTER	0704A BIRDLAND	0105B BUTTON BAY
0701C ALBURG SPRINGS	1117A BLISSVILLE	1204A CABOT
0701D ALBURG VILLAGE	0501A BLOOMFIELD	1204B CABOT VILLAGE
1105A ALFRECHA	1114A BLOSSOMS CORNERS	0807A CADY'S FALLS
1217A ALPINE VILLAGE	0401A BOLTON	1205B CALAIS
1311A AMES HILL	0907A BOLTONVILLE	0802A CAMBRIDGE
1420A AMSDEN	1103B BOMOSEEN	0802B CAMBRIDGE JUNCTION
1401A ANDOVER	0215A BONDVILLE	0802C CAMBRIDGE VILLAGE
0201A ARLINGTON	0603A BORDOVILLE	1314D CAMBRIDGEPORT
0115A ARNOLD BAY	1125A BOWLSVILLE	0504B CANAAN
1420B ASCUTNEY	0901A BRADFORD	1900A CANADA
1301A ATHENS	0901B BRADFORD VILLAGE	1103C CASTLETON
1103A AVALON BEACH	0901C BRADFORD CENTER	1103D CASTLETON CORNERS
0514A AVERILL	1411A BRAGG	1406A CAVENDISH
0515A AVERY'S GORE	0902A BRAINTREE	1406B CAVENDISH CENTER
1414A BAILEYS MILLS	0902B BRAINTREE CENTER	0403A CEDAR BEACH
0601A BAKERSFIELD	1102A BRANDON	1120A CENTER RUTLAND
1402A BALTIMORE	1102B BRANDON VILLAGE	1120B CENTERVILLE
1104A BARITOW	1302A BRATTLEBORO	1317A CENTRAL PARK
1403A BARNARD	1302B BRATTLEBORO VILLAGE	1004A CHARLESTON
0301A BARNET	0116A BREAD LOAF	0403B CHARLOTTE
0301B BARNET CENTER	1405A BRIDGEWATER	0409A CHECKERBERRY
0113A BARNUM TOWN	1405B BRIDGEWATER CENTER	VILLAGE
0205A BARNUMVILLE	1405C BRIDGEWATER	0904A CHELSEA
1202A BARRE CITY	CORNERS	1407A CHESTER
1201A BARRE TOWN	0102A BRIDPORT	1407B CHESTER VILLAGE
1002A BARTON	0502A BRIGHTON	1407C CHESTER DEPOT
1002B BARTON VILLAGE	0203A BRIMSTONE CORNER	0409B CHIMNEY CORNER
1314A BARTONSVILLE	0103A BRISTOL	0101B CHIMNEY POINT
0105A BASIN HARBOR	0103B BRISTOL VILLAGE	1106A CHIPMAN LAKE
0909A BEANVILLE	1314C BROCKWAY'S MILLS	0114A CHIPMAN'S POINT
0609A BEAULIEUS CORNER	0903A BROOKFIELD	1105B CHIPPENHOOK
1007A BEEBE PLAIN	0903B BROOKFIELD CENTER	0214A CHISELVILLE
0504A BEECHER FALLS	1303A BROOKLINE	1104B CHITTENDEN
0113B BELDENS	0415A BROOKSIDE	1105C CLARENDON
1314B BELLOWS FALLS	0113C BROOKSVILLE	1105D CLARENDON SPRINGS
1112A BELMONT	1003A BROWNINGTON	0805A CLEVELAND CORNER
0801A BELVIDERE	1003B BROWNINGTON CENTER	1218A COLBYVILLE
0801B BELVIDERE CENTER	0609B BROWNS CORNERS	0404A COLCHESTER
0801C BELVIDERE CORNERS	1422A BROWNSVILLE	1120C COLD RIVER
0801D BELVIDERE JCT.	0503A BRUNSWICK	1006A COLLINSVILLE
0202A BENNINGTON	0503B BRUNSWICK SPRINGS	0505A CONCORD
1101A BENSON	0604A BUCK HOLLOW	0505B CONCORD CORNER
1101B BENSON LANDING	0419A BUEL'S GORE	0505C CONCORD VILLAGE

0905A COOKVILLE	0607A EAST FRANKLIN	0906B FAIRLEE
0905B CORINTH	0608A EAST GEORGIA	1207C FAIRMONT
0905C CORINTH CENTER	0107A EAST GRANVILLE	0410B FAYS CORNER
0905D CORINTH CORNERS	0305B EAST HARDWICK	1208A FAYSTON
0104A CORNWALL	0506A EAST HAVEN	1414B FELCHVILLE
1005A COVENTRY	0609C EAST HIGHGATE	0516A FERDINAND
1006B CRAFTSBURY	1108A EAST HUBBARDTON	0109A FERNVILLE
1006C CRAFTSBURY COMMON	1309A EAST JAMAICA	0105C FERRISBURG
0118A CREAM HILL	0806A EAST JOHNSON	0105D FERRISBURG STATION
0101C CROWN POINT	0214B EAST KANSAS	1423A FIELDSVILLE
1103E CRYSTAL BEACH	0307A EAST LYNDON	0703A FISK
1122A CUTTINGSVILLE	0111A EAST MIDDLEBURY	0606C FLETCHER
1106B DANBY	0112A EAST MONKTON	1116B FLORENCE
1106C DANBY FOUR CORNERS	1207A EAST MONTPELIER	0615B FONDA
0303A DANVILLE	1207B EAST MONTPELIER	1102C FORESTDALE
0303B DANVILLE CENTER	CENTER	0418A FORT ETHAN ALLEN
1007B DERBY	0908A EAST ORANGE	0917A FOXVILLE
1007C DERBY CENTER	0309A EAST PEACHAM	0607B FRANKLIN
1007D DERBY LINE	1116A EAST PITTSFORD	0203D FREEDLEYVILLE
1408A DEWEY'S MILL	1117B EAST POULTNEY	1319A GAGEVILLE
0203B DORSET	1313A EAST PUTNEY	0513A GALLUP MILLS
1304A DOVER	0909B EAST RANDOLPH	0807B GARFIELD
1420C DOWNERS	0611A EAST RICHFORD	1407D GASSETTS
0110A DOWNINGSVILLE	1215A EAST ROXBURY	1419A GAYSVILLE
0305A DOWS	0209B EAST RUPERT	0608B GEORGIA
1212A DOWSVILLE	0310A EAST RYEGATE	0608C GEORGIA PLAINS
1305A DUMMERSTON	0612A EAST SHELDON	0608D GEORGIA STATION
1206A DUXBURY	0118B EAST SHOREHAM	0608E GEROGIA CENTER
1016A EAGLE POINT	0312A EAST ST. JOHNSBURY	1404C GILEAD
1001D EAST ALBANY	0314A EAST SUTTON RIDGE	0510A GILMAN
0701E EAST ALBURG	0615A EAST SWANTON	0217A GLASTENBURY
0201B EAST ARLINGTON	0911A EAST THETFORD	1120D GLEN
1403B EAST BARNARD	0912A EAST TOPSHAM	1008A GLOVER
0301C EAST BARNET	1125B EAST WALLINGFORD	1008B GLOVER VILLAGE
1201B EAST BARRE	1217B EAST WARREN	1304C GOOSE CITY
0602C EAST BERKSHIRE	1321A EAST WILMINGTON	0905F GOOSE GREEN
1404B EAST BETHEL	0803A EDEN	0702A GORDON LANDING
0902C EAST BRAINTREE	0803B EDEN MILLS	0106A GOSHEN
0502B EAST BRIGHTON	0605B EGYPT	0106B GOSHEN FOUR
0903C EAST BROOKFIELD	0804B ELMORE	CORNERS
0302B EAST BURKE	0906A ELY	1418A GOULDS MILL
1204C EAST CABOT	1415A EMERSON	1306A GRAFTON
1205C EAST CALAIS	0603C ENOSBURG	1410A GRAHAMVILLE
1004B EAST CHARLESTON	0603D ENOSBURG CENTER	0507A GRANBY
0403C EAST CHARLOTTE	0603E ENOSBURG FALLS	0702B GRAND ISLE
1105E EAST CLARENDON	0405A ESSEX	0702C GRAND ISLE STATION
0505D EAST CONCORD	0405B ESSEX CENTER	1116C GRANGERVILLE
0905E EAST CORINTH	0405C ESSEX JUNCTION	1201C GRANITEVILLE
1006D EAST CRAFTSBURY	1003C EVANSVILLE	0107B GRANVILLE
0203C EAST DORSET	0309B EWELLS MILL	0309C GREEN BAY
1304B EAST DOVER	1107A FAIR HAVEN	1420D GREEN BUSH
1305B EAST DUMMERSTON	1107B FAIR HAVEN VILLAGE	0615C GREEN CORNERS
0804A EAST ELMORE	0604B FAIRFAX	1307A GREEN RIVER
0603B EAST ENOSBURG	0604C FAIRFAX FALLS	0615D GREENS CORNERS
0605A EAST FAIRFIELD	0605C FAIRFIELD	1009A GREENSBORO
0606B EAST FLETCHER	0605D FAIRFIELD STATION	1009B GREENSBORO BEND

1009C GREENSBORO CORNERS	0806B JOHNSON	1205E MAPLE CORNER
0304A GROTON	0806C JOHNSON VILLAGE	1418D MAPLE DELL
0304B GROTON VILLAGE	0410C JONESVILLE	0615F MAQUAM
0508A GUILDHALL	0214C KANSAS	1311B MARLBORO
1307B GUILFORD	0705A KEELER BAY	1209B MARSHFIELD
1307C GUILFORD CENTER	0214D KELLEY STAND	1209C MARSHFIELD VILLAGE
1308A HALIFAX	0115B KELLOGS BAY	1930A MASSACHUSETTS
1414C HAMMONDVILLE	0911B KENDALL	0301D MCINDOE FALLS
0108A HANCOCK	1418C KENDRICKS CORNER	0406B MECHANICSVILLE
0407A HANKSVILLE	0904B KENNEDY CORNERS	0211A MEDBURYVILLE
1418B HARD SCRABBLE	1205D KENTS CORNER	0608F MELVILLE LANDING
0305C HARDWICK	1121A KILLINGTON	1110A MENDON
0305D HARDWICK CENTER	0105E KINGLAND BAY	0111B MIDDLEBURY
0305E HARDWICK VILLAGE	0306A KIRBY	1210A MIDDLESEX
1316A HARMONYVILLE	0416A KIRBY CORNER	1210B MIDDLESEX CENTER
1308B HARRISVILLE	0117A LAKE DUNMORE	1111B MIDDLETOWN SPRINGS
1408B HARTFORD	0804C LAKE ELMORE	0505E MILES POND
1409A HARTLAND	1410B LAKE RESCUE	0914A MILL VILLAGE
1409B HARTLAND FOUR CORNERS	1014A LAKE SEYMOUR	0409C MILTON
0303C HARVEY	0615E LAKEWOOD	0409D MILTON VILLAGE
1112B HEALDVILLE	0204A LANDGROVE	0409E MILTONBORO
0208A HEARTWELLVILLE	1209A LANESBORO	0611B MISSISQUOI
0610A HECTORVILLE	0118C LARRABEES POINT	0112B MONKTON
1413A HEWETTS CORNER	0109B LEICESTER	0112C MONKTON RIDGE
0609D HIGHGATE	0109C LEICESTER JUNCTION	0610C MONTGOMERY
0609E HIGHGATE CENTER	0509A LEMINGTON	0610D MONTGOMERY CENTER
0609F HIGHGATE FALLS	0517A LEWIS	1211A MONTPELIER
0609G HIGHGATE SPRINGS	1411B LEWISTON	1212B MORETOWN
0406A HINESBURG	1404D LILLEVILLE	1212C MORETOWN COMMON
1104C HOLDEN	0110B LINCOLN	1014B MORGAN
1010A HOLLAND	1310A LONDONDERRY	1014C MORGAN CENTER
1108B HORTONIA	0105F LONG POINT	0807C MORRISTOWN
1112C HORTONVILLE	1013A LOWELL	0807D MORRISTOWN CORNER
1306B HOUGHTONVILLE	1204D LOWER CABOT	0807E MORRISVILLE
1108C HUBBARDTON	0107C LOWER GRANVILLE	0607C MORSES LINE
0407B HUNTINGTON	0901D LOWER PLAIN	0301E MORSES MILLS
0407C HUNTINGTON CENTER	0808A LOWER VILLAGE	0808B MOSCOW
0604D HUNTSVILLE	0316A LOWER WATERFORD	0310B MOSQUITOVILLE
0610B HUTCHINS	1201D LOWER WEBSTERVILLE	1112D MOUNT HOLLY
0805B HYDE PARK	1410C LUDLOW	1113A MOUNT TABOR
1103F HYDEVILLE	1410D LUDLOW VILLAGE	1304D MT. SNOW
1109A IRA	0510B LUNENBURG	0408D NASHVILLE
1011A IRASBURG	1408C LYMAN	1420E NELSONS CORNERS
1216A IRASVILLE	1404E LYMPUS	1103G NESHOB BEACH
0502C ISLAND POND	0307B LYNDON	1411C NEW BOSTON
0703B ISLE LA MOTTE	0307C LYNDON CENTER	0113D NEW HAVEN
1320A JACKSONVILLE	0307D LYNDON CORNERS	0113E NEW HAVEN JUNCTION
1309B JAMAICA	0307E LYNDONVILLE	0113F NEW HAVEN MILLS
1012A JAY	0305F MACKVILLE	1910A NEW YORK
0802D JEFFERSONVILLE	0511A MAIDSTONE	0308A NEWARK
1423B JENNEVILLE	0404B MALLETS BAY	0308B NEWARK HOLLOW
0408A JERICHO	0205B MANCHESTER	0907B NEWBURY
0408B JERICHO VILLAGE	0205C MANCHESTER VILLAGE	0907C NEWBURY VILLAGE
0408C JERICHO CENTER	0205D MANCHESTER CENTER	0907D NEWBURY CENTER
0119A JERUSALEM	0205E MANCHESTER DEPOT	1312A NEWFANE
	0205F MANCHESTER STATION	1312B NEWFANE VILLAGE

1016B NEWPORT CENTER	0608G OAKLAND	1309C RAWSONVILLE
1015A NEWPORT CITY	0202C OLD BENNINGTON	1414D READING
1016C NEWPORT TOWN	0902D OLD CHURCH	1414E READING CENTER
0202B NORTH BENNINGTON	0910A OLD CITY	0208B READSBORO
1205F NORTH CALAIS	1404F OLYMPUS	0208C READSBORO VILLAGE
0802E NORTH CAMBRIDGE	0908B ORANGE	0208D READSBORO FALLS
1407E NORTH CHESTER	1418F ORCHARD LANE	0307F RED VILLAGE
1105F NORTH CLARENDON	1002C ORLEANS	1407F REEDVILLE
0505F NORTH CONCORD	0114C ORWELL	0406C RHODE ISLAND
0303D NORTH DANVILLE	0115C PANTON	CORNERS
1007E NORTH DERBY	0202D PAPER MILL VILLAGE	0911E RICES MILLS
0203E NORTH DORSET	0301F PASSUMPSIC	0611C RICHFORD
1206B NORTH DUXBURY	1114C PAWLET	0611D RICHFORD VILLAGE
0603F NORTH ENOSBURG	0907E PEACH FOUR CORNERS	0410D RICHMOND
0604E NORTH FAIRFAX	0309E PEACHAM	0410E RICHMOND VILLAGE
1208B NORTH FAYSTON	0702D PEARL	0304C RICKER MILLS
0105G NORTH FERRISBURG	1401B PEASVILLE	0905G RIDERS CORNERS
1409C NORTH HARTLAND	1418G PEDDEN ACRES	0116B RIPTON
0704C NORTH HERO	1205G PEKIN	0408E RIVERSIDE
0704D NORTH HERO STATION	1420F PERKINSVILLE	1203C RIVERTON
0805C NORTH HYDE PARK	0206A PERU	1415B ROBINSON
0306B NORTH KIRBY	0902E PETH	1415C ROCHESTER
0204B NORTH LANDGROVE	1105G PIERCES CORNER	1314E ROCKINGHAM
1207D NORTH MONTPELIER	0901E PIERMONT STATION	0119B ROCKVILLE
1212D NORTH MORETOWN	1315A PIKE FALLS	0705B ROCKWELL BAY
0114B NORTH ORWELL	1115A PITTSFIELD	0103C ROCKY DALE
1114B NORTH PAWLET	1116D PITTSFORD	1215B ROXBURY
0309D NORTH PEACHAM	1116E PITTSFORD VILLAGE	1215C ROXBURY FLAT
1413B NORTH POMFRET	1116F PITTSFORD MILLS	1416B ROYALTON
0207A NORTH POWNAL	1214A PLAINFIELD	0209D RUPERT
0909C NORTH RANDOLPH	1214B PLAINFIELD VILLAGE	1122C RUSSELLVILLE
1416A NORTH ROYALTON	0802F PLEASANT VALLEY	1408E RUSSTOWN
0209C NORTH RUPERT	1412A PLYMOUTH	1119A RUTLAND CITY
0212A NORTH SHAFTSBURY	1412B PLYMOUTH KINGDOM	1120E RUTLAND TOWN
0612B NORTH SHELDON	1412C PLYMOUTH UNION	0310C RYEGATE
1121B NORTH SHERBURNE	1413C POMFRET	0310D RYEGATE VILLAGE
1122B NORTH SHREWSBURY	1411E POMPANOSAC	0117B SALISBURY
1418E NORTH SPRINGFIELD	0911D POST MILLS	0117C SALISBURY STATION
0911C NORTH THETFORD	0101D POTASH BAY	0603G SAMPSONVILLE
1017A NORTH TROY	0115D POTASH POINT	0604F SANDERSON CORNER
0913A NORTH TUNBRIDGE	0810B POTTERSVILLE	0210A SANDGATE
0414A NORTH UNDERHILL	1117C POULTNEY	1314F SAXTON'S RIVER
1317B NORTH VERNON	1117D POULTNEY VILLAGE	1106D SCOTTSVILLE
0315A NORTH WALDEN	0207B POWNAL	0211B SEARSBURG
1318A NORTH WARDSBORO	0207C POWNAL CENTER	1210D SHADY RILL
1319B NORTH WESTMINSTER	0403D PRINDLE CORNERS	0212B SHAFTSBURY
0416B NORTH WILLISTON	1118A PROCTOR	0212C SHAFTSBURY CENTER
1322A NORTH WINDHAM	1406C PROCTORSVILLE	1417A SHARON
0810A NORTH WOLCOTT	1424A PROSPER	0612C SHAWVILLE
1213A NORTHFIELD	1210C PUTNAMVILLE	1422B SHEDDSVILLE
1213B NORTHFIELD CENTER	1313B PUTNEY	0311A SHEFFIELD
1213C NORTHFIELD FALLS	1408D QUECHEE	0311B SHEFFIELD SQUARE
1213D NORTHFIELD VILLAGE	0412A QUEEN CITY PARK	0411A SHELBURNE
0512A NORTON	0909D RANDOLPH	0411B SHELBURNE FALLS
1411D NORWICH	0909E RANDOLPH VILLAGE	0612D SHELDON
0404C NURSES CORNER	0909F RANDOLPH CENTER	0612E SHELDON JUNCTION

0612F SHELDON SPRINGS	1407G SPOONERVILLE	0414C UNDERHILL CENTER
1121C SHERBURNE	1418H SPRINGFIELD	0911J UNION VILLAGE
0118D SHOREHAM	1418I SPRINGFIELD VILLAGE	1201G UPPER WEBSTERVILLE
0118E SHOREHAM CENTER	0613A ST. ALBANS BAY	0120A VERGENNES
1122D SHREWSBURY	0614A ST. ALBANS CITY	1317D VERNON
1401C SIMONSVILLE	0613B ST. ALBANS TOWN	0914C VERSHIRE
1316B SIMPSONVILLE	0413A ST. GEORGE	0914D VERSHIRE CENTER
1410E SMITHVILLE	0312B ST. JOHNSBURY	0513B VICTORY
0202E SODOM	0312C ST. JOHNSBURY VILLAGE	0912D WAITS RIVER
1323A SOMERSET	0312D ST. JOHNSBURY CENTER	1216B WAITSFIELD
1001E SOUTH ALBANY	0605E ST. ROCKS	1216C WAITSFIELD COMMON
0701F SOUTH ALBURG	0213A STAMFORD	0315C WALDEN
1201E SOUTH BARRE	0313A STANNARD	0315D WALDEN HEIGHTS
0412B SOUTH BURLINGTON	0119D STARKSBORO	0315E WALDEN STATION
1204E SOUTH CABOT	0611F STEVENS MILL	0504C WALLACE POND
0802G SOUTH CAMBRIDGE	0404D STEVENSVILLE	1125D WALLINGFORD
0905H SOUTH CORINTH	1419B STOCKBRIDGE	0121A WALTHAM
0303E SOUTH DANVILLE	0808C STOWE	1318C WARDSBORO
0203F SOUTH DORSET	0808D STOWE VILLAGE	1318D WARDSBORO CENTER
1206C SOUTH DUXBURY	0910C STRAFFORD	0518A WARNER'S GRANT
1106E SOUTH END	1315B STRATTON	1217C WARREN
0705C SOUTH HERO	0118F STUMP STATION	0519A WARREN'S GORE
0406D SOUTH HINESBURG	1123A SUDBURY	0915B WASHINGTON
0306C SOUTH KIRBY	0101E SUMMER POINT	1218B WATERBURY
0110C SOUTH LINCOLN	1111C SUMMIT	1218C WATERBURY VILLAGE
1310B SOUTH LONDONDERRY	0214E SUNDERLAND	1218D WATERBURY CENTER
0510C SOUTH LUNENBURG	0214F SUNDERLAND STATION	0316B WATERFORD
0907F SOUTH NEWBURY	0314B SUTTON	0809A WATERVILLE
1312C SOUTH NEWFANE	0314C SUTTON STATION	1420G WEATHERSFIELD
1016D SOUTH NEWPORT	0615G SWANTON	1420H WEATHERSFIELD BOW
1213E SOUTH NORTHFIELD	0615H SWANTON VILLAGE	1420I WEATHERSFIELD CENTER
0309F SOUTH PEACHAM	0416C TAFTS CORNERS	1201H WEBSTERVILLE
1413D SOUTH POMFRET	1424C TAFTSVILLE	1126A WELLS
1117E SOUTH POULTNEY	1415D TALCVILLE	0907G WELLS RIVER
0909G SOUTH RANDOLPH	1112E TARBELLVILLE	0101F WEST ADDISON
1414F SOUTH READING	1421A THE ISLAND	0201C WEST ARLINGTON
0611E SOUTH RICHFORD	0911F THETFORD	0301G WEST BARNET
1416C SOUTH ROYALTON	0911G THETFORD CENTER	0602D WEST BERKSHIRE
0310E SOUTH RYEGATE	0911H THETFORD HILL	1203D WEST BERLIN
0310F SOUTH RYEGATE VILLAGE	0911I THETFORD STATION	1404G WEST BETHEL
0212D SOUTH SHAFTSBURY	0204C THOMPSONBURG	0401B WEST BOLTON
1121D SOUTH SHERBURNE	0403E THOMPSON'S POINT	0902F WEST BRAINTREE
0119C SOUTH STARKSBORO	1010B TICE	1302C WEST BRATTLEBORO
0910B SOUTH STRAFFORD	1124A TINMOUTH	1405D WEST BRIDGEWATER
0913B SOUTH TUNBRIDGE	1009D TOLMANS CORNER	0102B WEST BRIDPORT
1317C SOUTH VERNON	0912B TOPSHAM	0903D WEST BROOKFIELD
0914B SOUTH VERSHIRE	0912C TOPSHAM FOUR CORNERS	0302C WEST BURKE
0315B SOUTH WALDEN	1316C TOWNSHEND	1103H WEST CASTLETON
1125C SOUTH WALLINGFORD	1316D TOWNSHEND VILLAGE	1004C WEST CHARLESTON
1318B SOUTH WARDSBORO	1201F TROW HILL	0905I WEST CORINTH
0915A SOUTH WASHINGTON	1017B TROY	0104B WEST CORNWALL
0317A SOUTH WHEELOCK	0913C TUNBRIDGE	0303F WEST DANVILLE
1322B SOUTH WINDHAM	1412D TYSON	1304E WEST DOVER
1219A SOUTH WOODBURY	0202F UNA BELLA	1305C WEST DUMMERSTON
1424B SOUTH WOODSTOCK	0414B UNDERHILL	0603H WEST ENOSBURG
		0916A WEST FAIRLEE

0906C WEST FAIRLEE CENTER	1316E WEST TOWNSHEND	0416D WILLISTON
0606D WEST FLETCHER	1318E WEST WARDBORO	1002D WILLOUGHBY
0608H WEST GEORGIA	0316C WEST WATERFORD	1321B WILMINGTON
1008C WEST GLOVER	1422C WEST WINDSOR	1322C WINDHAM
0304D WEST GROTON	1424D WEST WOODSTOCK	1423C WINDSOR
1307D WEST GUILFORD	1018A WESTFIELD	1423D WINDSOR VILLAGE
1308C WEST HALIFAX	0415B WESTFORD	0215B WINHALL
1408F WEST HARTFORD	1319C WESTMINSTER	0417A WINOOSKI
1127A WEST HAVEN	1319D WESTMINSTER VILLAGE	0417B WINOOSKI PARK
1309D WEST JAMAICA	1319E WESTMINSTER STATION	0810C WOLCOTT
0110D WEST LINCOLN	1319F WESTMINSTER WEST	1219B WOODBURY
0409F WEST MILTON	1019A WESTMORE	0216A WOODFORD
0907H WEST NEWBURY	1421B WESTON	0216B WOODFORD HOLLOW
1411F WEST NORWICH	0122A WEYBRIDGE	1424E WOODSTOCK
1920A NEW HAMPSHIRE	0122B WEYBRIDGE HILL	1424F WOODSTOCK VILLAGE
1114D WEST PAWLET	0317B WHEELLOCK	1220A WORCESTER
0209E WEST RUPERT	1408G WHITE RIVER JCT.	1210E WRIGHTSVILLE
1128A WEST RUTLAND	1406D WHITESVILLE	1940A OTHER STATE/COUNTRY
0117D WEST SALISBURY	0123A WHITING	1940B. OTHER TOWN (SPECIFY)
0210B WEST SANGATE	1320B WHITINGHAM	7777a. DON'T KNOW/NOT SURE
1418J WEST SPRINGFIELD	1408H WILDER	
0615I WEST SWANTON	0917B WILLIAMSTOWN	9999a. REFUSED
0912E WEST TOPSHAM	1312D WILLIAMSVILLE	

Appendix B: Special Block

//PROGRAMMING ALLOW INTERVIEWERS TO TYPE “SPECIAL” AT ANY TIME TO ACCESS THE HELP SCREEN OPTIONS. HELP SCREEN SHOWS OPITONS 1-19. INTERVIEWERS CHOOSE THE OPTION AND IT BRINGS THEM TO THE TEXT FOR THAT OPTION. //

SP_MENU

[CHOOSE NUMBER FOR FAQ THAT APPLIES TO SEE RESPONSE]

01. Contact with Questions/Forward Complaints to:
 02. Why are you doing this survey?
 03. How was I selected?
 04. My number is unlisted, how did my number get on the call list?
 05. How will my answers be used?
 06. My name is on the national do-not-call list. I'm not supposed to get these calls.
 07. Is there a state do-not-call list I can get my name on?
 08. Why am I getting calls so late at night/calls on the weekend?
 09. I said no, why are you calling again?
 10. If I decline to participate, will that stop me from being called again?
 11. Are my tax dollars paying for this survey?
 12. Why can't I do *69 to call back the person calling me/the number is blocked, is this where I should call to complain?
 13. Can I get the survey in the mail? Why call people at home?
 14. I don't know anything about that.
 15. Why should I participate?
 16. Why do you need to know how many adults live in my house?
 17. I don't have anything to do with public programs. I get my health care from my private doctor/HMO/ military.
 18. I just moved to this state; I don't qualify as a resident yet.
 19. I don't smoke/use tobacco—you don't need to talk to me.
- XX to go back to survey without selecting help option

/IF SP_MENU=01=01/

HELP01 Contact with Questions/Forward Complaints to:

ICF Survey Verification Line: 861-3486 or toll free at 866-784-2716

Caroline Dawson

865-7783 or 800-869-2871

caroline.dawson@state.vt.us

If she is unavailable, please contact:

Jennifer Hicks – 863-7264 or 800-869-2871, jennifer.hicks@state.vt.us

01 CONTINUE

/IF SP_MENU==02/

HELP02 *Why are you doing this survey?*

Tobacco is the number one cause of preventable, premature mortality. We use the adult tobacco survey to understand how the department of health can best serve the people of Vermont and to assess the impact of Tobacco Control Program efforts in reducing smoking and increasing awareness and knowledge of smoking related issues among Vermonters.

01 CONTINUE

/IF SP_MENU=03/

HELP03 *How was I selected?*

The adult tobacco survey is completed among a representative sample of Vermont adults, ages 18 and older. We select, or draw, phone numbers for the study randomly through a process called “random-digit dialing”. Once phone numbers are drawn, they are loaded into our computer system for dialing and one adult in a household is randomly chosen to complete the survey. Neither we at ICF International, nor the Vermont Health Department knows to whom the phone number is registered and neither wants to. During analysis, results are aggregated and only these aggregate statistics are reported; individual responses are kept strictly confidential without linkage to telephone numbers.

01 CONTINUE

/IF SP_MENU=04/

HELP04 *My number is unlisted, how did my number get on the call list?*

We use a process called “Random digit dialing”—this process generates the telephone numbers called as part of the adult tobacco survey. Here’s how “Random digit dialing works”: the computer has the area code (802) and telephone prefixes (the first 3 digits) included in the survey area and it then assigns the last four digits in a random fashion. Once a number is assigned or drawn, it is loaded for dialing. All kinds of numbers are dialed as a result of this process: businesses, pay phones, non-working numbers, etc. Unlisted numbers are selected for dialing purely by chance. I assure you that this survey is confidential, your responses cannot be traced back to you, and survey results will only be reported in aggregate (group) form.

01 CONTINUE

/IF SP_MENU=05/

HELP05 *How will my answers be used?*

The answers from all survey participants are analyzed and reported together. Any reports generated from the results of the survey are based on aggregate statistics from all respondents. Reports including adult tobacco survey data are used by the Vermont Department of Health and others to evaluate programs and to inform policy makers. If you are interested in seeing the results, I can arrange for them to be sent to you. *(If person wants reports sent to them, record their name and address and send to Caroline Dawson at caroline.dawson@state.vt.us)*

01 CONTINUE

/IF SP_MENU=06/

HELP06 *My name is on the national do-not-call list. I'm not supposed to get these calls.*

The national do-not-call list was enacted to control telemarketing companies that sell services and products over the phone. The adult tobacco survey is conducted for research and does not fall under current do-not call list laws. The federal laws can be confusing, but research calls are not included in the federal regulations that apply to telemarketing calls. The health department is not selling anything; but your answers will help to evaluate and guide public health policy and programs.

Information about telephone consumer rights can be obtained from the Federal Communications Commission (FCC): phone: **1-888-225-5322** or at www.fcc.gov and the Federal Trade Commission (FTC) phone # 202-382-4357 or at www.ftc.gov. **Information is also available on the Vermont Secretary of State website – www.sec.state.vt.us/tutor/dobiz/forms/teleinfo.htm.**

01 CONTINUE

/IF SP_MENU=07/

HELP07 *Is there a state do-not-call list I can get my name on?*

Vermont does not maintain a do-not-call list separate from the national list. The adult tobacco survey, however, is exempt from **all** do-not-call lists. The national do-not-call list was enacted to control telemarketing companies that sell services and products over the phone. The adult tobacco survey is conducted for research and does not fall under current do-not call list laws. The federal laws can be confusing, but research calls are not included in the federal regulations that apply to telemarketing calls. The health department is not selling anything; but your answers will help to evaluate and guide public health policy and programs

Information about telephone consumer rights can be obtained from the Federal Communications Commission (FCC): phone: **1-888-225-5322** or at www.fcc.gov and the Federal Trade Commission (FTC) phone # 202-382-4357 or at www.ftc.gov. Information is also available on the Vermont Secretary of State website – www.sec.state.vt.us/tutor/dobiz/forms/teleinfo.htm.

[INTERVIEWER NOTE: ICF International maintains a “do not call list” internally for this survey. If respondent requests to be removed from list, code as 009]

01 CONTINUE

/IF SP_MENU=08/

HELP08 Why am I getting calls so late at night/calls on the weekend?

The intention is not to disturb you, so I apologize if that was the case. Calls are made during the evening hours and on weekends because many people are not home, or are busy earlier in the day/during the weekday. Calling during *all* periods of the day and evening and on every day of the week helps to ensure that a *representative* sample of Vermont adults is reached.

In general, the calling hours for the adult tobacco survey are 9 am to 9 pm on Monday through Friday, 10 am to 9 pm on Saturday and Sunday. However, if there is a more convenient time to contact you, I can arrange for the call to be made during that time (*if person says there is a more convenient time schedule a specific callback.*)

01 CONTINUE

/IF SP_MENU=09/

HELP09 I said no, why are you calling again?

I apologize; we just wanted to give you another opportunity to participate, as it is really important that we speak to as many households as possible. The validity of our research is actually improved when more of the people selected to complete the survey actually finish the interview. Also, sometimes a person doesn't want to participate because we've reached them at an inconvenient time.

01 CONTINUE

/IF SP_MENU=10//

HELP10 If I decline to participate, will that stop me from being called again?

I can remove your number from dialing for the 2014 VTATS. However, your telephone number was randomly selected for inclusion in the sample for this study. The process of selecting telephone numbers is completely random and anonymous, so there is no guarantee that your number will not be selected as part of the sample for *another* survey, or even later versions of this survey.

01 CONTINUE

/IF SP_MENU=11/

HELP11 Are my tax dollars paying for this survey?

No. The adult tobacco survey is funded through Master Settlement Agreement (MSA) funds, ***not by your tax dollars***. These funds are the result of the settlement reached with the tobacco industry in 1999—The Vermont Department of Health received approximately 1.6 million dollars in settlement funds in fiscal year 2014.

01 CONTINUE

/IF SP_MENU=12//

HELP12 Why can't I do *69 to call back the person calling me/the number is blocked, is this where I should call to complain?

The VDH contracts with my company, ICF International, to conduct interviews. “*69” doesn't work because I don't have an individual phone number to my line. However, if you would like to reach someone directly to ask questions or voice your concerns, I can give you some direct phone numbers:

VT ATS ICF International Verification Line 1-866-784-7216

VDH 802-865-7783 or (toll-free) 800-869-2871 (ask for Caroline Dawson).

01 CONTINUE

/IF SP_MENU=13/

HELP13 Can I get the survey in the mail? Why call people at home?

This survey is only conducted over the telephone. The health department's experience with studies of this type shows that mail surveys are more costly-- and achieve lower participation-- than those done over the telephone. Also, reaching people in their homes helps to reduce the chances of bias in the results. In other words, we've found that a telephone survey is the most efficient, representative and thorough method to gather information to help guide health department and tobacco control program efforts.

01 CONTINUE

/IF SP_MENU=14/

HELP14 I don't know anything about that.

This isn't a test—we're interested in your opinions and experiences, and will ask about your health and health practices that affect your health. Many people find the survey to be interesting. If there's any question you don't feel comfortable answering or don't know the answer to, you can tell me and we'll just move on to the next question.

01 CONTINUE

/IF SP_MENU=15/

HELP15 Why should I participate?

This data will be used to improve health programs and prevent diseases. Participating is one way for you to be represented at the state and federal level. The information is used for planning purposes at all levels of government to develop more effective health programs. For example, the VT Department of health uses survey data in budget planning-- to help them prioritize areas to focus on and those that maybe don't need as much focus at the moment. They also share ATS data (aggregate form only) with local coalitions who use the information to help shape the local activities they implement re: education, cessation, etc.

For one thing, this has to do with how lawmakers spend taxpayer dollars, and putting resources into programs that benefit the most people and do the most good.

The more people who participate (the higher the response rate), the more accurate and reliable the results. Your participations will help our data be reliable.

01 CONTINUE

/IF SP_MENU=16/

HELP16 Why do you need to know how many adults live in my house?

We don't mean to intrude—asking the number of adults (and the genders) in a household allows us to randomly select an individual for participation. Random selection makes our study data more reliable, because it ensures the study represents all adults in Vermont: men, women, different age groups, etc. If we didn't randomly select someone, then we would always just speak to the person who is most likely to pick up the phone or be at home, which wouldn't necessarily be representative of everyone in the state.

01 CONTINUE

/IF SP_MENU=17/

HELP17 I don't have anything to do with public programs. I get my health care from my private doctor/ HMO/ military.

All health care providers, public or private, can use the information to improve services, give better advice, and plan better programs.

01 CONTINUE

/IF SP_MENU=18/

HELP18 I just moved to this state; I don't qualify as a resident yet.

If you are now living in this state and you plan to live here, the VDH considers you a resident.

01 CONTINUE

/IF SP_MENU=19/

HELP19 I don't smoke/use tobacco—you don't need to talk to me.

The health department wants to talk to as many people as possible to get a good representation of the opinions and health of the whole state's population—*this includes people who don't use tobacco, people who do, and people who used to use tobacco.*

01 CONTINUE