

May 2006

Selected Results from the 2001–2005 Vermont Adult Tobacco Surveys

Final Report

Prepared for

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Prepared by

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1. INTRODUCTION

This report presents results from the 2001 through 2005 Vermont Adult Tobacco Surveys (ATS). This report updates our previous report (*Selected Results from the 2001–2004 Vermont Adult Tobacco Surveys*, Nonnemaker et al., 2005) and presents results of new analyses requested by Vermont stakeholders. If items were dropped in the 2005 ATS, then we did not include results for those measures from previous years in this report. (See **Appendix A** for the 2005 Vermont ATS.)

Section 1 briefly discusses the data and methods used in this report (see Nonnemaker et al., 2005, for a detailed description). The main purpose of this section is to summarize the overall findings and highlight any changes in trends in the outcomes of interest. The items presented in this and following sections are arranged in an order based on the simple evaluation model outlined in Section 1 (i.e., short-, intermediate-, and longer-term). Section 2 presents results from cessation-related items in the ATS. Section 3 presents results related to secondhand smoke and workplace smoking policies. Section 4 presents results for community programs and events (specifically youth prevention programs and events). Section 5 analyzes simple, aided, and confirmed awareness of antitobacco advertising and antitobacco public education efforts. Section 6 presents comparisons of selected items, by age group.

1.1 A Short Description of the Vermont Tobacco Control Program

The Vermont Tobacco Control Program (VTCP) takes a comprehensive approach to reducing tobacco use by addressing three main goals: (1) reduce the prevalence of smoking among Vermont youth from a rate of 31% in 1999 to a rate of 15% in 2010, (2) reduce the prevalence of smoking among Vermont adults from a rate of 22% in 2000 to a rate of 11% in 2010, and (3) reduce the exposure of all Vermonters to secondhand smoke.

VTCP detailed the components of its tobacco control program for 2004–2005 in its Work Plan: tobacco-free communities, tobacco-free schools, help for smokers to quit, media and public education, enforcement, evaluation, and policy. These program elements were described in Nonnemaker et al. (2005).

1.2 A Brief Overview of the Evaluation Approach

The purpose of this report is to present ATS results in such a way as to address the effectiveness of VTCP in achieving its program goals and objectives as outlined in the VTCP Work Plan for 2004–2005. In this section, we briefly summarize the principles of a simple evaluation model that guides the analyses and presentation and interpretation of results in this report.

The evaluation strategy focuses on examining changes over time in short-, intermediate-, and longer-term outcomes that relate to stated VTCP goals and objectives. In general, the objectives relate to short-term (and in some cases intermediate) outcomes, whereas the program goals relate to longer-term outcomes.

Our simple evaluation model assumes that it takes a substantial amount of time before health promotion interventions achieve detectable behavioral and disease prevention outcomes (Hornik, 2002; Lefebvre, 1990). The model hypothesizes that changes in awareness of or exposure to program activities (key short-term outcomes) and subsequent changes in downstream intermediate outcomes (for example, changes in attitudes related to tobacco use) will subsequently result in changes in longer-term outcomes (e.g., quit attempts, successful cessation). The weakness of this evaluation approach is the lack of specific/direct measures of exposure and a more rigorous experimental design, which makes it impossible to conclude definitively that observed changes in the intermediate- and longer-term outcome measures are a result of actual program activities.

Our approach to the evaluation of VTCP in this report can be summarized by the following set of inquiries:

- Do we observe changes (increases) in awareness/exposure?
- Do we observe changes (increases) in attitudes, knowledge, intentions, and other short- and intermediate-term measures related to potential exposure to program activities?
- Do we observe changes (increases) in intentions to quit and quit attempts and other longer-term outcomes?
- Are various population subgroups adequately targeted by the program?

See the 2004 ATS report (Nonnemaker et al., 2005) for additional details on our evaluation strategy and its limitations.

1.3 Statistical Analyses

As in our previous reports, we restrict the analyses to available ATS data on cessation, countermarketing, and community-based activities (related to cessation, secondhand smoke exposure, and young people smoking) because these areas are program priorities. We present results separately for smokers (including current smokers and recent quitters) and all Vermonters (see Section 1.4.2 for definitions of smoking status). Recent quitters were skipped out of some questions that were asked of current smokers; therefore, for those questions, we present results for current smokers only.

For each year, we estimate means or proportions using Stata survey (svy) estimators, which account for the sample design. Confidence intervals (CIs) of estimates are adjusted so that they are ≥ 0 . We then test whether the difference between the means from the first

comparable year and 2005, and between the means from 2004 and 2005, are statistically significantly different from zero using a test that adjusts for sample design. For subgroup analyses, we test for differences across subgroups within each year but do not test for differences across subgroups in trends. For some figures, it is too cluttered to include CIs in the graph; in these cases, we provide a table with CIs (referenced in the graph) in **Appendix B**.

In a few cases, we noted that a question or skip pattern relevant to a variable of interest changed from year to year. Most such changes reflect changes to the 2002 survey. In cases where a change occurred such that 2002 is not comparable to 2001 or 2003–2005, we only present results for 2001 and 2003–2005 (any exceptions to this general rule are noted). In cases where the questions changed slightly from year to year, we present results across years but do not make statistical comparisons. All instances where this occurred for variables presented in this report are noted in the text.

As a general rule when calculating rates, proportions, and other similar descriptive statistics, we exclude those with missing responses from the denominator. In addition, we generally code those who respond “don’t know” or “refused” as missing. We note any exceptions to this general rule in the text. We used the weighting scheme in producing estimates for this report. More details on weighting are presented in a separate report by RTI International (RTI) (Wheless, Nonnemaker, and Farrelly, 2003) and in the 2003 ATS report (Nonnemaker et al., 2003).

1.4 Vermont ATS: Design, Definition of Smoking Groups, and Sample Characteristics

1.4.1 Design

The Vermont ATS is a list-assisted, random-digit-dialed telephone sample survey of noninstitutionalized Vermont adults (aged 18 or older). The sample design is intended to provide a 50/50 mix of smokers (i.e., adults who currently smoke every day or some days) and nonsmokers (including former smokers who quit smoking more than 5 years ago). More details on the sample design can be found in the 2004 ATS report (Nonnemaker et al., 2005).

Vermont has conducted an annual ATS since 2001 and now has data for 2001 through 2005. The ATS is an important instrument in evaluating VTCP, because it provides extensive information on smoking-related behaviors and activities that is not available from other sources in Vermont. However, ATS is not part of a national survey, and therefore its results cannot be compared with other states.

In 2002, the ATS instrument was revised. Following discussions with RTI, the 2003 ATS was again redesigned with the intent of increasing comparability to the 2001 survey. In 2004

and 2005, no major revisions were made to the survey design, although some questions were added (e.g., questions related to sources of cigarettes for minors), deleted (e.g., questions related to the awareness of cessation assistance to help quit smoking), or modified (e.g., questions related to media campaigns).

1.4.2 Definition of Smoking Groups

Table 1-1 presents the definitions of smoking groups that we used to obtain the estimates. As described in the table, former regular smokers who quit smoking within the past 12 months are evaluated as smokers because they are assumed to still be users of VTCP services. Former regular smokers who quit smoking cigarettes more than 12 months ago are counted as nonsmokers.

Table 1-1. Definition of Smoking Status Groups

Smoking Group	Definition
Current smoker	Smoked at least 100 cigarettes in entire life and now smoke cigarettes every day or some days
Former regular smoker	Smoked at least 100 cigarettes in entire life and now do not smoke cigarettes at all
Recent quitter	Former regular smoker who quit within the past 12 months
Smoker	Either current smoker or recent quitter
Nonsmoker	Did not smoke 100 cigarettes or former smoker who quit for more than 12 months

1.4.3 Definition of Sample Characteristics

Table 1-2 presents the definitions of sample characteristics we used when performing estimates. For income, we used the impute command in Stata to estimate the household income of those who reported missing values for that question. This command estimates the household income of those who reported missing values by estimating the household income of similar respondents based on education, gender, and age.

1.5 Sample Characteristics

Table 1-3 shows the unweighted sample characteristics by gender, age group, education, income, and smoking status. The response rate for each year is also presented in the table as a percentage. Because of missing values, percentages of categories in each characteristic group do not add up to 100% and the number of respondents does not add up to the total number in the sample population. The table shows the Council of American Survey Research Organizations (CASRO) response rates for each year.

Table 1-2. Definition of Sample Characteristics

Sample Characteristics	Definition
Age	
18 to 24 years	Vermonters aged 18 to 24
25 to 44 years	Vermonters aged 25 to 44
45 or older	Vermonters aged 45 or older
Education	
Less than high school	Vermonters with education level ranges from never attending school to some high school
High school graduate or GED	Vermonters who graduated from high school or have GED
Some college	Vermonters who completed at least one college year
Income	
<\$25K	Vermonters with annual household income from all sources less than \$25,000
\$25K to <\$75K	Vermonters with annual household income from all sources \$25,000 to less than \$75,000
\$75K+	Vermonters with annual household income from all sources \$75,000 or more

1.6 Summary of Overall Findings and Interpretation

1.6.1 Smoking Cessation

In this section, we report on findings related to adult cessation, following the evaluation strategy outlined in Section 1.2. To the extent that data are available to us to address progress in meeting VTCP objectives, we do so in this section.

We apply a simple cessation evaluation model limiting the outcomes to items in the Vermont ATS. The primary program inputs and activities that have been undertaken to promote cessation in Vermont are operation of a Quit Line, community counseling services (Vermont Area Health and Hospital Systems [VAHHS]), Quit Bucks,¹ training of health care professionals and dentists, and community efforts.

As these activities are implemented in the short term, we would expect individual self-reports of awareness of or exposure to these types of activities to increase. Awareness of and exposure to program activities can be expected to lead to perceived ease of access to cessation resources, more frequent advice to stop smoking from a health care professional or a dentist, identification of reasons for quitting, use of various cessation methods, offer of cessation programs at work, and insurance coverage of cessation services (intermediate

¹The Vermont ATS has no measure of Quit Bucks, so we do not specifically mention use of Quit Bucks as an outcome.

Table 1-3. 2001–2005 Vermont ATS Unweighted Sample Characteristics

Characteristic Group ^a	2001		2002		2003		2004		2005	
	N	Per-centage (%)	N	Per-centage (%)	N	Per-centage (%)	N	Per-centage (%)	N	Per-centage (%)
Overall	2,241	100.0	2,059	100.0	2,268	100.0	2,027	100.0	2,069	100.0
Gender										
Female	1,291	57.6	1,192	57.9	1,387	61.2	1,249	61.6	1,284	62.06
Male	950	42.4	867	42.1	881	38.8	778	38.4	785	37.94
Age Group										
18 to 24 years	336	15.0	141	6.9	309	13.6	338	16.7	288	13.9
25 to 44 years	769	34.3	807	39.2	738	32.5	625	30.8	589	28.5
45+ years	1,100	49.1	1,071	52.0	1,173	51.7	1,031	50.9	1,163	56.2
Education										
Less than High school	229	10.2	127	6.2	185	8.2	136	6.7	158	7.6
High school graduate or GED	835	37.3	697	33.9	756	33.3	698	34.4	701	33.9
Some college	1,143	51.0	1,211	58.8	1,304	57.5	1,180	58.2	1,199	58.0
Income										
<\$25K	610	27.2	492	23.9	521	23.0	513	25.3	498	24.1
\$25K to <\$75K	1,365	60.9	1,317	64.0	1,410	62.2	1,210	59.7	1,225	59.2
\$75K+	266	11.9	250	12.1	337	14.9	304	15.0	346	16.7
Smoking Status										
Current smoker	1,015	45.3	637	30.9	829	36.6	884	43.6	854	41.3
Recent quitter	41	1.8	224	10.9	110	4.9	74	3.7	86	4.2
Smoker	1056	47.1	861	41.8	939	41.4	958	47.3	940	45.4
Nonsmoker	1,175	52.4	1,184	57.5	1,317	58.1	1,062	52.4	1,115	53.9
Overall Response Rates ^c		37.0		33.0		50.9		44.0		46.1

^{a,b}See Tables 1-1 and 1-2 for definition of sample characteristics.

^cBased on Behavioral Risk Factor Surveillance System (BRFSS) CASRO response rate.

outcomes). In the long term, we should observe higher intentions to quit, more quit attempts, and ultimately higher successful quit rates. Of course, these outcomes may also change as a result of factors other than exposure to program activities (e.g., exposure to antitobacco information via national media or other sources not sponsored by VTCP). Our limited evaluation model and data do not allow us to distinguish between the impact of VTCP and other influences. More details on the simple evaluation model for cessation are presented in the 2004 ATS report (Nonnemaker et al., 2005).

Short-Term Outcomes

Awareness. This section examines whether there are observed increases or maintained levels (of prior increases) in awareness of or exposure to program activities. Awareness of cessation programs serves as an indirect measure of exposure to program activities; this measure increased significantly between 2001 and 2002 but then leveled off from 2002 to 2005. In addition, aided awareness of the Quit Line increased from 2004 (70.1%) to 2005 (75.9%) among smokers, mostly because of the radio campaign.

Intermediate Outcomes

Perceived Access to Cessation Resources. The first set of items we examined as intermediate outcomes were related to a respondent's perceived ease of access to cessation information. Results indicate that perceived access to all types of resources increased from 2001 to 2005. Much of the increase is again from 2001 to 2002, with a leveling off from 2002 to 2004. However, the 2005 results indicate an increase from 2004 in smokers reporting "very easy" access to local information about quitting, including booklets, group cessation programs, and the Vermont toll-free Quit Line.

Perceived access to doctors' advice or advice from other health professionals increased slightly from 2001 to 2005. However, only the result for other health professionals is statistically significant. These small changes are not surprising given the high baseline levels of advice.

Perceived access to prescriptions for smoking cessation medication has not changed from 2001 to 2005 when measured by combined responses of "somewhat easy" and "very easy." However, the percentage of smokers reporting "somewhat easy" or "very easy" access to reimbursement for medication increased from 2004 (29%) to 2005 (40%). This relatively large increase may correspond to the direct mailings that were sent out in fall 2005, around the time of the 2005 ATS. These mailings advertised the availability of low-cost/free nicotine replacement therapy (NRT). This hypothesis can be investigated more fully in the future.

The percentage of workplaces offering programs to help Vermonters quit smoking did not change significantly between 2002 and 2005: slightly more than 28% of all smokers and 33% of all Vermonters employed for wages reported access to such programs. It may take more time before we observe a change in this intermediate outcome.

Perceptions of Provider Behavior. The next set of intermediate outcomes examined patient self-reports of provider behavior. A shorter-term outcome would be, for example, provider self-reports of training related to cessation. We might first expect to see increases in provider awareness/exposure followed by changes in provider behavior, which would to some extent be reflected in patient self-reports of provider behavior (although still an indirect measure). Results in this section indicate that from 2001 to 2005, health care providers advised smokers to quit and recommended a specific medication or program for quitting with higher frequency. However, there has been no change in the percentage of smokers who have been asked to set a quit date, and there was a statistically significant decrease in the percentage of smokers who were asked about their smoking status from 2004 to 2005.

The increase in health care professionals' recommending counseling, Zyban, and the Quit Line from 2001 to 2005 is small but statistically significant. In 2005, 73% of all health care professionals still provide no recommendations with respect to quitting; however this

percentage has decreased since 2001. No significant difference in behavior was measured among dentists between 2001 and 2005. Half as many dentists as health care professionals advised their smoking patients to quit, and only about 5% of them were able to recommend a specific program for quitting. Even though the success rate of brief advice by a medical professional is modest, achieving cessation in about 1 in 40 smokers, it is one of the most cost-effective cessation interventions (Silagy and Stead, 2003) and should be encouraged by the program. Doctors are still the most common source of cessation information among health care professionals, but the role of other health professionals and hospitals/clinics has increased significantly from 2001 to 2005.

Reasons for and Methods Used in Cessation Attempts. We also examined reasons for quitting and methods used for quitting. Advice from a doctor as a reason for quitting increased significantly from 2001 to 2005 but decreased from 2004 to 2005. In addition, the percentage of respondents who reported “talking with a doctor/health professional” as a cessation method increased significantly from 2001 to 2005, even though use of this method slightly declined from 2004 to 2005. These findings reflect the increased percentage of health care professionals who discussed cigarette smoking with their patients and advised them to quit from 2001 to 2004 and a decrease in the number of health care professionals who inquired about patients’ smoking status from 2004 to 2005. These results suggest that there is still a room for improvement in engaging health care professionals in cessation efforts in Vermont.

The most common reason for quitting was concern about health, which was increasingly cited from 2001 to 2004 but then declined from 2004 to 2005. Another statistically significant change from 2004 to 2005 was that restrictions at home or work were decreasingly cited as a reason for quitting. Despite the recent media campaigns focusing on the cost of smoking, the percentage of respondents citing cost as a concern for smoking did not increase.

Use of all listed cessation methods (i.e., use of nicotine gum or patch, talking to a doctor/health professional, reading cessation material, acquiring information about cessation treatment, use of Zyban, individual counseling, and Quit Line) increased significantly from 2001 to 2005. More than half of current smokers in 2005 reported using NRT or Zyban/Wellbutrin at least once, an increase since 2002. This outcome may not measure only quit intentions, however, because some smokers may use NRTs to overcome smoking restrictions, such as smoking bans during flights.

Quit Line. The role of the Quit Line both as a source of information about quitting smoking and as a source of help in quitting continued to grow from 2001 to 2005. The Quit Line is used more by women than by men. Use of the Quit Line is higher among smokers aged 25 to 44 and 45 and older than among smokers aged 18 to 24. This is true despite the fact that awareness of the Quit Line is lowest among smokers 45 and older. This is consistent with

data from the Quit Line caller characteristics. Use among those with lower incomes (i.e., <\$25,000) is more than three times the level (17% vs. 5%) of those with higher incomes (i.e., >\$75,000).

Longer-Term Outcomes

Even though the level of awareness of or exposure to VTCP activities (e.g., Quit Line, media messages, community coalition sponsored events), measured indirectly by several indicators based on the ATS, increased from 2001 to 2002, there is very little change in most of the long-term indicators from 2002 to 2005. The percentage of current smokers who are very confident they can quit smoking did not change significantly from 2001 to 2005, and this confidence is even declining among smokers with at least one serious quit attempt. Fewer smokers are seriously thinking about quitting in 2005 (41.3%) compared with 2001 (53.7%). In addition, the percentage of smokers who made a serious quit attempt has not changed significantly from 2001 to 2005.

We also examined the mean duration of the longest quit attempt to measure progress toward cessation. We observed a slight increase in the average duration of the longest quit attempt from 2004 (36.4 days) to 2005 (41.5 days); however, this increase was not statistically significant. Examining a measure of total smoke-free days in addition to a measure of duration of longest quit attempt over the past year might be more informative. However, both measures would likely involve recall bias.

It has been established that both motivational (e.g., number of serious quit attempts, desire to stop smoking) and dependence factors (e.g., number of cigarettes smoked per day, age of smoking initiation, time to first cigarette after waking up) are critical in predicting successful cessation (Russell, 1978). Since measures of intention to quit are often unstable (Hughes et al., 2005), we also examined any changes in the level of dependence among Vermont smokers that might suggest future success in quitting smoking. Some literature suggests that the dependence factors are even stronger predictors of cessation than the motivational factors (Hymowitz et al., 1997; Hyland et al., 2004, 2005), although motivation to stop smoking may be a necessary but not sufficient condition for predicting cessation. Reduction in smoking intensity may be an effective cessation strategy (Hyland et al., 2004, 2005). We examined three measures of the dependence level among Vermont smokers: time between waking up and having a first cigarette, the percentage of someday smokers among current smokers, and the number of cigarettes smoked per day. The percentage of smokers having their first cigarette within 30 minutes after waking up has not changed from 2001 to 2005. To more fully describe nicotine dependence, we present data from the 2005 ATS on the Fagerström Test for Nicotine Dependence.

Program Objectives. Finally, we discuss what these ATS results suggest in terms of meeting program goals/objectives for cessation. As noted above, ATS is limited in its ability to directly assess program objectives, particularly long-term objectives (cessation goals fall

in this category). Directly assessing program objectives requires establishing links between additional input/process data (e.g., Quit Line data) and the outcome data from ATS (or other sources), as has been suggested by RTI elsewhere (e.g., Nonnemaker et al., 2002). The best we can say here is whether short- and intermediate-term outcomes that might be related to program objectives are changing in the desired direction.

Quit Line. The role of the Quit Line continued to grow from 2001 to 2005, and from 2004 to 2005, both as a source of information about quitting smoking and as a source of help in quitting. More smokers reported “very easy” access to the Quit Line in 2005 than in 2004. The increase in access to the Quit Line in 2005 may be a result of direct mailings about the Quit Line that corresponded to the time when ATS respondents were interviewed in fall 2005. Despite the increasing role of the Quit Line, it remains one of the least frequently used cessation methods among Vermont smokers who tried to quit or recent quitters. About 12% of current smokers with serious quit attempts have used the Quit Line. For comparison, about 40% of these smokers used NRTs.

Counseling. More smokers reported “very easy” access to group cessation counseling in 2005 than in 2001 and in 2005 than in 2004. However, group counseling is perceived as the least accessible of the four cessation resources (ranking after availability of information about quitting, availability of booklets about quitting, and toll-free Quit Line). ATS data also show that health care professionals recommended counseling as a cessation method more often in 2005 than in 2001. This increase was small but statistically significant. Reported use of counseling as a cessation method increased significantly from 2001 to 2005. However, as noted above, counseling together with the Quit Line are the least frequently used cessation methods among Vermont smokers who tried to quit or recently quit smoking during the past 12 months. About 11% of current smokers with serious quit attempts in 2005 have used counseling as opposed to about 40% of these smokers who used NRTs.

Community Programs. The objective of VTCP for community programs is to increase the number of group smoking cessation courses offered in community settings other than the local hospital to increase outreach to underserved groups of smokers. ATS data cannot directly evaluate the progress toward this goal, but the data provide information on awareness of local programs related to cessation activities. These measures of awareness are not specific to activities of local community coalitions but are likely correlated with such activities (i.e., higher levels of coalition activities in the local area of a respondent are likely to result in higher levels of reported awareness on these questions). We found that awareness of cessation-related programs increased significantly from 2001 to 2005. There was a relatively large and statistically significant increase from 2001 to 2002 and then the level remained fairly stable. Awareness increased from 2004 to 2005, but the 2005 level is similar to the 2002 level. In 2005, awareness was similar across age and gender groups but differed by income and education. Those with less than a high school degree had a lower level of awareness than those with a high school degree or GED and those with at least

some college education. In addition, those with incomes less than \$25,000 had a lower level of awareness than those with incomes between \$25,000 and \$75,000.

NRT. Perceived access to prescriptions for smoking cessation medication has not, for the most part, changed from 2001 to 2005. However, more smokers reported “somewhat easy” or “very easy” access to reimbursement for medication in 2005 than in 2004. These items measure a perception that is likely to result from awareness of or exposure to the program (or other sources) and belong to the category of intermediate outcomes. We can only speculate that the improved perceived access to reimbursement for NRTs is the result of program activities.

The use of cessation methods involving NRT increased significantly, but it is not possible to definitively conclude that these increases are the result of program activities. About half of current smokers have used NRT in 2005. Those who quit after January 2002 were more likely to report using NRT as a cessation method than those who quit prior to January 2002, potentially suggestive of a program impact on NRT use.

Cost. VTCP has an objective of reducing economic barriers to NRT for smokers enrolled in counseling. The percentage of smokers who reported having “easy” or “somewhat easy” access to reimbursement for medication increased from 2001 to 2005, with a sizeable increase from 2004 to 2005.

1.6.2 Secondhand Smoke and Workplace Smoking

VTCP addresses secondhand smoke-related issues primarily through media campaigns and funding of community coalitions. Based on our simple evaluation model, we first expect to see increases in awareness of or exposure to such program efforts. If the program is reaching Vermonters (keeping in mind that our measures of awareness/exposure are indirect and thus we do not observe awareness/exposure to actual program efforts), then we would eventually expect to also see changes in such intermediate outcomes as attitudes about and knowledge of secondhand smoke effects. In turn, changes in the intermediate outcomes are expected to lead to changes in longer-term outcomes, such as prohibitions on smoking in homes and cars (i.e., respondents’ self-reports of rules prohibiting smoking in the home and/or car). These prohibitions are intended not only to reduce exposure to secondhand smoke but also to change the social norm related to smoking and to promote cessation. For more details on the simple evaluation model of secondhand smoke-related issues, see the 2004 ATS report (Nonnemaker et al., 2005).

Short-Term Outcomes

Awareness. Similar to what we saw for cessation, reported awareness of local programs and events to discourage people from smoking around children rose significantly from 2001 to 2002 but then slowed or dropped slightly from 2002 to 2005. Reported awareness of programs and events discouraging people from smoking around children decreased from

2002 to 2005 among smokers but not among all Vermonters and nonsmokers. The decline from 2002 to 2005 for event awareness is larger among smokers with higher education; the decline for program awareness is largest among low-income smokers (this trend is not present among all Vermonters). The limitations of our evaluation model prevent us from concluding that the observed changes in awareness are a result of program activities. As with cessation, awareness of/exposure to programs was higher than for events. This may indicate a higher level of general awareness that such programs exist but lower exposure to (participation in) actual events. However, we also found that more smokers were aware than not aware of the "Smoke Free Zone" radio campaign. The opposite was true for all Vermonters, suggesting that smokers paid more attention to this advertising than nonsmokers.

In the short term, we expect to see rising (and then sustained) awareness as the program has had time to implement activities and reach individuals. We found this pattern among nonsmokers, but the initially increased awareness has not been sustained among smokers. This finding suggests that it may be helpful to reevaluate these programs and events so they are targeted more toward smokers.

Intermediate Outcomes

Attitudes and Knowledge. As intermediate-term outcomes, we considered knowledge and attitudes about smoking in the workplace and knowledge about the effects of secondhand smoke. Workers' knowledge about indoor smoking policies was not strictly comparable across years so we do not present results in this report. In addition, we have no way to compare the respondent's description of the workplace indoor smoking policy and the actual policy in place at that respondent's workplace.

Because the VTCP media campaign has focused to some extent specifically on reducing children's exposure to secondhand smoke, we examined attitudes among health care professionals/doctors toward smoking around children. To date, there has not been a statistically significant increase in the percentage of health care professionals/doctors who asked smokers about their smoking behavior around children.

The ATS also includes questions about knowledge/beliefs about the risks of secondhand smoke. In 2005, 47% of smokers and 65% of all Vermonters believe that secondhand smoke is very harmful, and 41% of smokers and 31% of all Vermonters believe that secondhand smoke is somewhat harmful. Among both smokers and all Vermonters, there was a small but significant decline in the percentage responding that secondhand smoke is very harmful from 2002 to 2005. Over the same period, the percentage responding that secondhand smoke is not harmful at all increased among smokers (to 4.6%) and all Vermonters (to 1.6%). These percentages are quite small, but this trend warrants monitoring because this is not the desired outcome from the perspective of VTCP.

From 2002 to 2005, there was a small decrease in the percentage of smokers who reported that secondhand smoke causes respiratory problems in children. However, more Vermonters and Vermont smokers in 2005 agreed that secondhand smoke causes ear infections in children than in 2003.

The ATS also asks about attitudes/knowledge related to the risks of secondhand smoke to workers and patrons of bars and about attitudes related to restricting or prohibiting smoking in these establishments. The percentage of smokers and all Vermonters who “strongly agreed” or “agreed” that secondhand smoke is a serious health risk to workers and patrons of bars increased from 2002 to 2005, and this increase is statistically significant among all Vermonters. In addition, there was a significant decline from 2002 to 2005 in the percentage of smokers who believe that smoking should be allowed in all bar areas. An increasing percentage of smokers (about one-quarter in 2005) responded that smoking should not be allowed in bars at all, and this percentage has increased significantly from 2002 to 2005. Among all Vermonters, there was a significant decline in the percentage responding that smoking should be allowed in all areas and a significant increase in the percentage responding that smoking should not be allowed in any areas from 2002 to 2005. Over 50% of Vermonters in 2005 believed that smoking should not be allowed in bars at all.

Results for these intermediate outcomes are mixed, with some attitudes moving in the opposite direction to what would ultimately be desired. It is worth noting that the VTCP media campaign has focused to some extent specifically on reducing children’s exposure to secondhand smoke, yet some attitude items presented here do not relate to the effects of secondhand smoke on children specifically. These attitudes are therefore expected to change more slowly than attitude items that are more directly related to a specific campaign theme (such as “Take It Outside”).

Longer-Term Outcomes

We consider as longer-term outcomes individuals’ reports of their “behaviors” concerning smoking at work and in the home and car.

Smoking at Work. Because of the changes in the 2005 ATS survey instrument relevant for the topic of smoking at work, we do not present results on exposure to secondhand smoke at work.

Smoking in the Home. Data based on self-reports of prohibiting smoking at home (among smokers and all Vermonters) show an initial increase in household restrictions from 2001 to 2002, but this increase slowed down from 2002 to 2005. A higher percentage of smokers’ households with children did not allow smoking (66%) compared with smokers’ households without children (43%) in 2005. Despite an increase in smoking bans among smokers’ households with children from 2004 to 2005, more than 35% of these households still allow smoking in the home. Even though there is room for improvement in this area, the

behavioral trend seems to be in the right direction. Overall, 82% of households with children and 75% of households without children prohibit smoking at home in 2005. The percentage of smokers with and without children who report that there was no smoking in the home in the past 7 days increased from 2001 to 2005. This percentage also increased from 2004 to 2005 among smokers with children. Both the level of smoking bans and the percentage of smokers who report no smoking in the past 7 days is higher among smokers with children than among smokers without children.

Smoking in the Car. The percentage of smokers who report banning smoke in their cars also increased from 2001 to 2005. Banning smoking in cars is more common than banning smoking in homes. However, 28% of smokers with children still smoke in their cars in the presence of children.

The fact that the prevalence of smoking bans both at home and in cars has increased since 2001 is certainly a positive result from the perspective of tobacco control; however, it is not possible based on these data (and the simple evaluation model) to conclude that these changes are due to VTCP (e.g., perhaps Vermonters have access to other sources of information [national media] that would also promote such changes). We also do not know at this time if this trend is shared nationally.

Program Objectives. VTCP has an overall goal to reduce exposure to secondhand smoke, and both the community programs and media components of VTCP have objectives related to secondhand smoke. These efforts are largely to increase awareness of issues related to secondhand smoke exposure (e.g., the negative health risks for children). VTCP also supports the adoption of policies to further restrict/prohibit smoking in public places and workplaces. Increases in awareness of programs and events that discourage smoking around children and increases in rules prohibiting smoking in the home and cars are encouraging signs that perhaps progress is being made in achieving objectives and goals. However, the evidence is not conclusive, and we do not yet see convincing/consistent evidence that program activities have resulted in changes in knowledge and attitudes.

1.6.3 Community Programs and Events

Coalition activities, in combination with media messages, are expected to result in increased awareness of tobacco control efforts at the local level and greater awareness of tobacco control issues (i.e., create an environment that is less accepting of smoking as a norm). We also might expect in the short- to intermediate-term to see changes in attitudes and beliefs related to the themes of coalition activities and media campaigns (e.g., secondhand smoke issues). As more time passes and local tobacco control efforts continue, we would hope to see changes in intermediate outcomes, such as rules prohibiting smoking in the home and car. Finally, if community efforts are successful, we would expect after some time to see changes in longer-term outcomes (e.g., increased successful cessation, reduced secondhand smoke exposure). Research shows that cumulative environmental changes can be effective

in promoting smoking cessation to the same extent as a health education intervention (Kadowaki et al., 2006).

Some of the community coalition activities are coordinated with or aimed at common themes of the VTCP, and thus there is overlap in outcomes across community and other program component efforts. For this reason, results pertinent to community-level activities are included in Sections 2 and 3 of the report, and we only present short-term awareness outcomes and one intermediate-term outcome related to social norms around smoking in this section.

Short-Term Outcomes

Awareness. Awareness of programs and events that help young people avoid smoking increased significantly from 2001 to 2002 but then leveled off from 2002 to 2005. As with cessation-related activities, awareness of programs is higher than awareness of specific events. Awareness of both programs and events to help young people avoid smoking is higher among respondents with higher education and higher income, but our evaluation model cannot distinguish whether this difference is driven more by the education or the income.

Program Objectives. All of the awareness items (of local program and events) followed a similar pattern: a significant and substantial increase from 2001 to 2002 followed by a leveling off after that. In general, awareness of programs was higher than awareness of events. It is not possible to say, using the ATS data, whether the initial increase in awareness or maintained levels of awareness are due to activities of the community coalitions. Other factors, such as media, may also contribute to these observed patterns of awareness.

Intermediate-Term Outcomes

Social Norms. Social norms about smoking are measured by the perceived level of acceptance of smoking among smokers and all Vermonters. More smokers (22%) than Vermonters overall (11%) think that the community feels it is “OK to smoke as much as you want” for adults, and this perception of the level of acceptance increased from 2001 to 2005, but most noticeably from 2004 to 2005, among both smokers and all Vermonters. There was a decline in the perception that adults “definitely should not smoke” from 2001 to 2005 and from 2004 to 2005 among smokers and all adults.

Our finding indicates that social norms associated with smoking are changing in Vermont but not always in the expected direction. It may take more time before we observe a change in this intermediate outcome. Also, we cannot rule out the influence of other sources on social acceptability of smoking.

1.6.4 Awareness of Antitobacco Media

A media campaign is a key component of VTCP and serves two primary objectives: to counter the marketing efforts of the tobacco industry and to educate the public (e.g., promote available resources for cessation, increase knowledge of the health effects of exposure to secondhand smoke).

Our simple evaluation model stipulates that, in the short term, the program should increase awareness of and exposure to media messages, which would lead to changes in attitudes related to secondhand smoking, knowledge of effects linked to secondhand smoke, increased use of the Quit Line and other cessation methods, and in reasons for quitting in the intermediate term. In the long term, we would expect to see increases in smoking bans in homes and cars and increased intentions to quit.

In this section, we use ATS data to examine awareness of media messages that target adult audiences. Our focus in this section is on media campaign objective(s) to increase use of the Quit Line, community counseling programs, and NRT and to meet the cessation objectives.

VTCP funds a statewide media campaign. It is also possible that local media contributes to the dissemination of messages related to tobacco use and/or cessation (e.g., newspaper stories about tobacco-/cessation-related issues).

ATS provides data on the following:

- unaided or simple awareness of television, radio, and newspaper ads
- aided awareness of specific messages contained in the ads (Quit Line)
- confirmed awareness of specific ads (secondhand smoke and cessation)

“Unaided” or “simple” awareness approaches tend to underestimate awareness substantially because they do not provide respondents with any prompt for recalling specific ads. “Aided” awareness may overestimate actual exposure to specific messages because a prompt is given to the respondent. In recent years, most countermarketing evaluations have employed the “confirmed” awareness approach, whereby evaluators provide a brief description of a specific ad and require the respondent to provide additional details about the ad. The confirmed awareness approach, by requiring respondents to confirm their awareness by providing more detail about what happened in the ad, reduces the chances of overestimating awareness. In this report, we present results for unaided and aided awareness of any antitobacco ad (nonspecific) and confirmed awareness of specific media messages (secondhand smoke theme and cessation theme).

As noted in the community section, there is considerable overlap between outcomes of the media component and other program component efforts. Given the overlap of the intermediate and longer-term outcomes with results presented in other sections of the

report, we only present short-term outcomes related to awareness of media campaign messages/themes in this section.

Short-Term Outcomes

Awareness. Because of changes in skip patterns and question wording, we are only able to compare awareness of antitobacco advertisements from 2004 to 2005. Across all media, simple awareness of countermarketing messages in all years was nearly universal, with more than 90% of smokers and all Vermonters reporting that they had seen or heard at least one countermarketing message. However, there was a small but statistically significant decrease in awareness of at least one quit cigarette smoking ad from 2004 (95.8%) to 2005 (93.0%) among Vermont smokers. Simple awareness among all Vermonters differed by media type from 2004 to 2005, with increasing awareness of television and radio ads and decreasing awareness of newspaper ads, however, only the change for radio ads was statistically significant. Simple awareness of television messages continues to be the highest among all media.

Aided awareness of any ad for the Quit Line (radio, television, or newspaper) increased significantly from 2004 (70.1%) to 2005 (75.9%) among smokers. Aided awareness of radio messages increased significantly from 2004 to 2005 for both smokers and all Vermonters.

We only present data for 2005 on aided and confirmed awareness of two specific media campaigns—"Smoke Free Zone" radio campaign and the "Quit to Save Money" television campaign. We also monitor whether a respondent has confirmed awareness of at least one of the two media campaigns. More smokers were aware than not aware of the "Smoke Free Zone" and "Quit to Save Money" campaigns. The opposite was true for all Vermonters regarding the "Smoke Free Zone" radio campaign. For both campaigns, aided awareness was higher among smokers than among all Vermonters, suggesting that smokers paid more attention to this advertising than nonsmokers

Confirmed awareness of the "Smoke Free Zone" campaign was relatively low at 20% for smokers (18% overall), whereas confirmed awareness of the "Quit to Save Money" campaign was somewhat higher at 38% for smokers (37% overall). Confirmed awareness of at least one campaign was also higher among smokers (42%) than among all Vermonters (41%).

Overall, these numbers represent relatively low levels of confirmed awareness. As noted in Hornik (2002), a stumbling block for some public health campaigns has been the failure to expose a significant proportion of the population to salient messages. Although Hornik does not provide guidance on the specific level of awareness that is needed, we recommend increasing the level of awareness to 50% to 60% of the target audience.

Program Objectives. In the short term, the role of the media campaign is to increase awareness of issues related to cessation, secondhand smoke, and other tobacco-related

issues. In the recent past, the VTCP media campaign has specifically addressed cessation and secondhand smoke issues, and the ATS has data measuring awareness of these ad themes/messages. The ATS results most useful in terms of program objectives of the media campaign are aided and confirmed awareness measures of specific ad messages/themes. The increase in aided awareness of the Quit Line across all media types from 2003 to 2005 is certainly encouraging and suggests potential program impact/progress. However, as indicated by the level of confirmed awareness of specific ad messages/themes, there is much room to improve the level of confirmed awareness. ATS does not allow us to directly link awareness of media messages to intermediate and longer-term outcomes (e.g., cessation related, secondhand smoke related).

The simple awareness results should be interpreted with caution, because these questions are not specific to ads that were run by VTCP. Thus, results may also reflect Vermonters' awareness of other organizations' countermarketing efforts (e.g., American Legacy Foundation, Philip Morris) and may not be the most accurate method for capturing the impact of VTCP efforts.

1.7 Comparison of Selected Cigarette Purchasing and Smoking-Related Behavior by Age

Several VTCP goals and objectives specifically target various age groups (e.g., 18 to 24 year olds). VTCP also has a policy-related objective related to Internet and cross-border cigarette sales (the interest being in preventing sales to minors and in collecting cigarette taxes). In Section 6, we present results related to cigarette purchasing behaviors by age group (i.e., 18 to 24, 25 to 44, and 45 and older). To examine the issues of Internet sales and purchasing behaviors that avoid the Vermont cigarette excise tax, we report the proportion of smokers who purchased at least 25% of their cigarettes from low- or untaxed sources, such as the Internet, neighboring states, and/or on Indian reservations. These data show that a trivial percentage of smokers of all ages purchase at least 25% of their cigarettes on the Internet and on reservations. However, between 19% and 29% of smokers in different age groups report purchasing their cigarettes in neighboring states.

1.8 Conclusions

The trends reported in the 2004 ATS report for the most part continue into 2005. Much of the progress in shorter-term outcomes appears to have been made from 2001 to 2002. Since then, progress in many of the short-term outcomes has remained flat or even declined slightly, although levels in 2005 remain significantly higher than levels in 2001. We found improvement in some intermediate outcomes from the baseline, but this trend has also leveled off or even somewhat reversed in recent years.

According to the timeline of expected program outcomes as reported in the 2005 Vermont Tobacco Evaluation Review Board Annual Report, we should be observing decreasing

numbers of cigarettes purchased by 2005. This goal is related to other longer-term outcomes and we would expect to see some changes in these measures. ATS data do not allow us to evaluate progress toward decreasing numbers of cigarettes purchased directly, but we can assess some indirect measures, such as the percentage of someday smokers among current smokers and the number of cigarettes smoked per day among current smokers. We do not observe any change in these two indirect measures. In addition, there is very little progress in most of the longer-term outcomes, and any initial progress has slowed down from the baseline.

The initial increases in shorter-term outcomes may have occurred as a result of the program spending initial funding dollars and reflects an initial relatively large increase in program capacity. The leveling off may suggest that the program is at a stage where shifts in the mix of activities being undertaken given current funding levels are warranted to reach more Vermonters. It should be noted that the tobacco control program in Vermont is based on experience from other states and on CDC recommendations for comprehensive tobacco control programs. As such, VTCP is implementing evidence-based strategies (e.g., quit line, reducing the cost of cessation therapies, mass media campaigns) to achieve its program goals. The results presented in this report do not allow us to recommend specific program components or strategies. Rather, we note that the current set of results (based mostly on trends over time in outcomes) suggests the program and interested stakeholders examine the current mix of strategies and allocation of funds across strategies and look for opportunities to make changes that might yield further gains.

In previous reports prepared for Vermont stakeholders, RTI has suggested additional strategies for evaluating VTCP. The primary evaluation method in this report (and previous reports) has been the use of trend analysis focusing on sets of short-, intermediate-, and long-term outcomes. While this strategy can provide useful information for indirectly assessing program effectiveness (for details see previous reports), RTI has always stressed that, in the absence of a gold standard experimental design to test program effectiveness, an approach using multiple methods to build a “circumstantial” case for program effectiveness is the next best option. At this point of the evaluation, we again point out that pursuing additional methods of analysis might provide additional information that could be useful in assessing program effectiveness (we have also in the past suggested improving questions within the ATS to provide more sensitive measures of awareness/exposure and additional data collection strategies [e.g., longitudinal ATS] that would also enhance evaluation [Nonnemaker et al., 2002]). At this point, we again suggest using regression techniques to examine associations between variables of interest (e.g., associate exposure to media ads to changes in attitudes/beliefs or specific behaviors). These methods have their limitations (as we have noted previously); in particular, they can not provide a causal statement concerning program effectiveness. We have successfully used this approach in our evaluation of the New York Tobacco Control Program.

2. SMOKING CESSATION

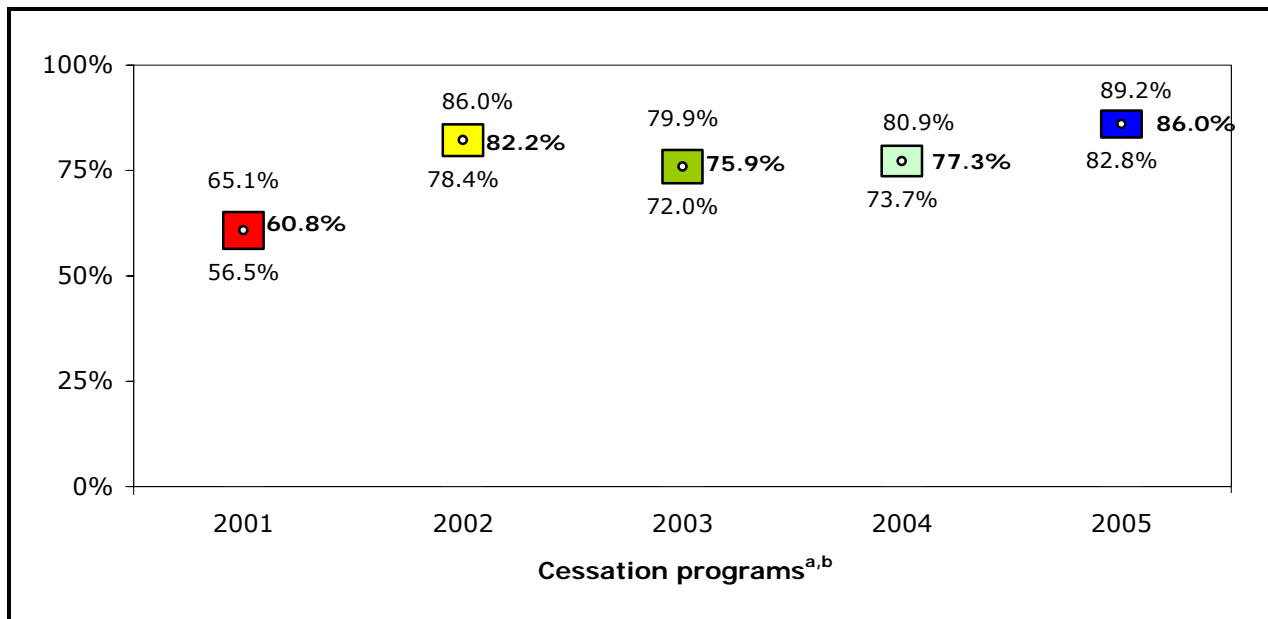
2.1 Short-Term Outcomes

a. Awareness of Local Cessation Programs

2.1.1 How Many Vermont Smokers Are Aware of Cessation Programs?

Figure 2-1 shows the percentage of Vermont smokers who reported awareness of cessation programs in their area. The Vermont Adult Tobacco Survey (ATS) asks participants if there are programs in their area that help adults quit smoking. Although the question is very general, results from the ATS suggest that Vermont smokers are increasingly aware of such programs. The majority of Vermont smokers reported awareness of cessation programs in their area (86.0%) in 2005, a statistically significant increase from 2001 (60.8%) and 2004 (77.3%) ($p < .01$).

Figure 2-1. Awareness of Programs in the Area to Help People Quit Smoking (Smokers)

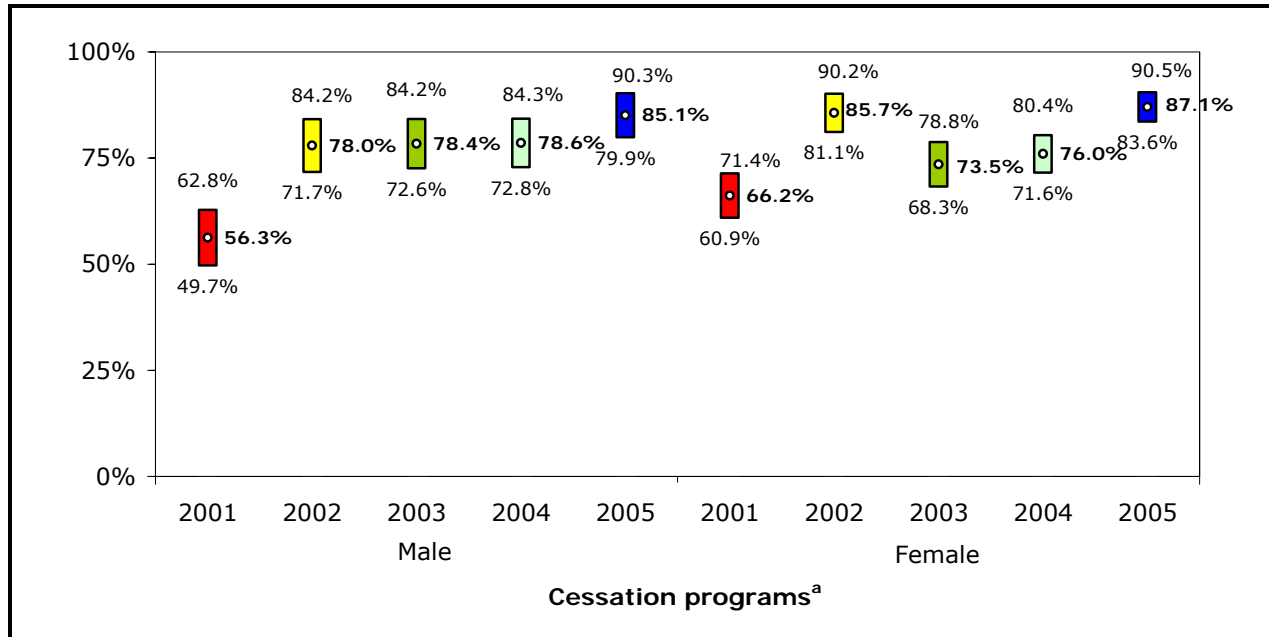


^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 1% level.

Figure 2-2 shows the percentage of Vermont smokers, by gender, who reported awareness of cessation programs in their area. In 2001, almost two-thirds of women (66.2%) and more than half of men (56.3%) reported awareness of cessation programs; this difference is statistically significant ($p < .05$).

Figure 2-2. Awareness of Programs in the Area to Help People Quit Smoking, by Gender (Smokers)

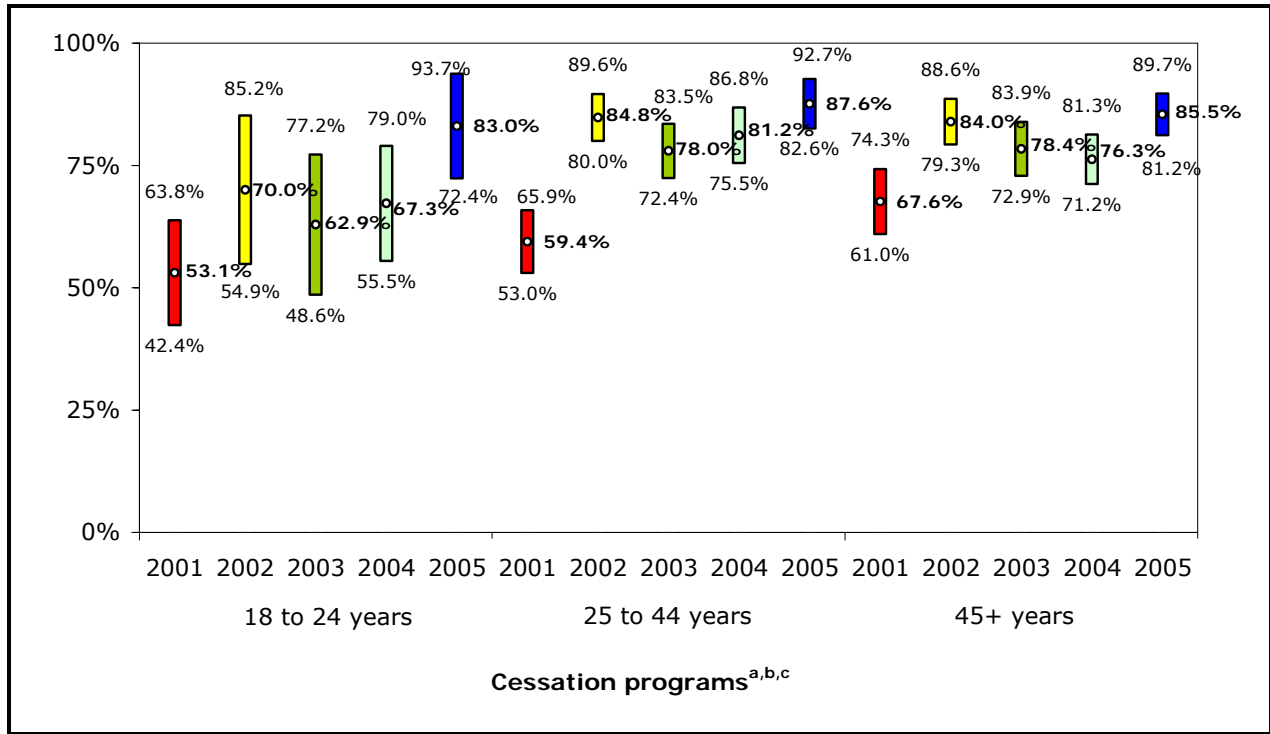


^aDifference between male and female is statistically significant at the 5% level in 2001.

Figure 2-3 shows the percentage of Vermont smokers, by age group, who reported awareness of cessation programs in their area. In 2001 and 2003, a significantly higher percentage of Vermont smokers aged 45 and older (67.6% and 78.4%, respectively) reported awareness of cessation programs in the community than Vermont smokers aged 18 to 24 (53.1% and 62.9%, respectively) ($p < .05$). In 2004, reported awareness of cessation programs was significantly higher among smokers aged 25 to 44 (81.2%) than among smokers aged 18 to 24 (67.3%) ($p < .05$).

Figure 2-4 shows the percentage of Vermont smokers, by education level, who reported awareness of cessation programs in their area. In 2002, reported awareness of cessation programs was significantly higher among smokers with at least some college education (87.8%) than among smokers with only a high school degree or GED (75.4%) ($p < .01$). In 2003, awareness of cessation programs was significantly higher among smokers with at least some college education (81.7%) than among smokers with only a high school degree or GED (72.5%) and those with less than a high school degree (60.6%) ($p < .05$). In 2004, awareness of cessation programs was significantly higher among smokers with at least some college education (82.4%) than among smokers with only a high school degree or GED (73.0%) and those with less than a high school degree (67.6%) ($p < .05$). In 2005, awareness of cessation programs was significantly higher among smokers with a high school degree or GED (86.5%) than among smokers with less than a high school degree (72.1%) and significantly lower among smokers with at least some college (88.3%) ($p < .05$). Also of note, in 2001,

Figure 2-3. Awareness of Programs in the Area to Help People Quit Smoking, by Age Group (Smokers)



^aDifference between 18–24 years and 45+ years is statistically significant at the 5% level in 2001.

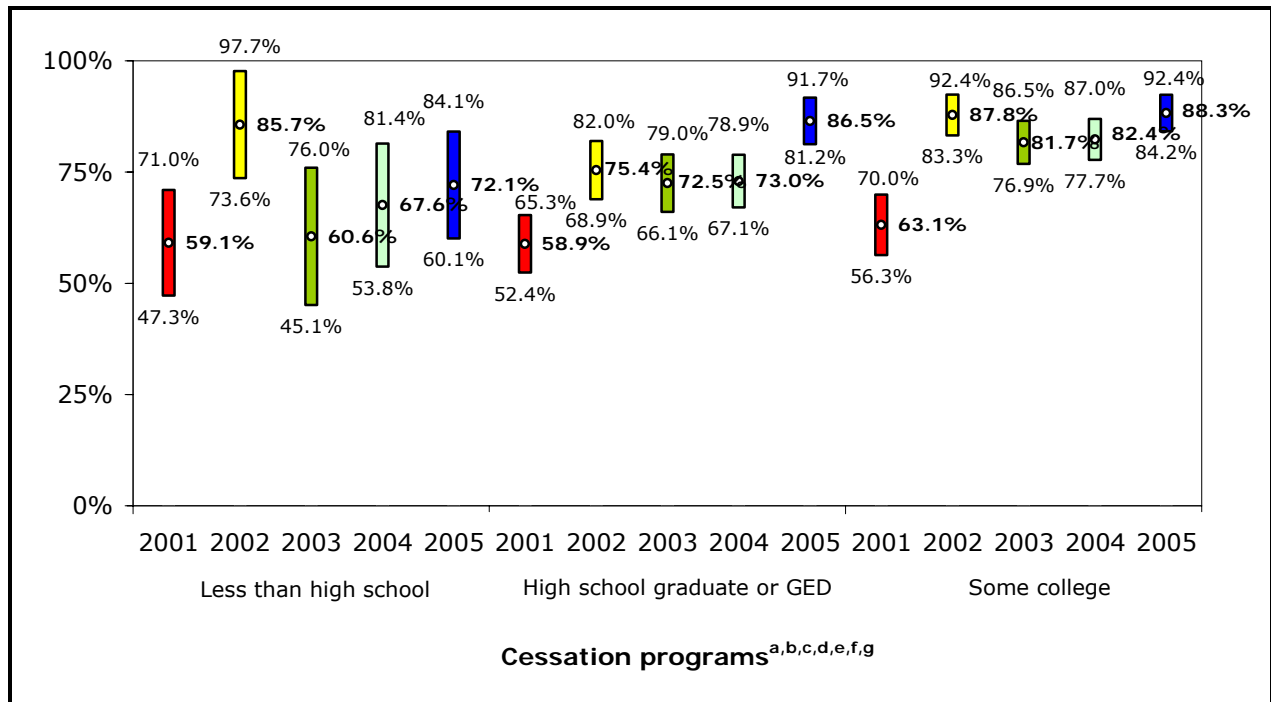
^bDifference between 18–24 years and 45+ years is statistically significant at the 5% level in 2003.

^cDifference between 18–24 years and 25–44 years is statistically significant at the 5% level in 2004.

smokers with less than a high school education (59.1%) and high school graduates or those with a GED (58.9%) had similar levels of awareness of cessation programs, both of which were lower than among smokers with at least some college education (63.1%). However, by 2005, awareness among high school graduates or those with a GED (86.5%) had risen to levels similar to those for smokers with at least some college education (88.3%), while awareness among smokers with less than a high school education remained significantly lower (72.1%).

Figure 2-5 shows the percentage of Vermont smokers, by income level, who reported awareness of cessation programs in their area. In 2003, smokers with an annual income of \$75,000 or more (88.5%) were significantly more aware of cessation programs than smokers with an annual income of less than \$25,000 (72.0%) and \$25,000 to less than \$75,000 (75.0%) ($p < .01$). In 2005, smokers with an annual income of \$25,000 to less than \$75,000 (89.3%) reported significantly higher awareness of cessation programs than smokers with an annual income of less than \$25,000 (78.3%) ($p < .01$). Also of note, in 2001, smokers with an annual income of less than \$25,000 (60.4%) and \$25,000 to less than \$75,000 (60.0%) had similar levels of awareness of cessation programs, both of which were lower than for smokers with annual income of \$75,000 or more (65.9%). However, by

Figure 2-4. Awareness of Programs in the Area to Help People Quit Smoking, by Education Level (Smokers)



^aDifference between high school graduate or GED and some college is statistically significant at the 1% level in 2002.

^bDifference between less than a high school degree and some college is statistically significant at the 5% level in 2003.

^cDifference between high school graduate or GED and some college is statistically significant at the 5% level in 2003.

^dDifference between less than a high school degree and some college is statistically significant at the 5% level in 2004.

^eDifference between high school graduate or GED and some college is statistically significant at the 5% level in 2004.

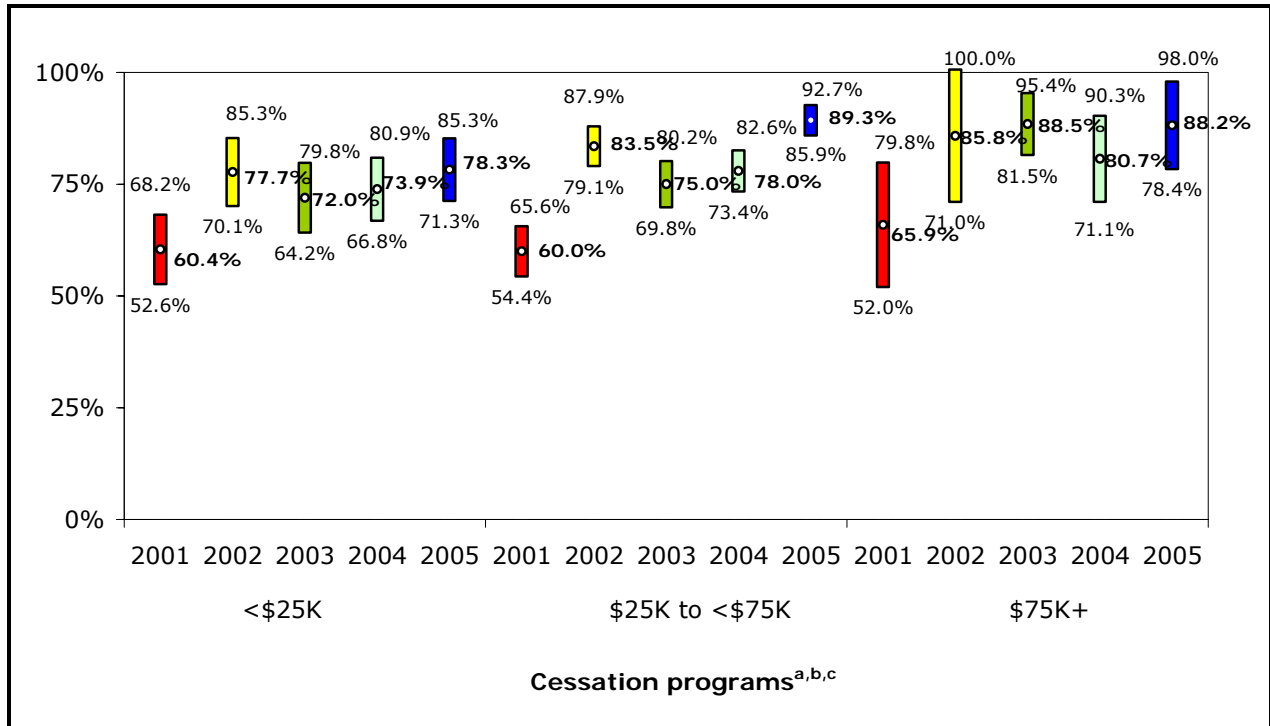
^fDifference between less than a high school degree and high school graduate or GED is statistically significant at the 5% level in 2005.

^gDifference between less than a high school degree and some college is statistically significant at the 5% level in 2005.

2005, awareness among smokers with annual income of \$25,000 to less than \$75,000 (89.3%) had risen to levels similar to those with annual income of \$75,000 or more (88.2%), while awareness among smokers with annual income of less than \$25,000 was significantly lower (78.3%) ($p < 0.1$).

Figure 2-6 shows the percentage of Vermont nonsmokers who reported awareness of cessation programs. The percentage of nonsmokers who reported awareness of cessation programs in their area significantly increased from 2001 (61.7%) to 2005 (81.4%) ($p < .01$).

Figure 2-5. Awareness of Programs in the Area to Help People Quit Smoking, by Income Level (Smokers)

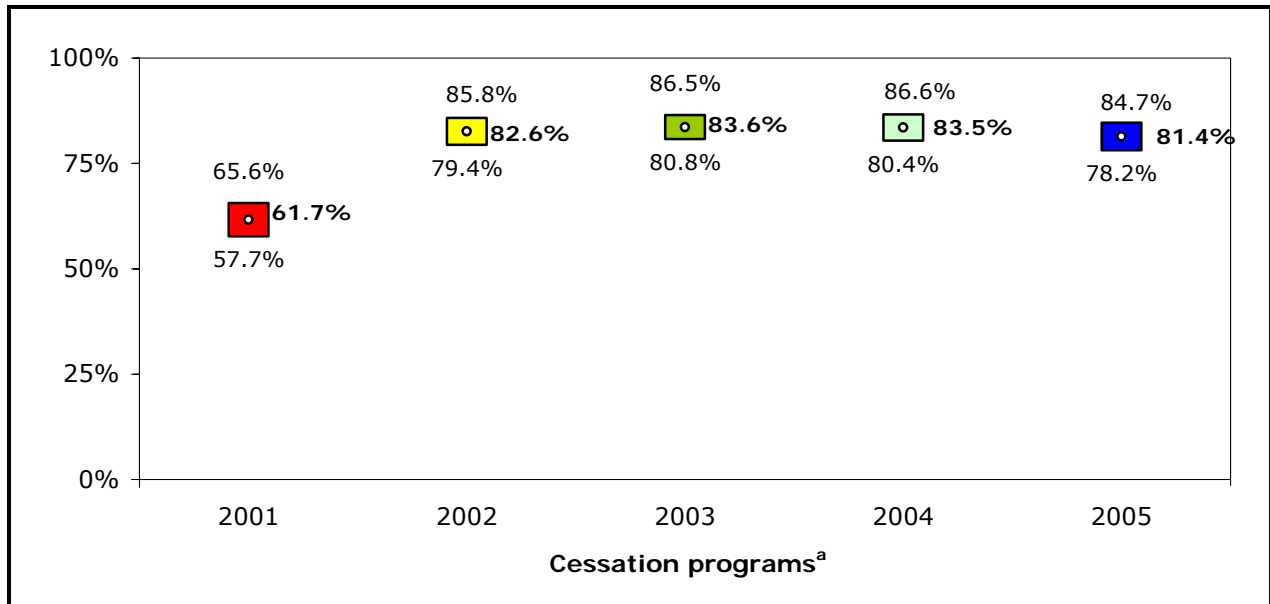


^aDifference between <\$25K and \$75K+ is statistically significant at the 1% level in 2003.

^bDifference between \$25K to <\$75K and \$75K+ is statistically significant at the 1% level in 2003.

^cDifference between <\$25K and \$25K to <\$75K is statistically significant at the 1% level in 2005.

Figure 2-6. Awareness of Programs in the Area to Help People Quit Smoking (Nonsmokers)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

b. Awareness of Cessation Assistance

2.1.2 Are Current Smokers Aware of Cessation Assistance?

c. Awareness of Antitobacco Media Messages

See Section 5 for results related to awareness of antitobacco media.

2.2 Intermediate Outcomes

a. Perceived Access to Cessation Resources

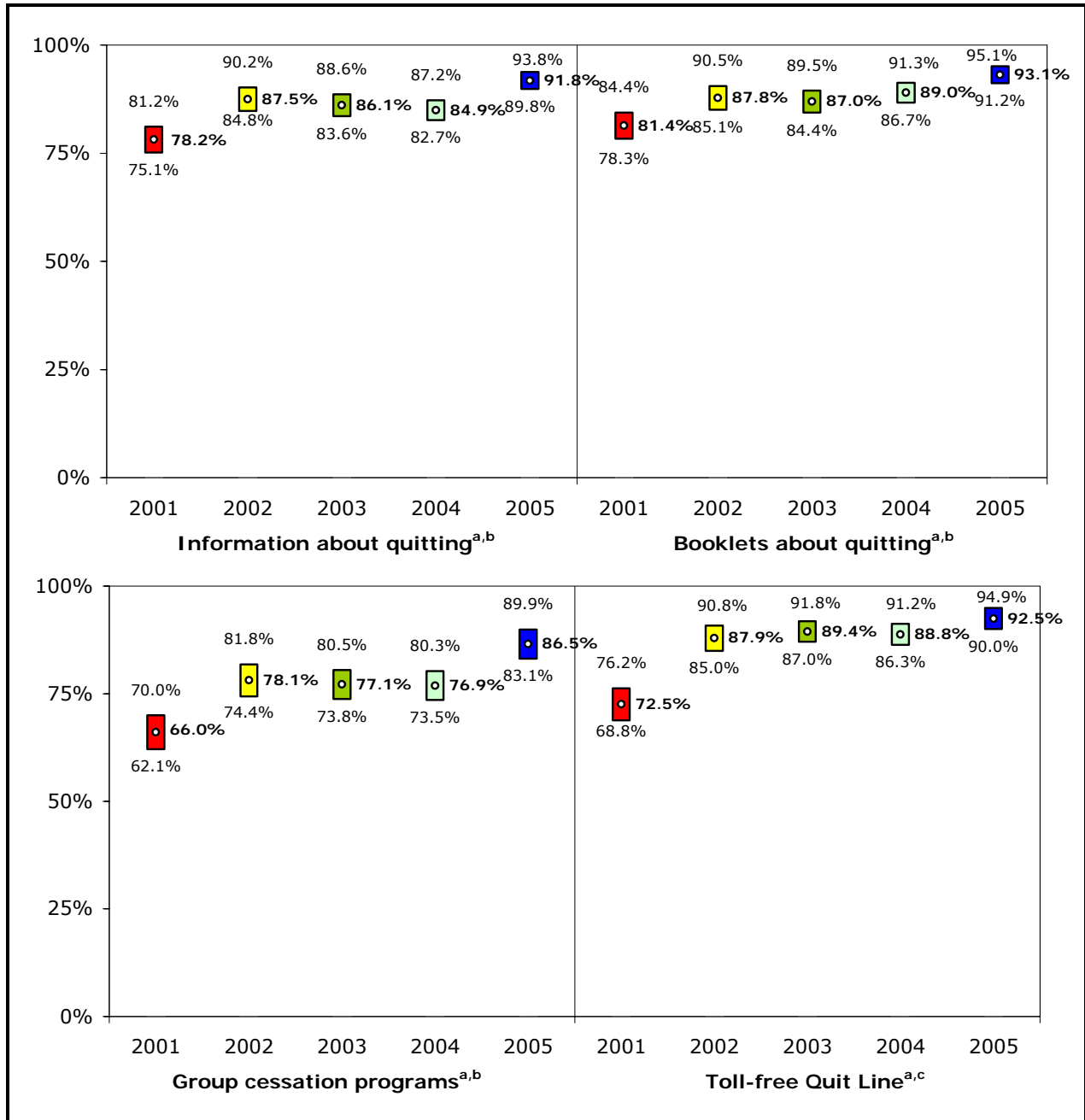
2.2.1 Perceived Access to Local Cessation Information

Figure 2-7 shows Vermont smokers' perceived access to various local cessation resources, including information and booklets about quitting, group cessation programs, and the Vermont toll-free Quit Line. We report the percentage of Vermont smokers who indicated "somewhat easy" or "very easy" access to these resources. In 2005, the majority of Vermont smokers reported easy access to local cessation resources. More than 90% of Vermont smokers said they had "somewhat" or "very" easy access to information about quitting (91.8%), booklets about quitting (93.1%), and the Vermont Quit Line (92.6%) in their areas. More than 85% of Vermont smokers said they had "somewhat" or "very" easy access to information about group cessation programs (86.5%). Each represents a statistically significant increase in accessibility compared with 2001 levels ($p < .01$). Vermont smokers' perceived access levels significantly increased from 2004 to 2005 in all resource areas.

Figure 2-8 shows the percentage of Vermont smokers who reported "very easy" access to local cessation resources for 2001 through 2005. This analysis is comparable to *Figure 2-7* but presents only the percentage of Vermont smokers reporting "very easy" access to cessation resources. In 2005, more than 65% reported "very easy" access to information about quitting (67.4%), booklets about quitting (69.4%), and the Vermont Quit Line (74.3%) in their areas; 57.4% reported "very easy" access to group cessation programs. There was a significant increase from 2001 and 2004 to 2005 for access to information about quitting and access to booklets about quitting ($p < .01$). Access to information about group cessation programs and the Quit Line increased significantly from 2001 to 2005 ($p < .01$) and from 2004 to 2005 ($p < .05$).

The Vermont ATS also asks about the accessibility of local cessation advice from doctors and other health professionals. The 2001, 2003, 2004, and 2005 ATS asked, "In your area, how easy is it for a person interested in quitting to get advice from doctors [other health professionals] about quitting smoking cigarettes?" In contrast, the 2002 ATS asked, "In your area, how hard or easy is it for a person interested in quitting cigarettes to get advice from doctors [other health professionals] *about quitting smoking classes?*" with response

Figure 2-7. Perceived Accessibility of Local Cessation Resources to Vermont Smokers (Percentage Reporting "Somewhat Easy" or "Very Easy" to Access)

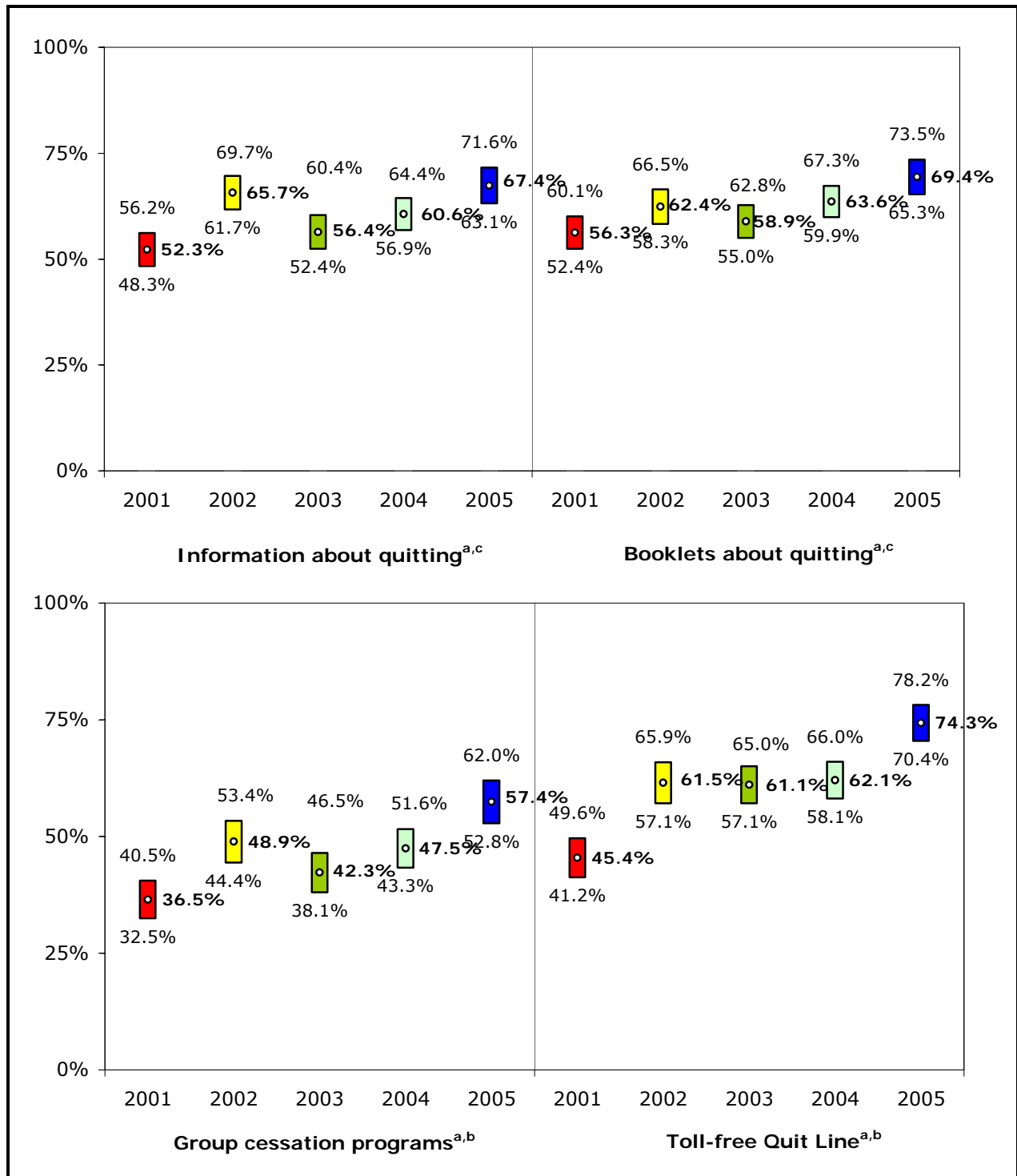


^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 1% level.

^cChange from 2004 to 2005 is statistically significant at the 5% level.

Figure 2-8. Perceived Accessibility of Local Cessation Resources to Vermont Smokers (Percentage Reporting “Very Easy” to Access)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 1% level.

^cChange from 2004 to 2005 is statistically significant at the 5% level.

categories ranging from “very hard to get” to “very easy to get.” Because of the difference in question wording, results from 2002 are not comparable and therefore are excluded from our analyses of these items.

Figure 2-9 shows the percentage of Vermont smokers who reported that it was “somewhat easy” or “very easy” to get advice about smoking cessation. As shown in Figure 2-9, Vermont smokers overwhelmingly reported easy access to advice about smoking cessation from local doctors and other health professionals. In 2005, 95.2% of Vermont smokers reported easy access to a doctor’s advice, with slightly fewer reporting easy access to information from other health professionals (92.9%). These results represent a slight increase from 2001 when 92.8% of Vermont smokers reported easy access to a doctor’s advice and 89.1% reported easy access to information about smoking cessation from other health professionals. The difference in the percentage of Vermont smokers reporting easy access to information from other health professionals in 2001 and 2005 is statistically significant ($p < .05$).

Figure 2-9 also shows the percentage of Vermont smokers who reported “very easy” access to advice about smoking cessation from local doctors and other health professionals. In 2005, 76.1% of Vermont smokers reported “very easy” access to a doctor’s advice and 67.9% reported the same for other health professionals. These results did not significantly differ from results in 2001 and 2004.

Figure 2-9. Perceived Accessibility of Advice from Local Doctors and Other Health Professionals About Quitting Smoking Cigarettes (Smokers)

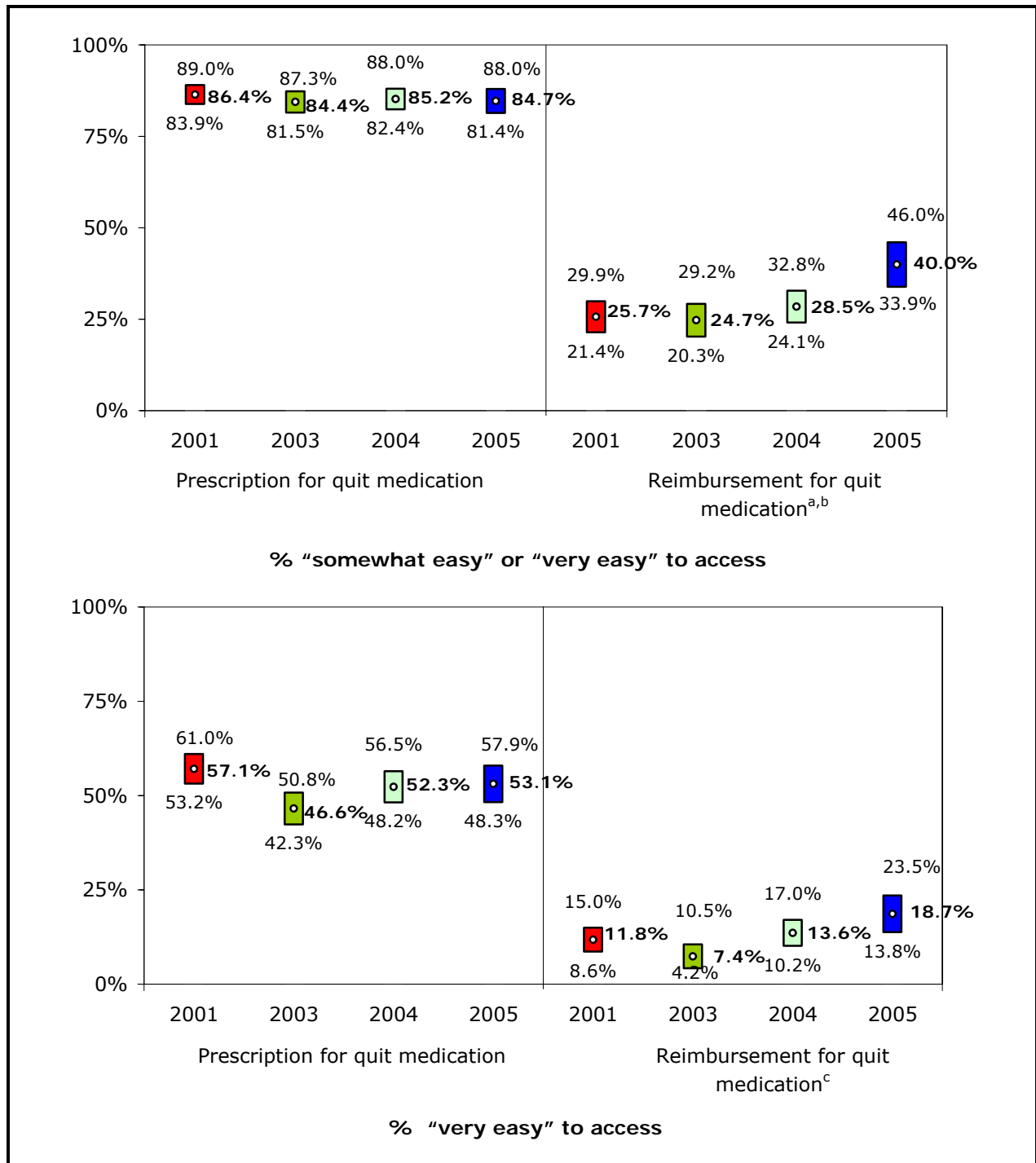


^aChange from 2001 to 2005 is statistically significant at the 5% level.

2.2.2 Perceived Access to Smoking Cessation Medication

Figure 2-10 shows the percentage of Vermont smokers who reported that it was “somewhat easy” or “very easy” to get a prescription for a smoking cessation medication and to obtain reimbursement for such medications. In 2005, 84.7% of smokers reported that it was “somewhat easy” or “very easy” to obtain a prescription for a smoking cessation medication while 53.1% reported that it was “very easy.” The percentage of smokers reporting that it was “somewhat easy” or “very easy” to receive reimbursements for cessation medication increased significantly from 2001 (25.7%) and 2004 (28.5%) to 2005 (40.0%) ($p < .01$). The increase from 2001 (11.8%) to 2005 (18.7%) in the percentage of smokers reporting that it was “very easy” to receive reimbursements for cessation medication was also significant ($p < .05$). The ATS did not ask similar questions in 2002; therefore, 2002 results are not included in our analyses.

Figure 2-10. Perceived Access to Smoking Cessation Medications: Prescription and Reimbursement (Smokers)



Note: 2002 ATS did not include similar questions.

^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 1% level.

^cChange from 2001 to 2005 is statistically significant at the 5% level.

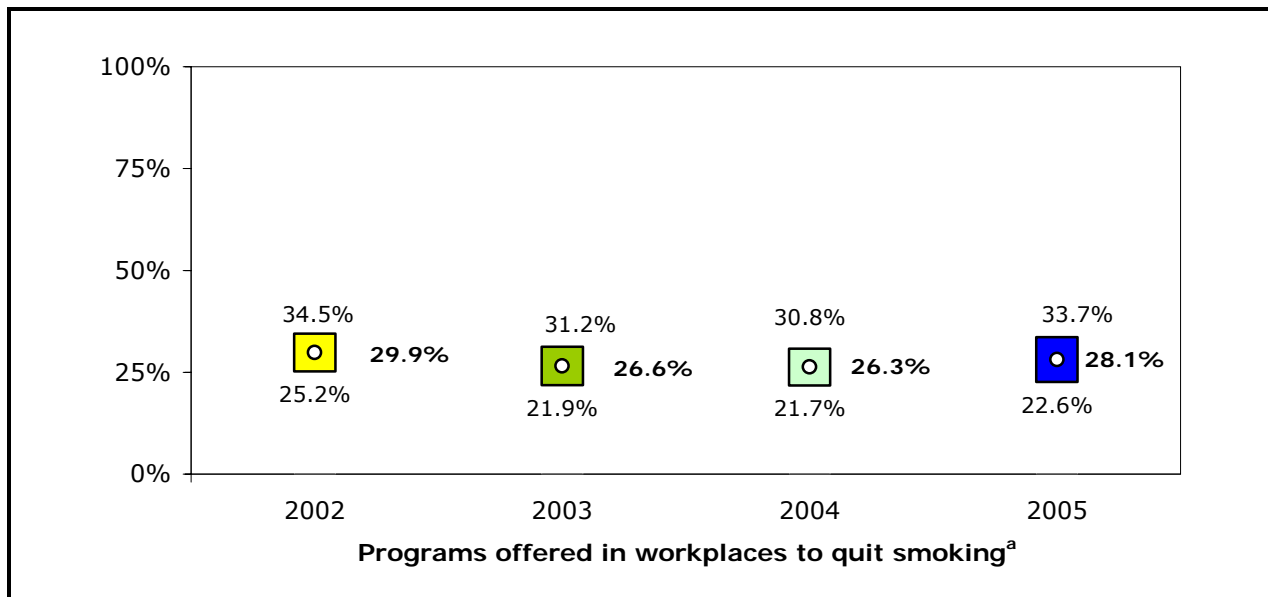
2.2.3 Availability of Worksite Cessation Programs

The 2002, 2003, 2004, and 2005 ATS ask, "During the past twelve months, that is since (date of interview), has your workplace offered any lectures, classes, materials, or other programs to help or encourage employees to quit smoking cigarettes?" **Figures 2-11** and **2-12** show the percentage of workplaces offering programs to help Vermonters quit smoking. In 2001, respondents' labor status was determined by the following question: "Are you working for pay outside your home?" This question differed in 2002 through 2005, where respondents were given the option "employed for wages." Because of this discrepancy in labor status definition in 2001, we do not include 2001 results in Figures 2-11 or 2-12.

Figure 2-11 shows the percentage of Vermont smokers employed for wages who reported that their employers offered programs to help employees quit smoking. In 2005, 28.1% of Vermont smokers employed for wages reported that their employees offered such programs was (28.1%).

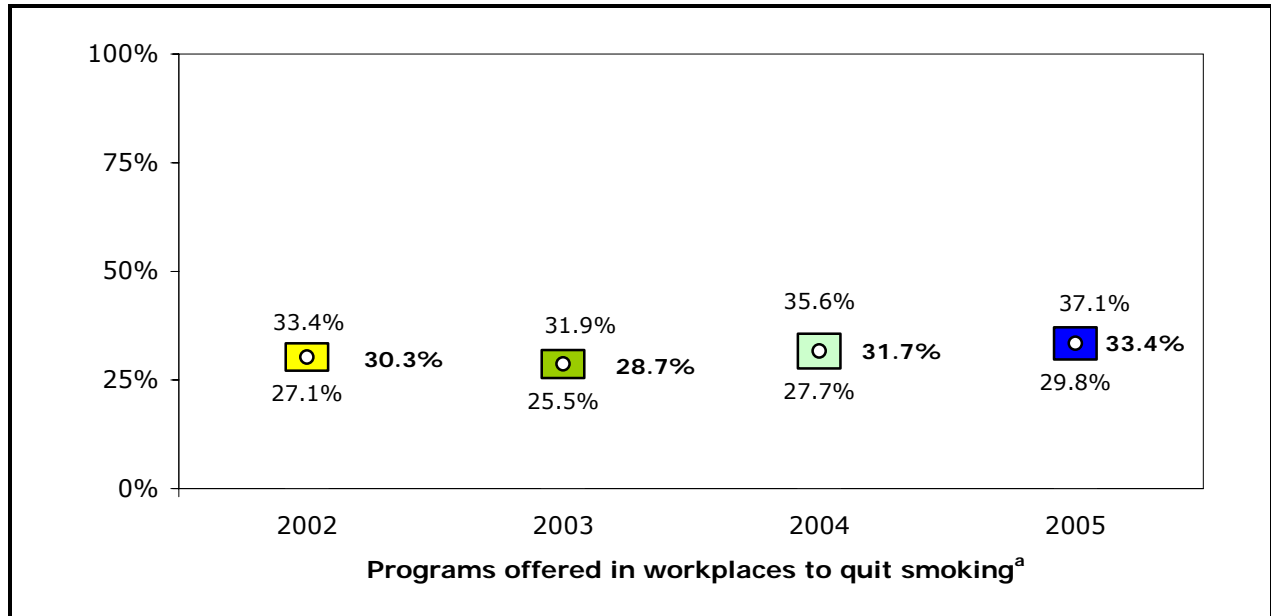
Figure 2-12 shows the percentage of all wage earners who reported that their employers offered programs to help employees quit smoking. In 2005, 33.4% of these workers reported that employers offered programs to help quit smoking in their workplaces; however, no significant change was found between results in 2005 and results from 2001 and 2004.

Figure 2-11. Workplace Offered Programs to Help or Encourage Employees to Quit Smoking within the Past 12 Months (Smokers Employed for Wages)



^aResults for 2001 were not reported because of differences in labor definitions.

Figure 2-12. Workplace Offered Programs to Help or Encourage Employees to Quit Smoking within the Past 12 Months (Overall Employed for Wages)



^aResults for 2001 were not reported because of differences in labor definitions.

b. Perceptions of Provider Behavior

2.2.4 Involvement of Health Care Professionals in Smoking Cessation as Reported by Current Smokers

Figure 2-13 shows the percentage of Vermont current smokers who reported seeing a health care professional (doctor, nurse, physician’s assistant, or nurse practitioner) in the past 12 months. The 2001 ATS asks, “Have you visited a doctor or nurse for health care in the past 12 months” and allows a respondent to answer “doctor only,” “nurse only,” “both,” and “neither.” These answers allow for a reserved comparison of the percentage of Vermont current smokers who reported seeing a doctor versus those who reported seeing a nurse. However, the 2002 through 2005 ATS simply ask if a respondent has “visited a health care professional.” Because of the lack of differentiation in the 2002 through 2005 ATS, we are unable to indicate the percentage of current smokers who saw a doctor versus those who saw some other health care professional. In 2005, 74.1% of Vermont current smokers visited a health care professional, an insignificant decrease from 2001 (77.2%) and 2004 (76.5%). No significant changes were found between 2001 and 2005, or between 2001 and 2005.

Figure 2-13. Percentage of Vermont Current Smokers Who Saw a Health Care Professional in the Past 12 Months

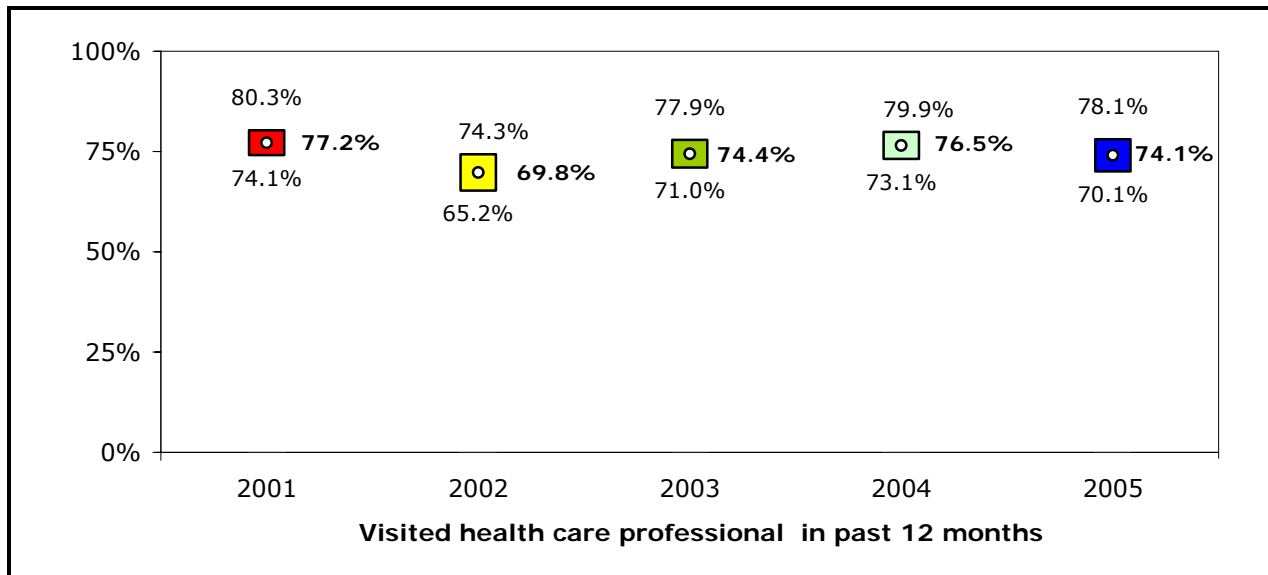
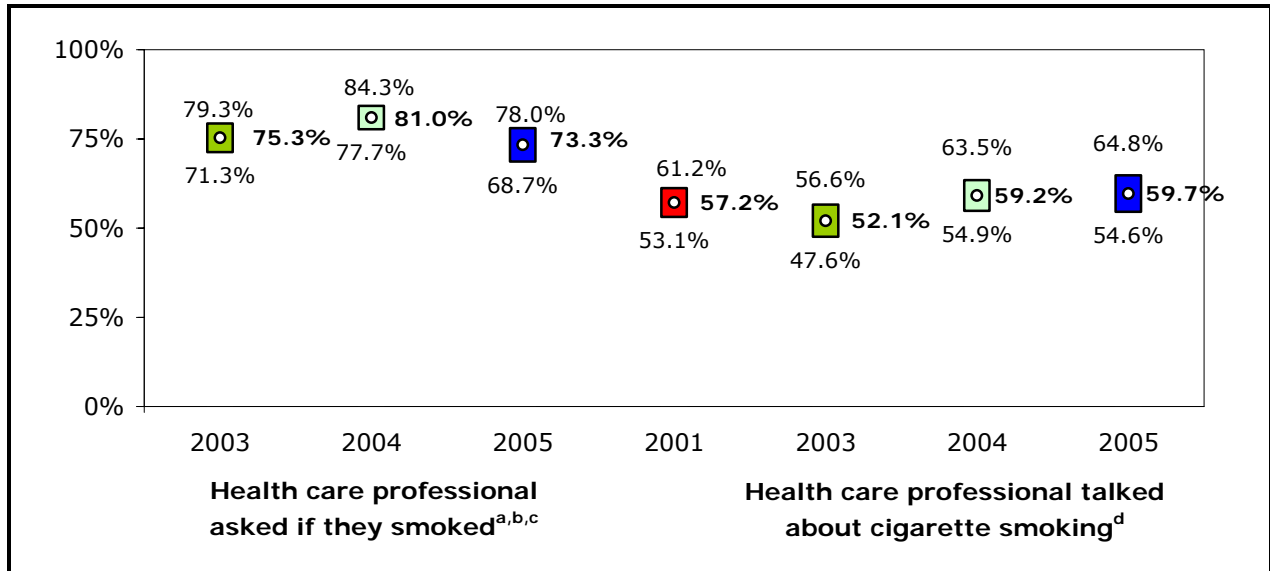


Figure 2-14 shows the specific inquiries about smoking made by health care professionals when consulting Vermont current smokers. The 2001 ATS did not include a question about health care professionals asking respondents if they currently smoked. The 2002 ATS asks, “During the past 12 months, did a health care professional ask if you smoke?,” whereas the 2003, 2004, and 2005 ATS ask “Thinking about your last visit, were you asked if you currently smoke?” Because of differences in question wording, results from the 2002 ATS are not reported in Figure 2-14. Additionally, the 2001, 2003, 2004, and 2005 ATS ask, “Thinking about your last visit, did your health care professional [doctor/nurse in 2001 ATS] talk with you about cigarette smoking?” This question was not asked in 2002, and therefore no results are reported for 2002. Of Vermont current smokers who visited a health care provider in the past 12 months, the percentage who reported being asked if they smoke by their health care provider decreased significantly from 2004 (81.0%) to 2005 (73.3%) ($p < .01$). In 2005, 59.7% of Vermont current smokers who visited a health care professional in the past 12 months discussed cigarette smoking.

As shown in **Figure 2-15**, the percentage of current smokers who visited a health care professional and were advised to quit smoking (62.0%) and the percentage of current smokers who were recommended to a specific medicine/program (28.5%) in 2005 increased significantly from 2001 (50.5% and 20.7%, respectively). Because of differences in skip patterns in the 2002 ATS, results for the 2002 ATS could not be compared with the corresponding questions in the 2003, 2004, and 2005 ATS and therefore are not reported in Figure 2-15.

Figure 2-14. Consultation About Quitting Smoking Received from Health Care Professionals (Asked/Talked to Current Smokers Who Visited a Health Care Professional in the Past 12 Months)



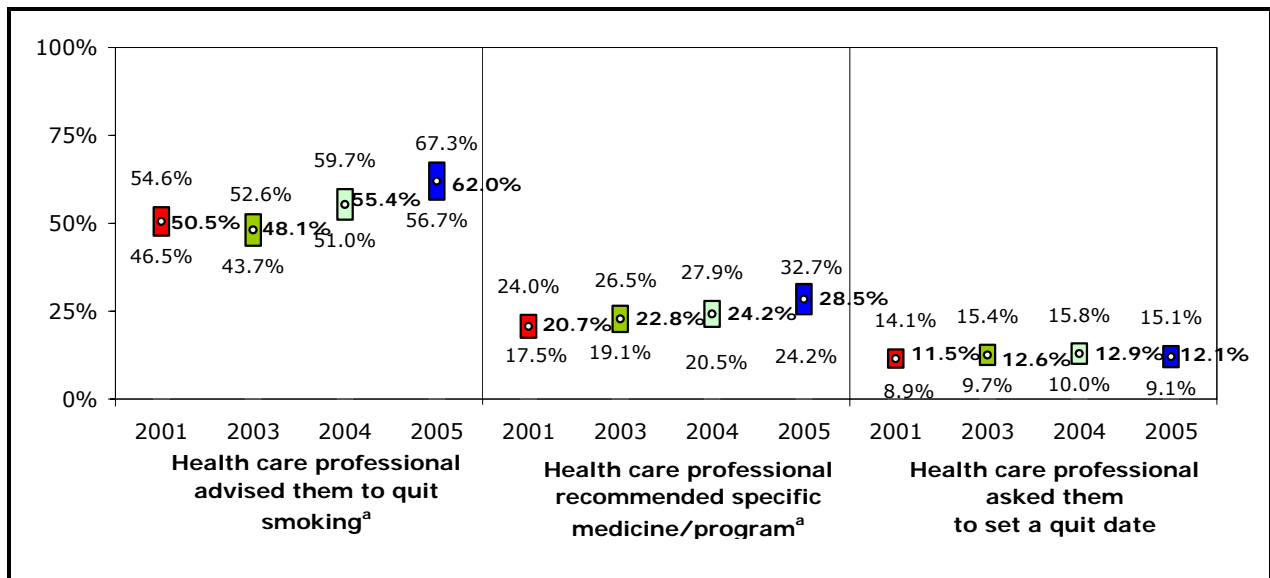
^aChange from 2004 to 2005 is statistically significant at the 1% level.

^bQuestion not asked in 2001.

^cQuestion not asked in 2002.

^dQuestion in 2002 had different wording.

Figure 2-15. Consultation About Quitting Smoking Received from Health Care Professionals, 2003 (Advised to Quit Smoking/Recommended Quitting Program/Set a Quit Date for Current Smokers Who Visited a Health Care Professional in the Past 12 Months)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

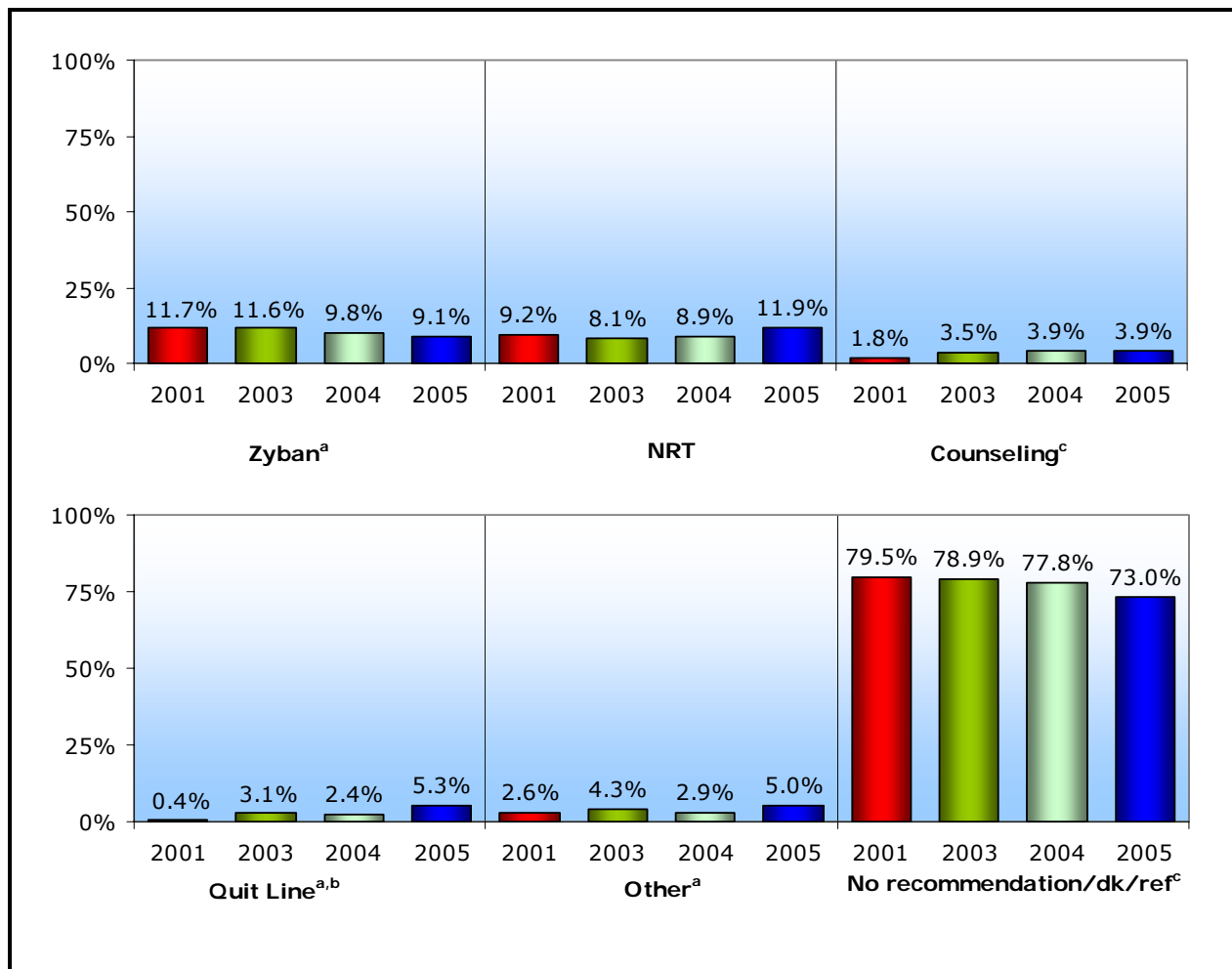
2.2.5 Specific Recommendations by Health Care Professionals to Vermont Current Smokers

Figure 2-16 shows the smoking cessation programs recommended by health care professionals to current smokers in 2001, 2003, 2004, and 2005. Zyban was the most recommended program in 2001 (11.7%), 2003 (11.6%), and 2004 (9.8%); however, NRT was recommended most in 2005 (11.9%). Recommendations to call the toll-free Quit Line increased significantly from 2001 (0.4%) and 2004 (2.4%) to 2005 (5.3%) ($p < .01$ and $p < .05$ respectively). Use of counseling (group sessions or individual counseling) also increased significantly from 2001 (1.8%) to 2005 (3.9%) ($p < .05$). The percentage of health care professionals who did not recommend any cessation programs to current smokers who visited them in the past 12 months significantly decreased from 2001 (79.5%) to 2005 (73.0%). No other differences between 2001 and 2005 or between 2004 and 2005 were statistically significant. The “NRT” category represents the combination of three quitting methods: nicotine patch, nicotine gum, and nicotine lozenges. The “other” category includes nicotine nasal spray, nicotine inhaler, and other quitting methods reported by current smokers.

2.2.6 Involvement of Dentists in Smoking Cessation as Reported by Smokers

Figure 2-17 shows the percentage of Vermont current smokers who reported seeing a dentist in the past 12 months. Changes from 2001 (60.8%) to 2005 (58.7%) were not statistically significant. **Figure 2-18** shows the prevalence of dentist’s inquiries about a patient’s smoking status. In 2002, the following question was added: “In the past 12 months, did a dentist ask if you smoked?” The 2003, 2004, and 2005 ATS ask, “Thinking about your last visit, were you asked if you currently smoke?” Because of wording differences, results from 2002 are not included in the graph. In 2005, 54.8% of current Vermont smokers were asked by their dentist if they smoke and 34.4% of current Vermont smokers spoke to their dentist about smoking. None of the changes between 2001 and 2005 or between 2004 and 2005 were statistically significant.

Figure 2-16. Programs Recommended by Health Care Professional to Quit Smoking (Current Smokers Who Visited a Health Care Professional in the Past 12 Months)



Note: Estimated confidence intervals are reported in Table B-1 in Appendix B.

^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 5% level.

^cChange from 2001 to 2005 is statistically significant at the 5% level.

Figure 2-17. Percentage of Vermont Current Smokers Who Visited a Dentist in the Past 12 Months

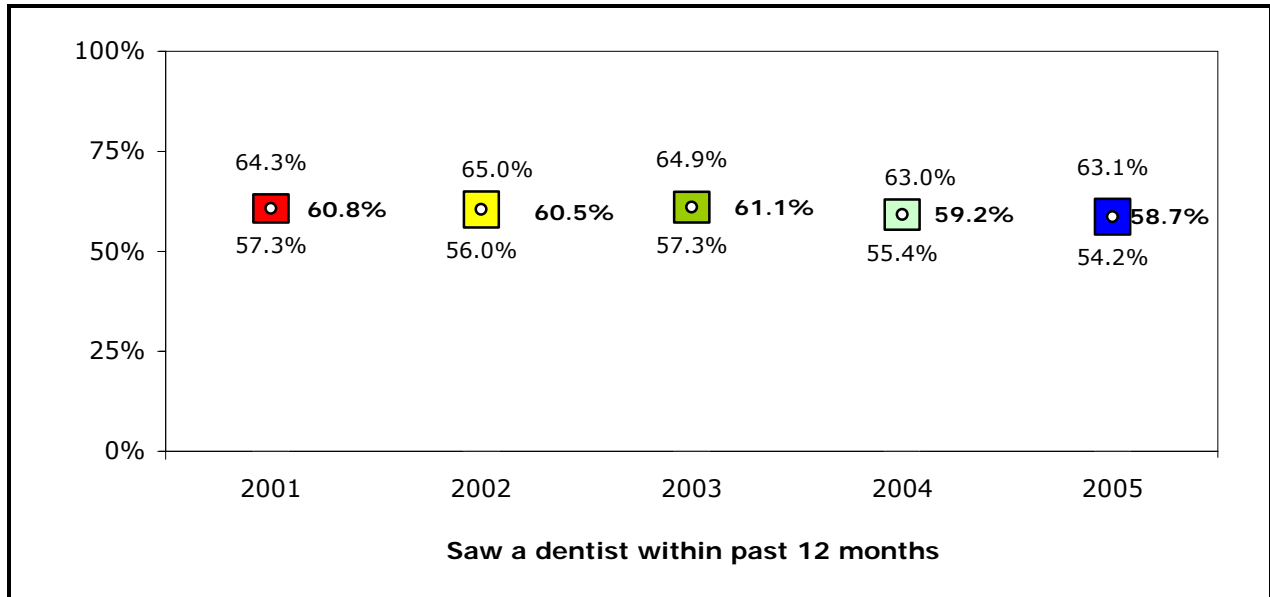
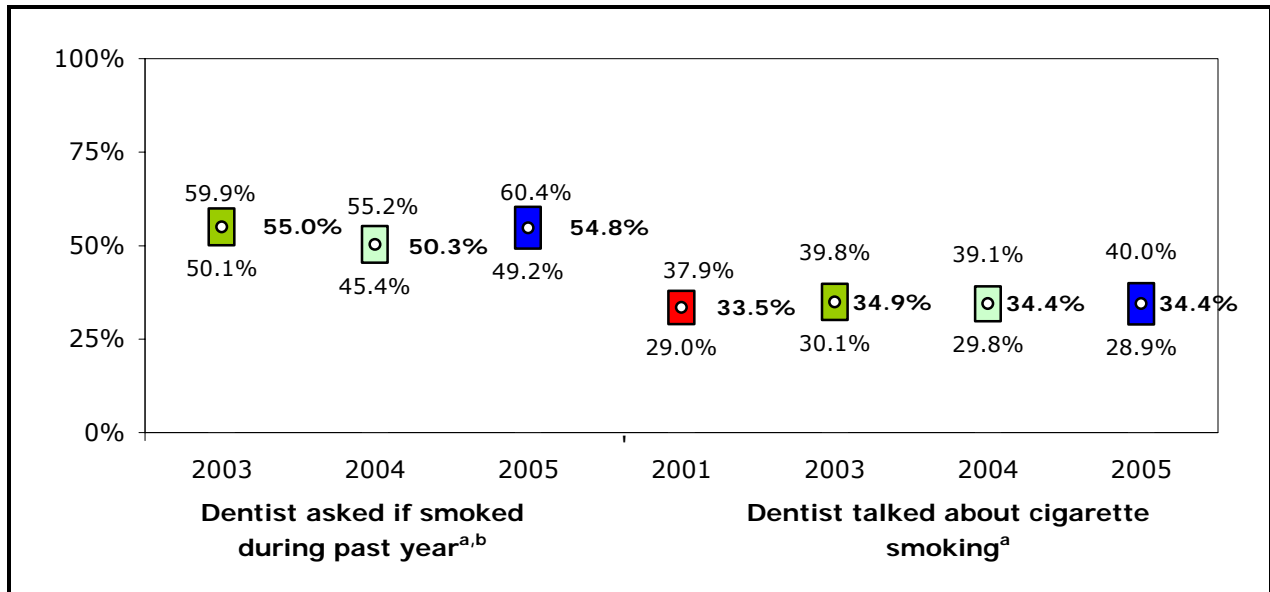


Figure 2-18. Consultation About Quitting Smoking Received from Dentist (Asked/Talked to Current Smokers Who Visited a Dentist in the Past 12 Months)



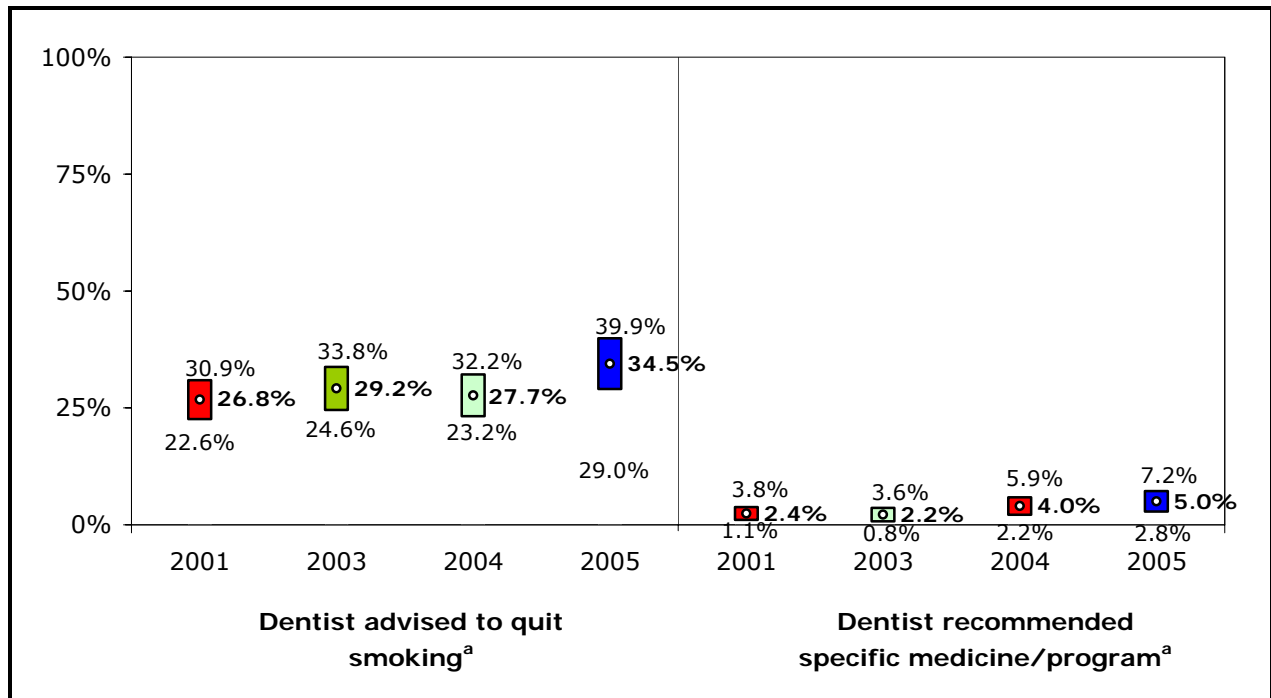
^aQuestion not asked in 2001.

^bQuestion worded differently in 2002 ATS.

2.2.7 Specific Recommendations by Dentists to Vermont Current Smokers

Figure 2-19 presents consultations given by dentists to Vermont current smokers about smoking. In 2005, 34.5% of Vermont current smokers who visited dentists reported being advised by their dentists that they should quit smoking, a significant increase from 2001 (26.8%). The percentage of current smokers whose dentists recommended a specific medicine or program significantly increased from 2001 (2.4%) to 2005 (5.0%).

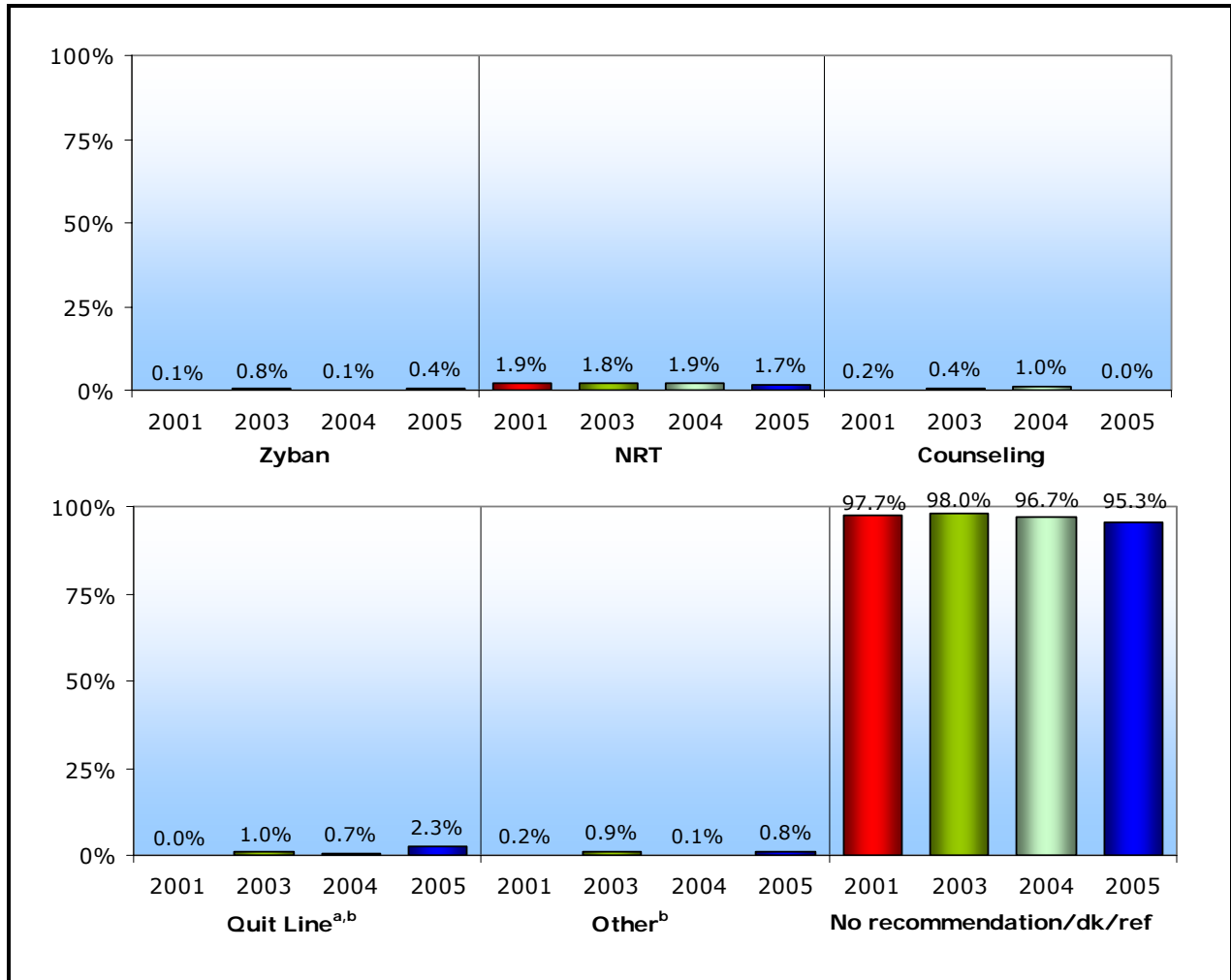
Figure 2-19. Consultation About Quitting Smoking Received from Dentists (Advised to Quit Smoking/Recommended Quitting Program/Set a Quit Date for Current Smokers Who Visited a Dentist in the Past 12 Months)



^aChange from 2001 to 2005 is statistically significant at the 5% level.

Figure 2-20 shows programs recommended by dentists to current smokers who visited a dentist for 2001, 2003, 2004, and 2005. Recommendations for the toll-free Quit Line increased significantly from 2001 (0.0%) to 2005 (2.3%) ($p < .05$) and from 2004 (0.7%) to 2005 (2.3%). Recommendations for other programs also differed significantly between 2004 (0.1%) and 2005 (0.8%) ($p < .01$). The majority of current smokers were not recommended any program by a dentist (97.7% in 2001, 98.0% in 2003, 96.7% in 2004, and 95.3% in 2005).

Figure 2-20. Programs Recommended by Dentist to Quit Smoking (Current Smokers Who Visited a Dentist in the Past 12 Months)



Note: Estimated confidence intervals are reported in Table B-2 in Appendix B.

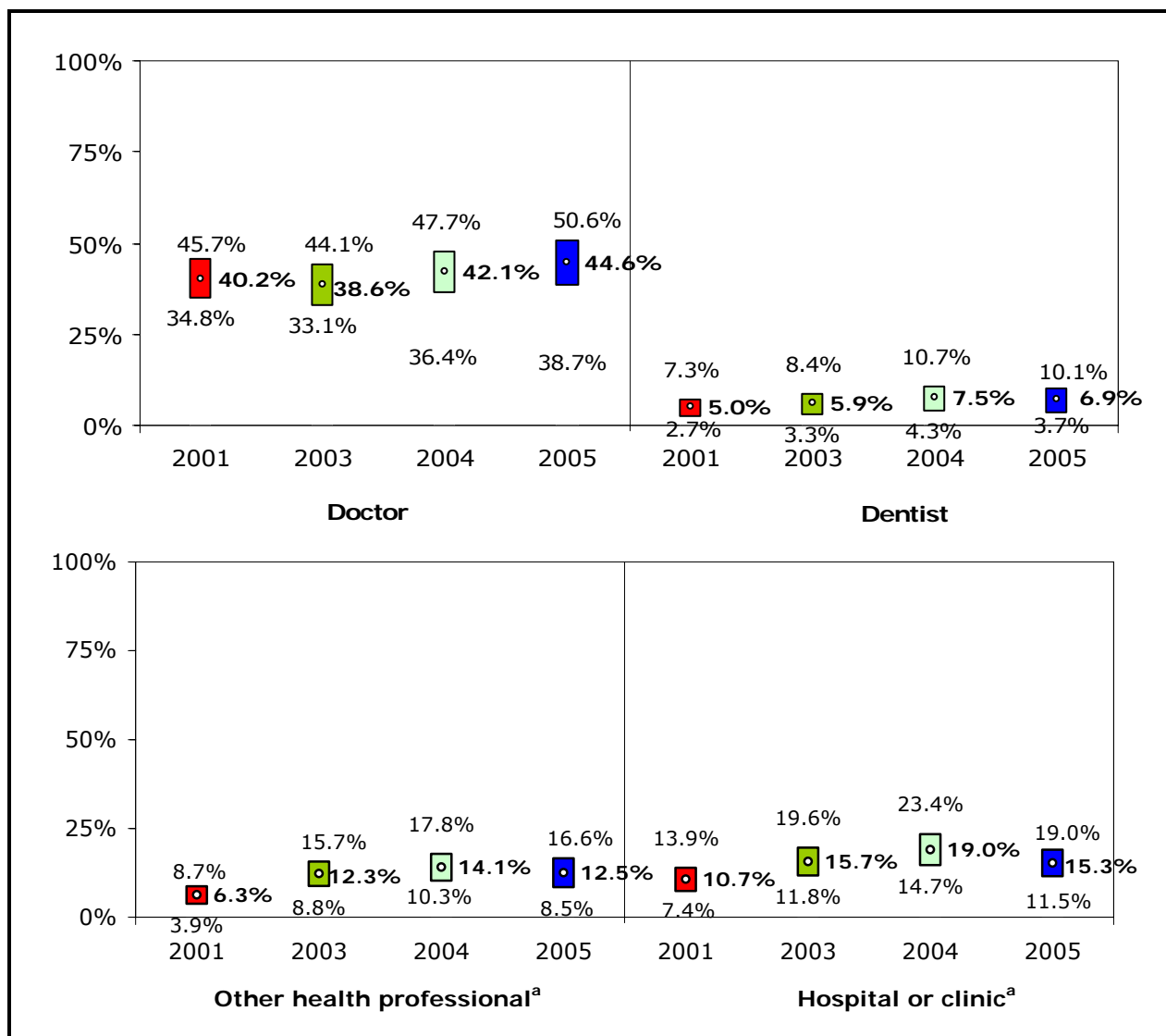
^aChange from 2001 to 2005 is statistically significant at the 5% level.

^bChange from 2004 to 2005 is statistically significant at the 1% level.

2.2.8 From Which Health Professionals Do Most Vermont Smokers Get Their Cessation Information?

Figure 2-21 shows the various sources of cessation information disseminated by health professionals. The 2001, 2003, 2004, and 2005 ATS include sources for cessation information other than health professionals, including workplace, newspaper, television, radio, magazines, and family or friends; however, we focus here on health care professionals as a source for cessation information. Results from 2002 are not presented because of a difference in the definition of “serious quit attempt.” As shown in Figure 2-21, the percentage of Vermont smokers who mentioned other health professionals as a source

Figure 2-21. Source of Cessation Information (Smokers Who Seriously Tried to Quit or Recently Quit Smoking in the Past 12 Months)



Note: Results for 2002 are not reported because new definition of serious quit attempt does not apply to 2002 ATS.

^aChange from 2001 to 2005 is statistically significant at the 1% level.

of cessation information increased significantly from 2001 (6.3%) to 2005 (12.5%) ($p < .01$). The percentage of Vermont smokers who reported acquiring cessation information from hospitals or clinics also increased significantly from 2001 (10.7%) to 2005 (15.3%) ($p < .01$).

c. Reasons for and Methods Used in Cessation Attempts

2.2.9 What Reasons Do Vermont Smokers Give for Wanting to Quit Smoking?

Figure 2-22 presents reasons given by Vermont smokers for trying to quit smoking in 2001, 2003, 2004, and 2005. We observed variation across the four survey years. The percentage of Vermont smokers who reported being motivated to quit because of “concern about health,” “advice from doctor,” and “restrictions at home or work” changed significantly from 2004 to 2005 ($p < .01$). “Advice from doctor” also changed significantly from 2001 to 2005 ($p < .05$). The percentage of Vermont smokers who reported being motivated to quit because of “specific health problems” decreased significantly from 2004 to 2005; however, those who gave “other reasons” increased significantly from 2004 to 2005 ($p < .05$).

2.2.10 How Many Vermont Smokers Are Using Telephone Quit Lines?

Figures 2-23 through 2-27 report the percentage of Vermont smokers who have seriously tried to quit smoking in the past 12 months overall and by gender, age, education, and income. However, the ATS asks smokers about cessation methods used in their quit attempts without specifying quit attempts in the past 12 months: “Please tell me if you used any of the following methods in your attempts to quit smoking cigarettes.” Thus, smokers’ responses for cessation methods used may span all quit attempts made in their lifetime.

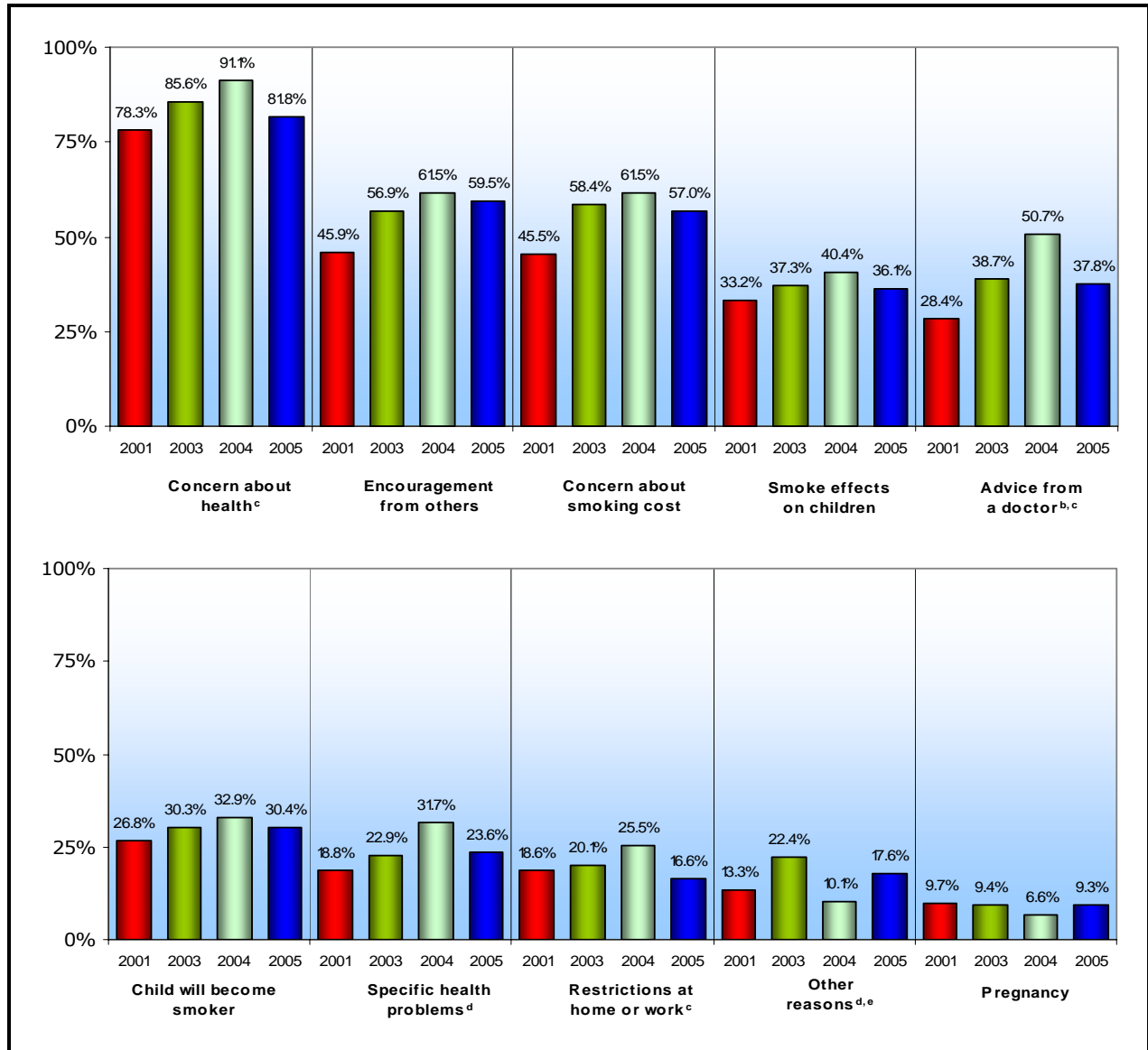
Figure 2-23 shows the percentage of Vermont smokers who called a telephone Quit Line for help the last time they tried to quit smoking. The percentage of Vermont smokers who reported calling the Quit Line for help in quitting increased significantly from 2001 (0.3%) to 2005 (12.1%) ($p < .01$).

Figure 2-24 shows telephone Quit Line use among Vermont smokers by gender. As shown, differences between male and female smokers within each year were not statistically significant.

Figure 2-25 shows telephone Quit Line use among Vermont smokers, by age group. As shown, in 2005, significantly fewer smokers aged 18 to 24 (2.1%) reported calling the Quit Line for help with quitting than did smokers aged 25 to 44 (15.0%) and smokers aged 45 and older (13.4%) ($p < .01$).

Figure 2-26 shows telephone Quit Line use among Vermont smokers, by education level. In 2003, significantly fewer smokers with less than a high school degree (0%) reported using the Quit Line for help in quitting smoking than smokers with a high school degree or GED (11.1%) and smokers with at least some college education (7.5%) ($p < .01$).

Figure 2-22. Reasons for Trying to Quit Given by Vermont Smokers Who Seriously Tried to Quit or Recently Quit Smoking in the Past 12 Months



Note: Estimated confidence intervals are reported in Table B-3 in Appendix B.

^aChange from 2001 to 2005 is statistically significant at the 1% level.

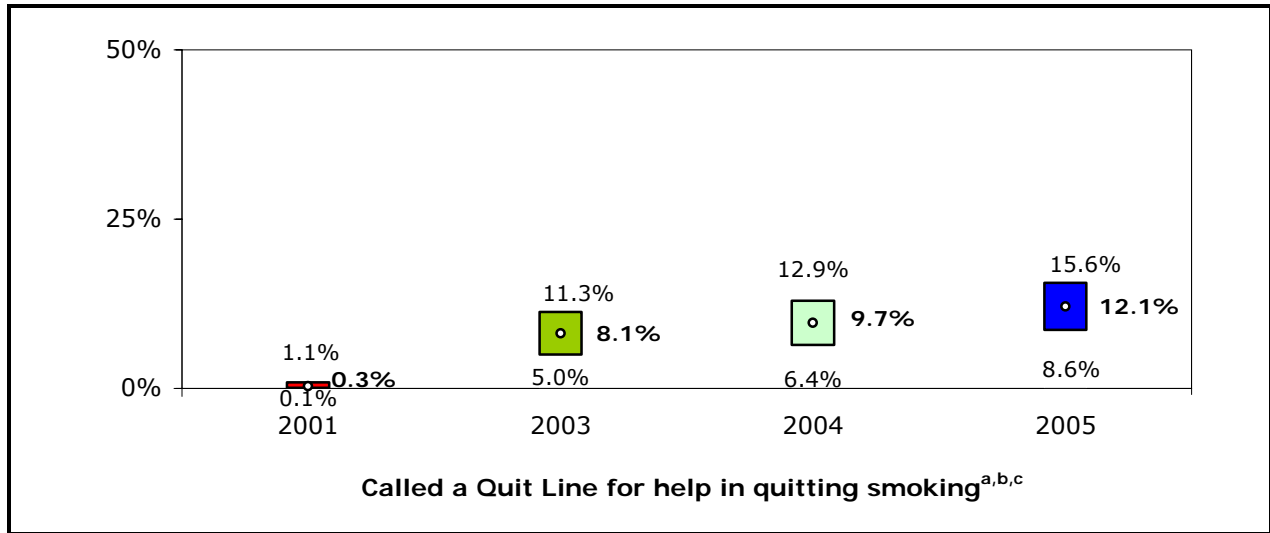
^bChange from 2001 to 2005 is statistically significant at the 5% level.

^cChange from 2004 to 2005 is statistically significant at the 1% level.

^dChange from 2004 to 2005 is statistically significant at the 5% level.

^eOther reasons, such as family member is sick or died from smoking-related disease.

Figure 2-23. Use of Telephone Quit Lines Among Vermont Smokers Who Seriously Tried to Quit or Recently Quit Smoking in the Past 12 Months



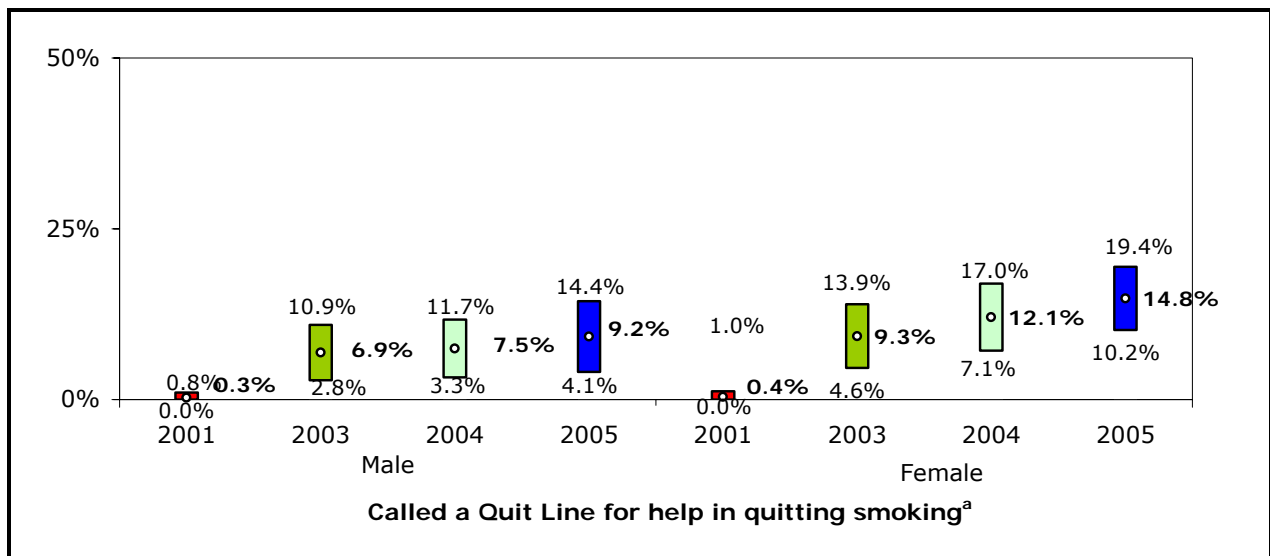
Note: Results for 2002 are not reported because new definition of serious quit attempt does not apply to 2002 ATS.

^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bNegative lower bound of confidence interval for 2001 estimate was adjusted to be equal to zero.

^cEstimate included only three respondents for 2001.

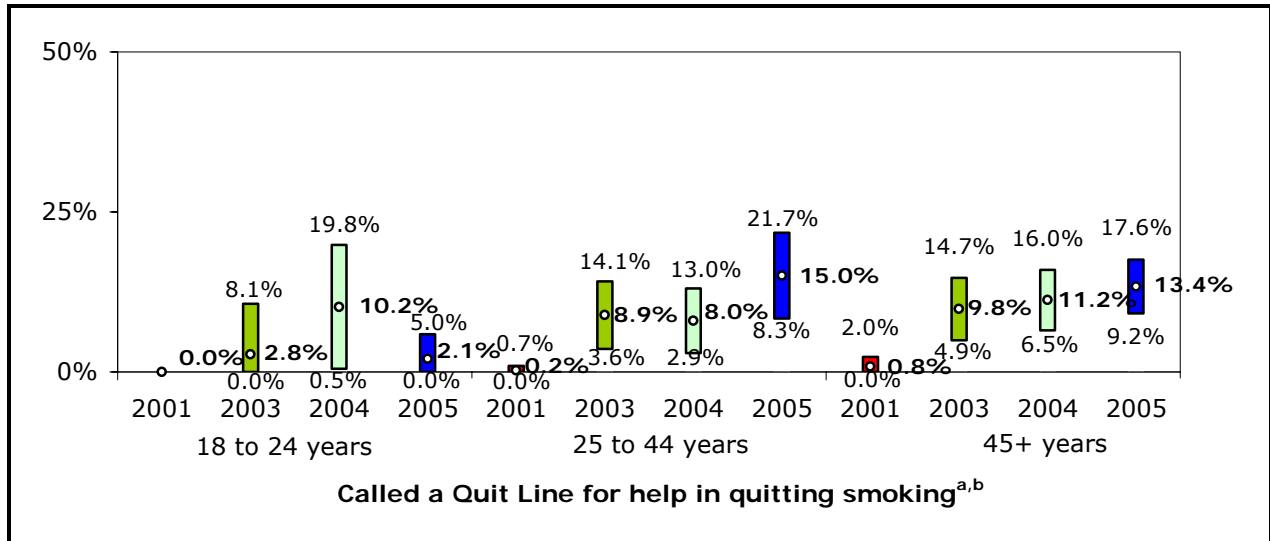
Figure 2-24. Use of Telephone Quit Lines Among Vermont Smokers Who Seriously Tried to Quit or Recently Quit Smoking in the Past 12 Months, by Gender



Note: Results for 2002 are not reported because the new definition of serious quit attempt does not apply to the 2002 ATS.

^aNegative lower bound of confidence interval for 2001 estimate was adjusted to be equal to zero.

Figure 2-25. Use of Telephone Quit Lines Among Vermont Smokers Who Seriously Tried to Quit or Recently Quit Smoking in the Past 12 Months, by Age Group

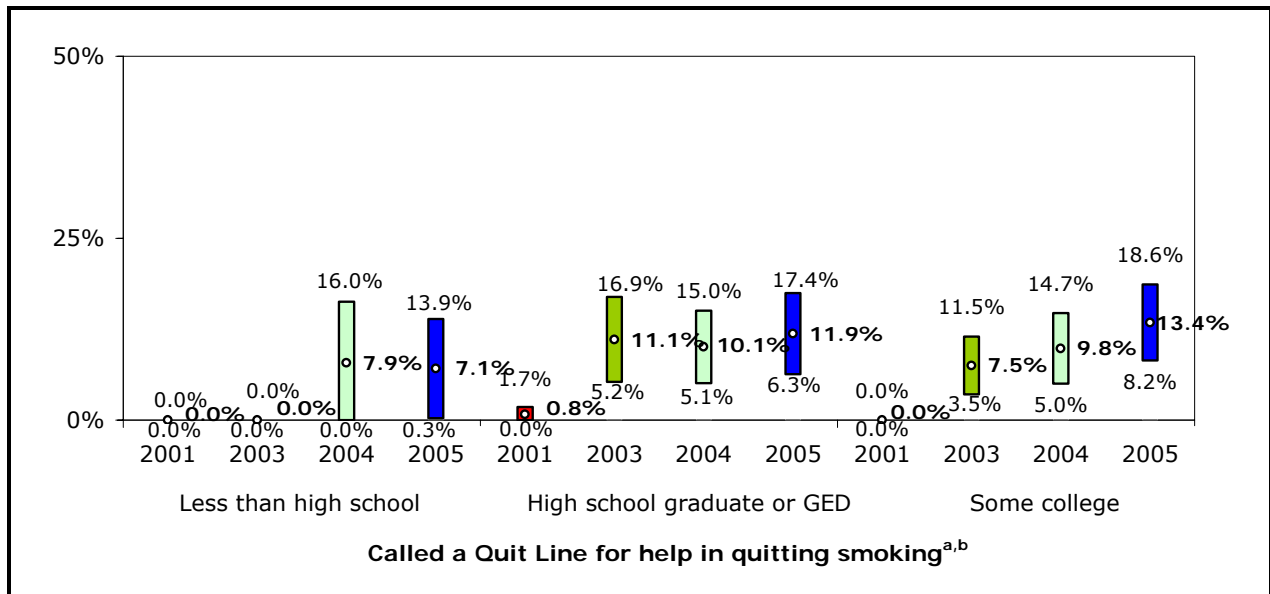


Note: Results for 2002 are not reported because the new definition of serious quit attempt does not apply to the 2002 ATS.

^aDifference between 18–24 and 25–44 is statistically significant at the 1% level in 2005.

^bDifference between 18–24 and 45+ is statistically significant at the 1% level in 2005.

Figure 2-26. Use of Telephone Quit Lines Among Vermont Smokers Who Seriously Tried to Quit or Recently Quit Smoking in the Past 12 Months, by Education Level

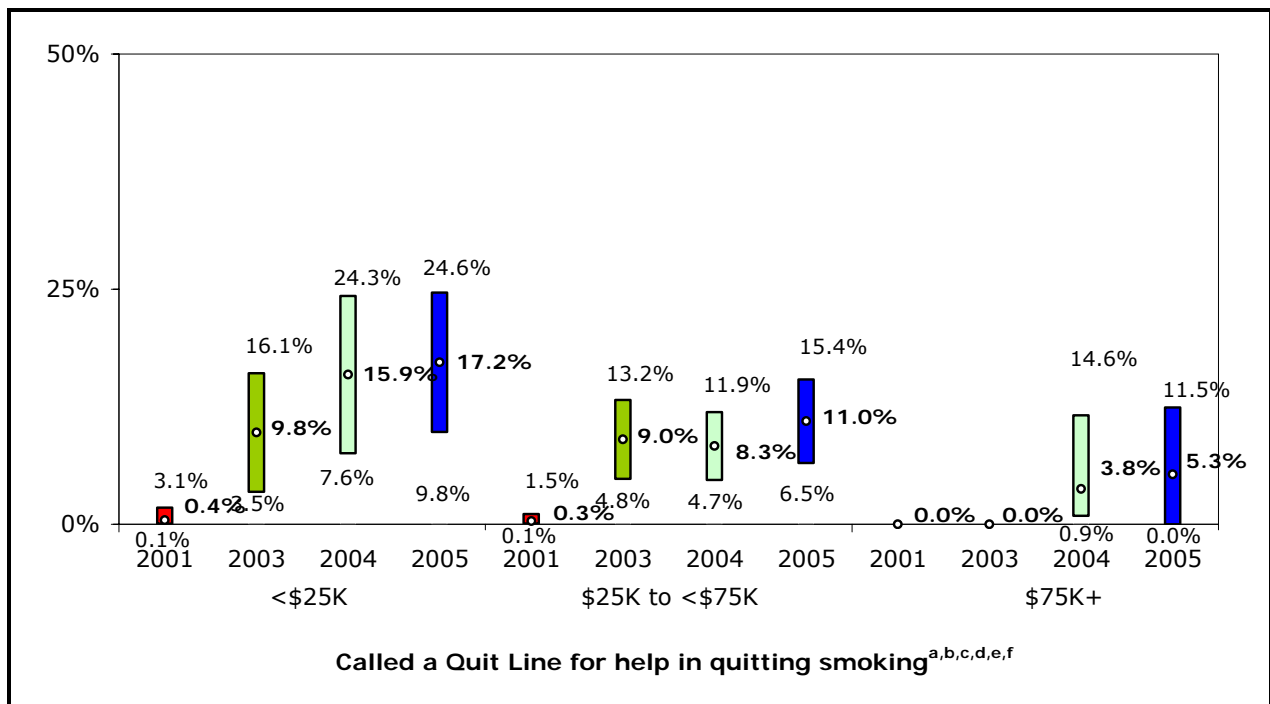


^aDifference between less than a high school degree and high school graduate or GED is statistically significant at the 1% level in 2003.

^bDifference between less than a high school degree and some college is statistically significant at the 1% level in 2003.

Figure 2-27 shows telephone Quit Line use among Vermont smokers, by income level. In 2003, significantly more Vermont smokers with annual income less than \$25,000 (9.8%) and with income of \$25,000 to less than \$75,000 (9.0%) reported calling the Quit Line for help with quitting than those with annual income of \$75,000 or more (0.0%) ($p < .01$). In 2004, significantly more smokers with annual income less than \$25,000 (15.4%) called the Quit Line than those with annual income of \$75,000 or more (3.8%) ($p < .05$). In 2005, significantly more smokers with annual income less than \$25,000 (17.2%) called the Quit Line than those with annual income of \$75,000 or more (5.3%) ($p < .05$).

Figure 2-27. Use of Telephone Quit Lines Among Vermont Smokers Who Seriously Tried to Quit or Recently Quit Smoking in the Past 12 Months, by Income Level



^aNegative lower bound of confidence interval for 2001 "<\$25K" estimate was adjusted to be greater than zero.

^bNegative lower bound of confidence interval for 2001 "\$25K to <\$75K" estimate was adjusted to be greater than zero.

^cDifference between \$25K to <\$75K and \$75K+ and between <\$25K and \$75K+ is statistically significant at the 1% level in 2003.

^dDifference between <\$25K and \$75K+ is statistically significant at the 5% level in 2004.

^eNegative lower bound of confidence interval for 2004 "\$75K+" estimate was adjusted to be greater than zero.

^fDifference between <\$25K and \$75K+ is statistically significant at the 5% level in 2005.

2.2.11 What Methods Do Vermont Smokers Use to Quit Smoking?

Figure 2-28 shows the methods used by Vermont current smokers with serious quit attempts in the past 12 months and recent quitters to quit smoking. The three most commonly cited cessation methods in 2001 were using the nicotine patch, gum, or lozenges (32.8%); talking with a doctor or health professional (30.0%); and using quitting information or books (23.3%). Other cited methods in 2001 were using Zyban (17.0%); using counseling (4.4%); using the Quit Line (0.3%); and using other methods, such as nicotine inhaler and/or nasal spray and other unlisted methods (7.4%).

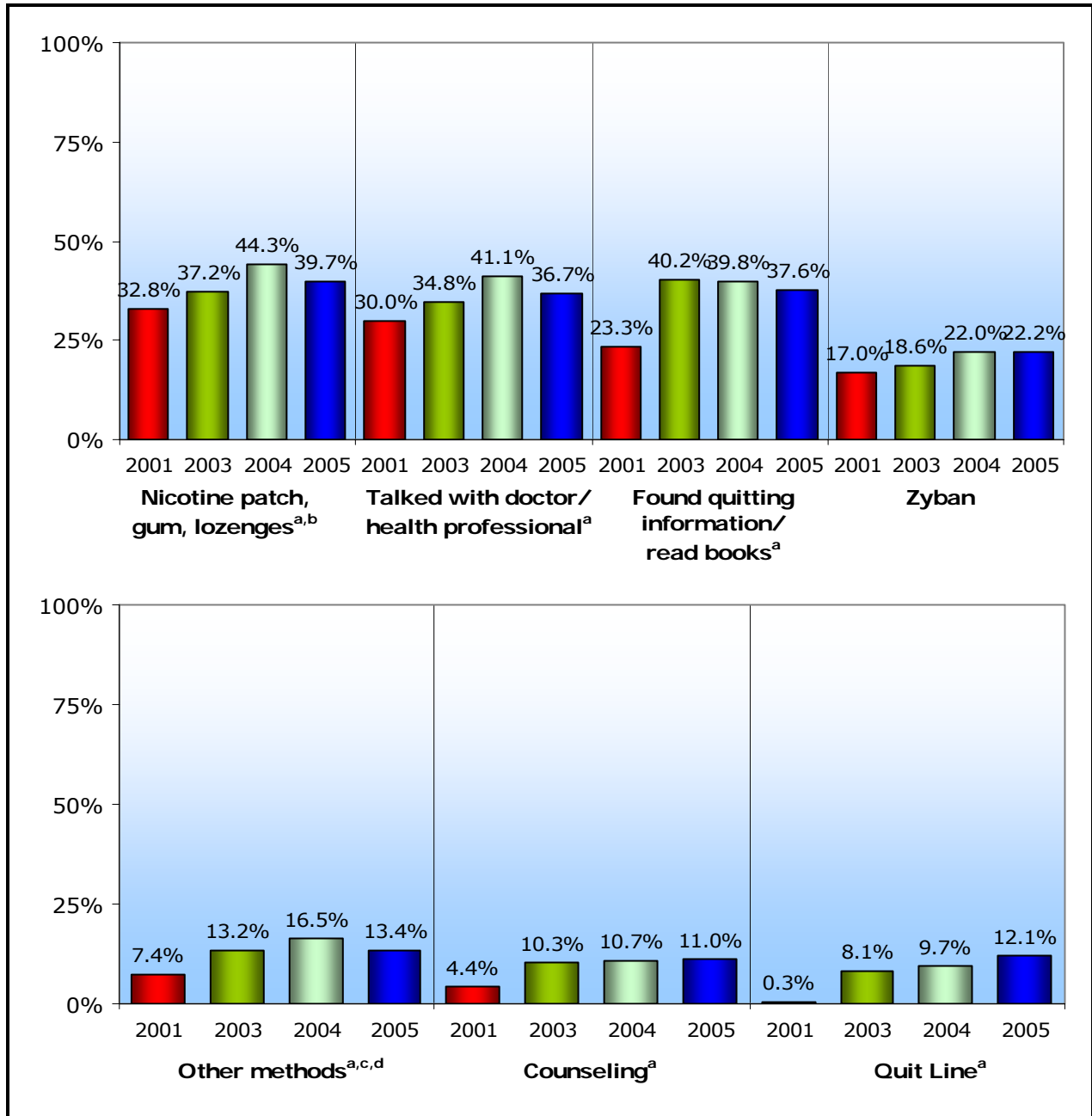
As shown in Figure 2-28, the three most commonly cited cessation methods in 2004 were using the nicotine patch, gum, or lozenges (44.3%); talking with a doctor or health professional (41.1%); and using quitting information or books (39.8%). Other frequently cited methods in 2004 were using Zyban (22.0%), receiving counseling (10.7%), and using the Quit Line (9.7%). More than 15% (16.5%) of Vermont smokers reported using other methods to quit smoking.

The three most commonly cited cessation methods in 2005 were using the nicotine patch, gum, or lozenges (39.7%); talking with a doctor or health professional (36.7%); and using quitting information or books (37.6%). Zyban (22.2%) and counseling (11.0%) were also used as quit methods in 2005. About 13% of respondents used other methods (13.4%), and 12.1% of respondents used the Quit Line.

Reported cessation methods that changed significantly ($p < .01$) between 2001 and 2005 were using the nicotine patch, gum, or lozenges; talking with a doctor or health professional; using information on quitting or books; counseling; using the Quit Line; and other methods. Note that the 2001 ATS estimate for nicotine patch, gum, or lozenges does not include nicotine lozenges. Also, 2001 does not include nicotine nasal spray in the other methods category. Other methods for all three years include chewing gum of any kind other than nicotine gum and hypnotism.

In the 2005 Vermont ATS, current smokers were asked the following question: "Have you heard of the Vermont Smoker's Quit Line?" **Figure 2-29** shows the percentage of current smokers who have heard of the Quit Line. Overall, 84.4% of current smokers indicated that they had heard of the Vermont Quit Line.

Figure 2-28. Cessation Methods Used by Vermont Smokers Who Seriously Tried to Quit or Recently Quit Smoking in the Past 12 Months



Note: Estimated confidence intervals are reported in Table B-4 in Appendix B.

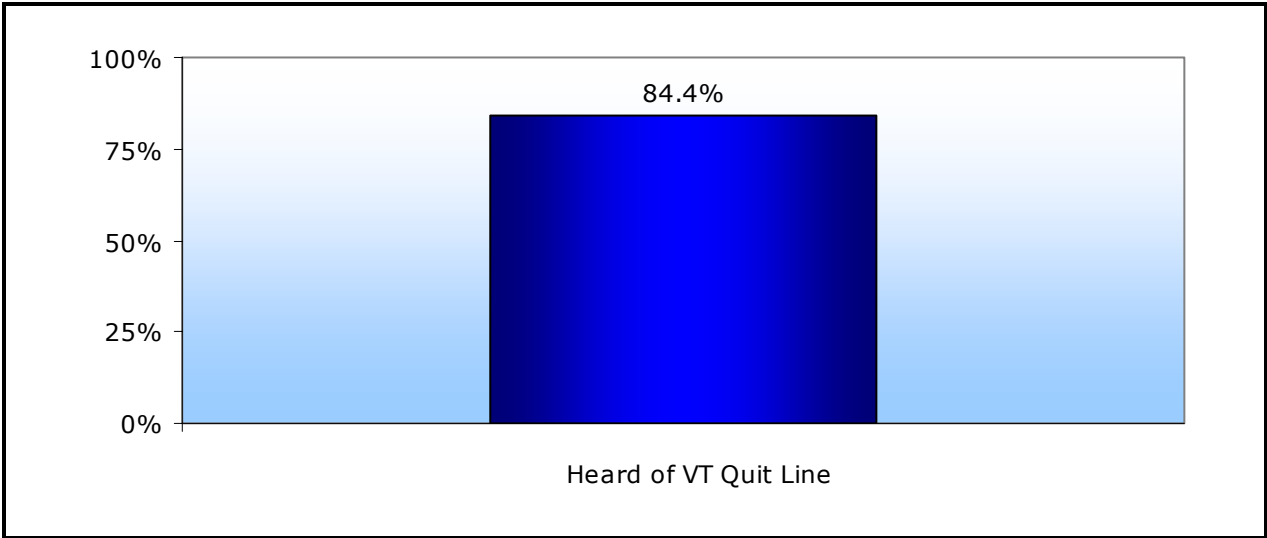
^aChange from 2001 to 2005 is statistically significant at the 1% level.

^b2001 ATS estimate does not include nicotine lozenges.

^c2001 ATS "other method" does not include nasal spray.

^dOther methods, such as chewing any kind of gum or hypnotism.

Figure 2-29. Percentage of Current Smokers Who Have Heard of the Vermont Quit Line



Figures 2-30 through 2-34 show the percentage of current smokers who have heard of the Quit Line by gender, age, education, income, and media tier. In 2005, there were no statistically significant differences between categories by gender or education level. However, fewer current smokers aged 45 and older (76.8%) had heard of the Quit Line than current smokers aged 25 to 44 (88.7%) and smokers aged 18 to 24 (93.4%) ($p < .01$). Significantly fewer current smokers whose income was less than \$25,000 had heard of the Quit Line than current smokers whose income was between \$25,000 and \$75,000 ($p < .05$).

Figure 2-34 shows the percentage of current smokers who have heard of the Vermont Quit Line, by the media tiers defined by KSV, the media contractor. The southern media tier includes Bennington, Windham, and Winsor Counties and the northern tier includes all other counties. In 2005, the percentages of current smokers who had heard of the Vermont Quit Line did not differ significantly by media tier.

Figure 2-30. Percentage of Current Smokers Who Have Heard of the Vermont Quit Line, by Gender

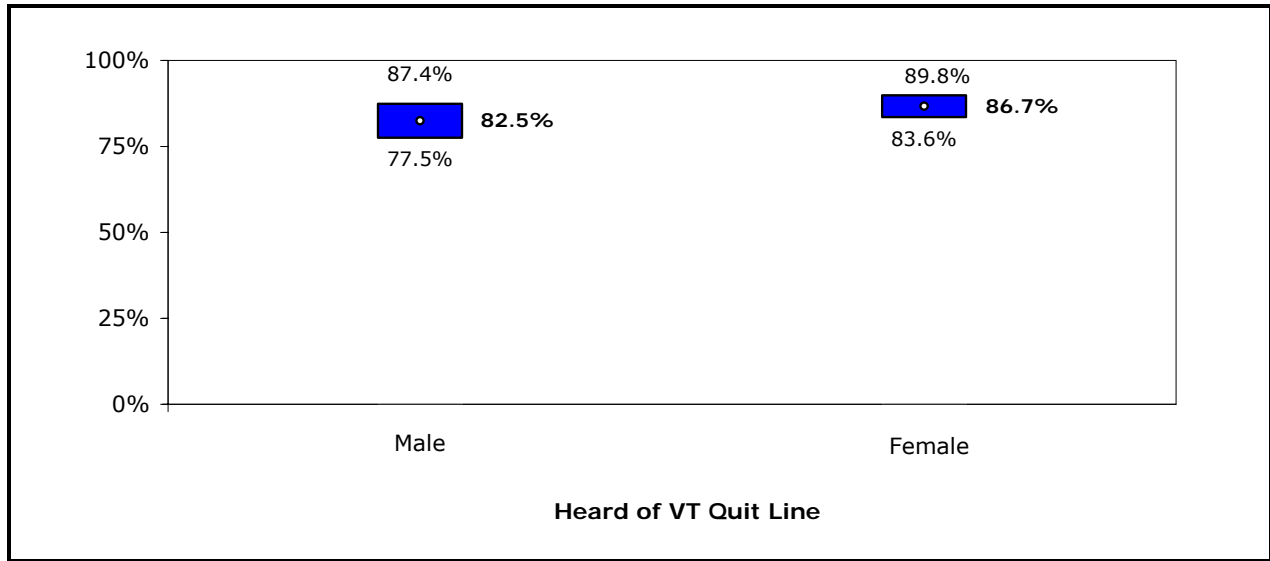
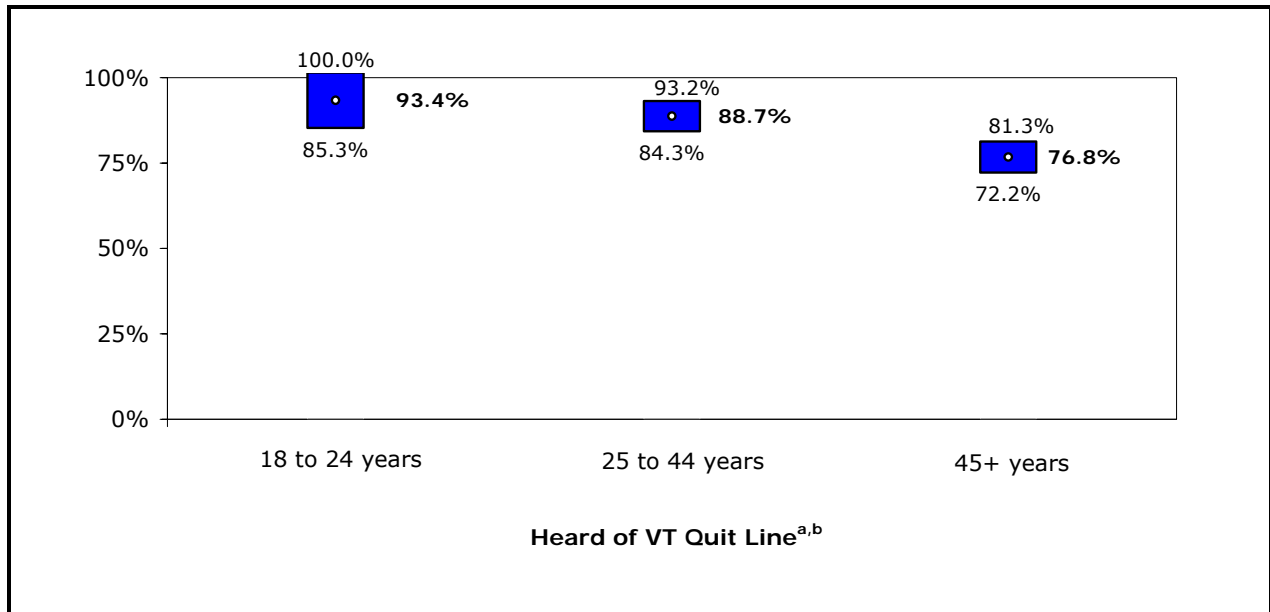


Figure 2-31. Percentage of Current Smokers Who Have Heard of the Vermont Quit Line, by Age Group



^aDifference between 18–24 and 45+ is statistically significant at the 1% level in 2005.

^bDifference between 25–44 and 45+ is statistically significant at the 1% level in 2005.

Figure 2-32. Percentage of Current Smokers Who Have Heard of the Vermont Quit Line, by Education Level

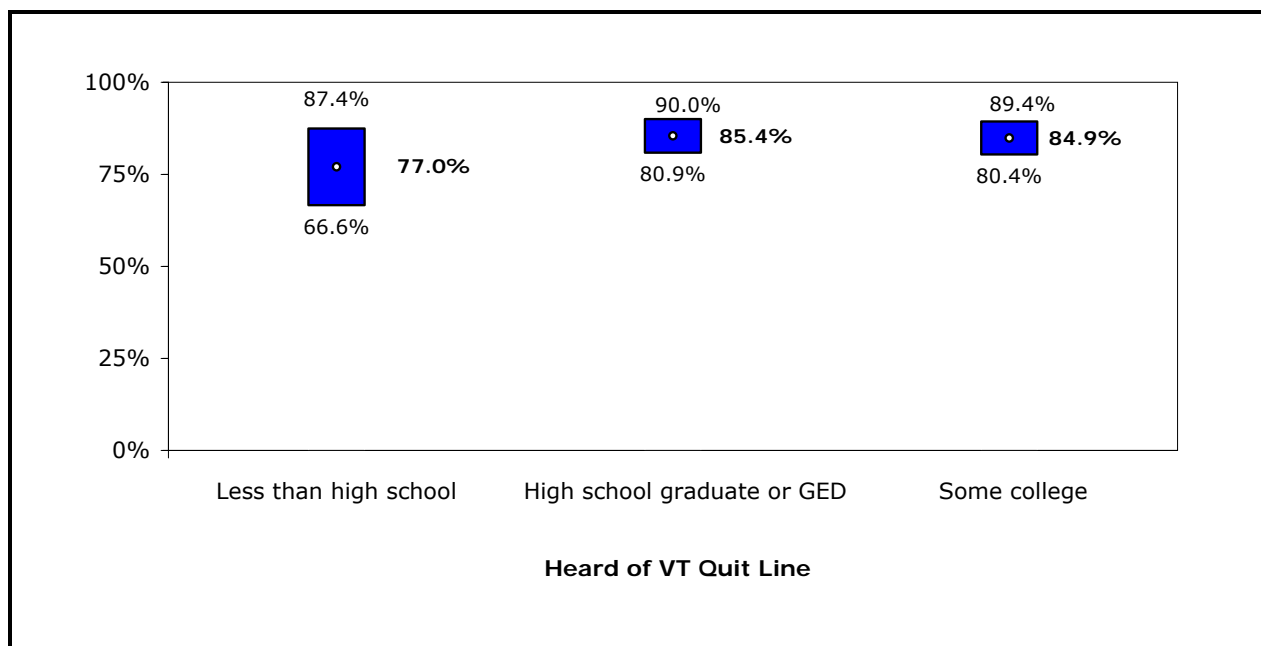
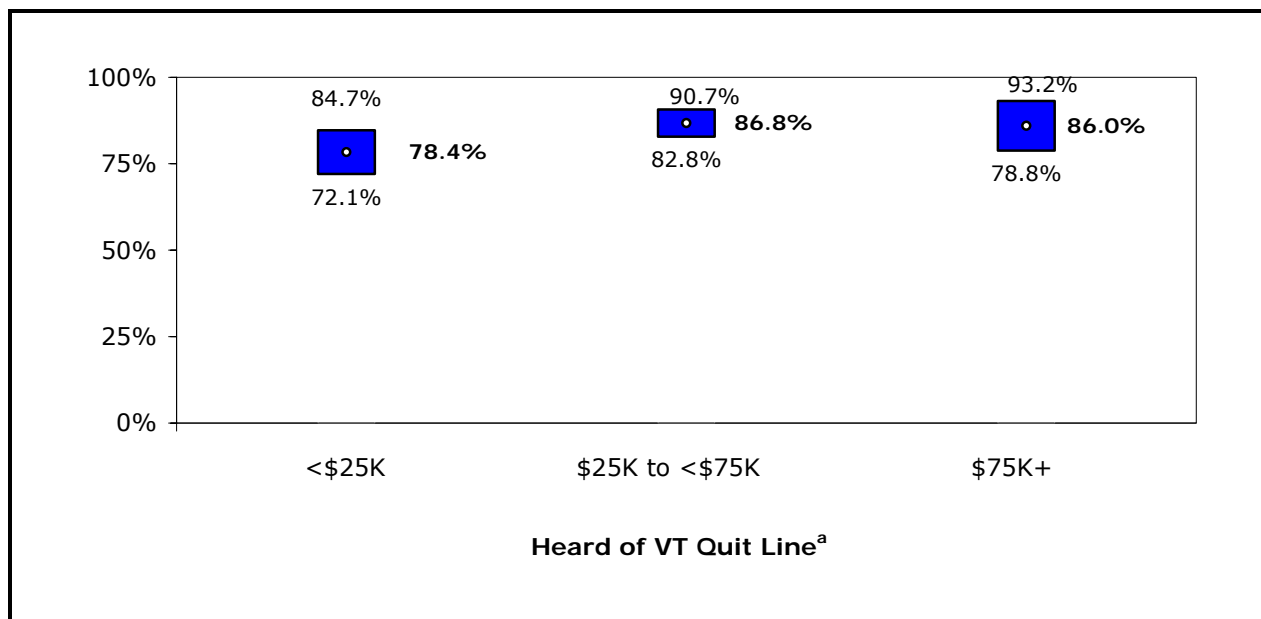
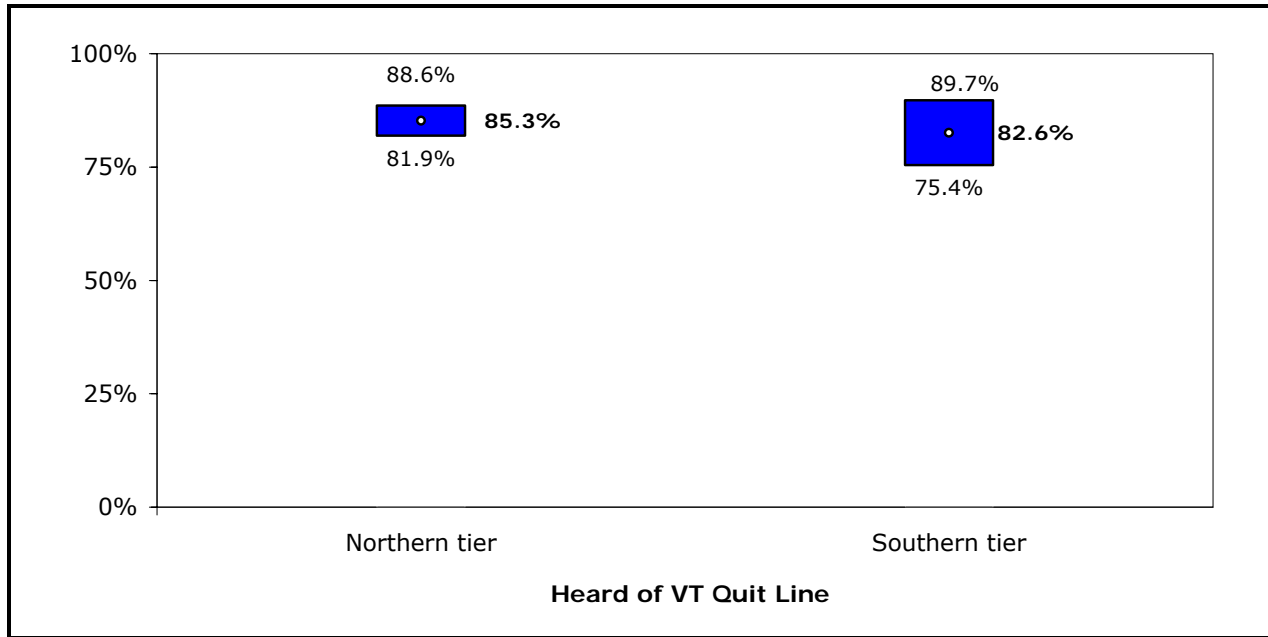


Figure 2-33. Percentage of Current Smokers Who Have Heard of the Vermont Quit Line, by Income Level



^aDifference between <\$25K and \$25K to <\$75K is statistically significant at the 5% level in 2005.

Figure 2-34. Percentage of Current Smokers Who Have Heard of the Vermont Quit Line, by Media Tier



In the 2005 ATS, current smokers who had at least one serious quit attempt in the past 12 months and had heard of the Vermont Quit Line were then asked if they had called the Quit Line during their last quit attempt: "In your most recent quit attempt, did you call the Vermont Smoker's Quit Line?" *Figure 2-35* shows that 8.5% of these current smokers indicated they had called the Vermont Quit Line, while 91.5% did not call.

Figure 2-36 shows the reasons given by current smokers with a serious quit attempt in the past 12 months who had heard of the Quit Line for not calling the Quit Line in their most recent quit attempt. The most common reasons given were respondents wanted to quit on their own (82.9%), respondents thought they could quit without telephone counseling (82.6%), and respondents did not think telephone counseling would help (35.8%). Other reasons included respondents could not talk on the phone for a long time (30.8%), respondents did not think a counselor could understand quitting problems (24.7%), respondents did not want to give personal information over the phone (17.8%), respondents only wanted to talk once or only wanted one session (13.8%), and respondents thought the Quit Line cost too much (6.8%). More than 11% (11.3%) of Vermont smokers reported other reasons for not using the Quit Line. It is worth noting that the 2005 ATS allowed current smokers to give multiple reasons for not calling the Vermont Quit Line during their most recent quit attempt.

Figure 2-35. Percentage of Use of Quit Line (Current Smokers with at Least One Serious Quit Attempt in the Past 12 Months Who Have Heard of the Vermont Quit Line)

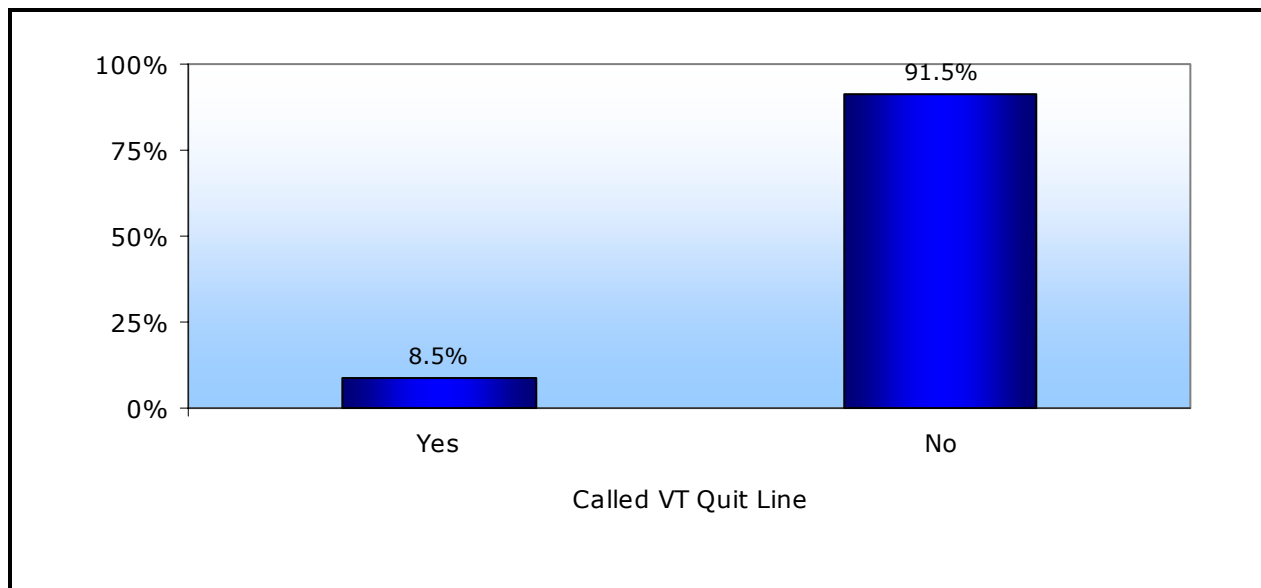
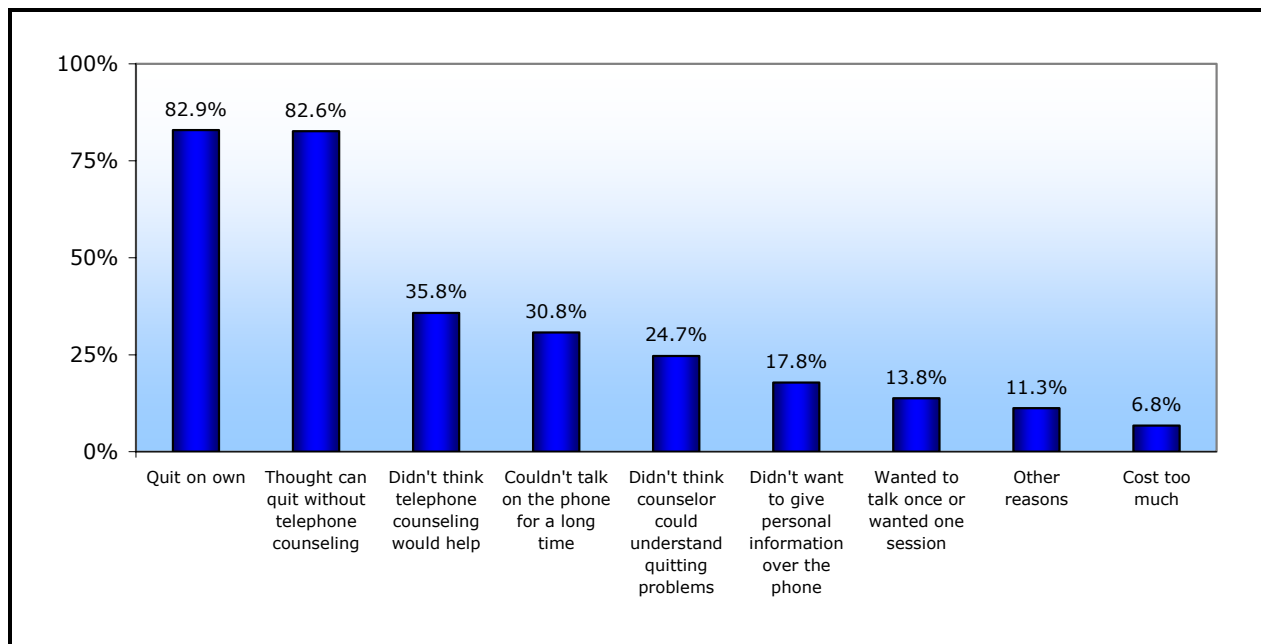


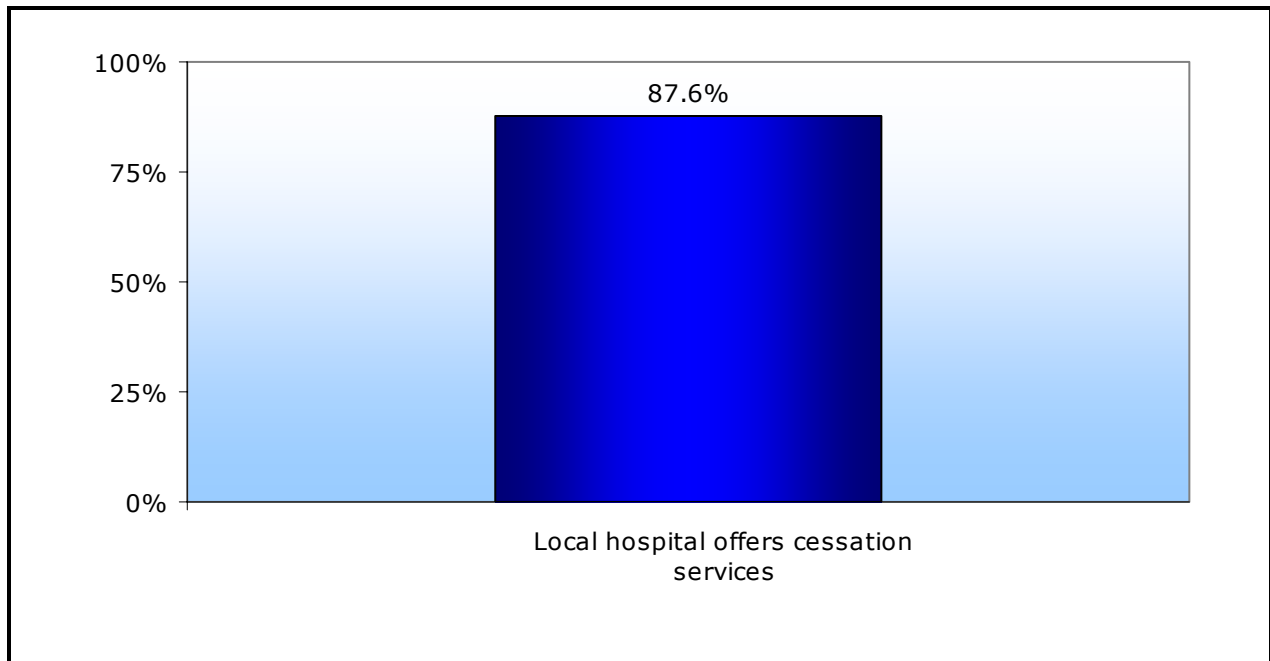
Figure 2-36. Reasons Respondents Did Not Call the Vermont Quit Line During Their Most Recent Quit Attempt (Current Smokers)



Note: Other reasons include feeling uncomfortable talking to strangers and lacking confidence.

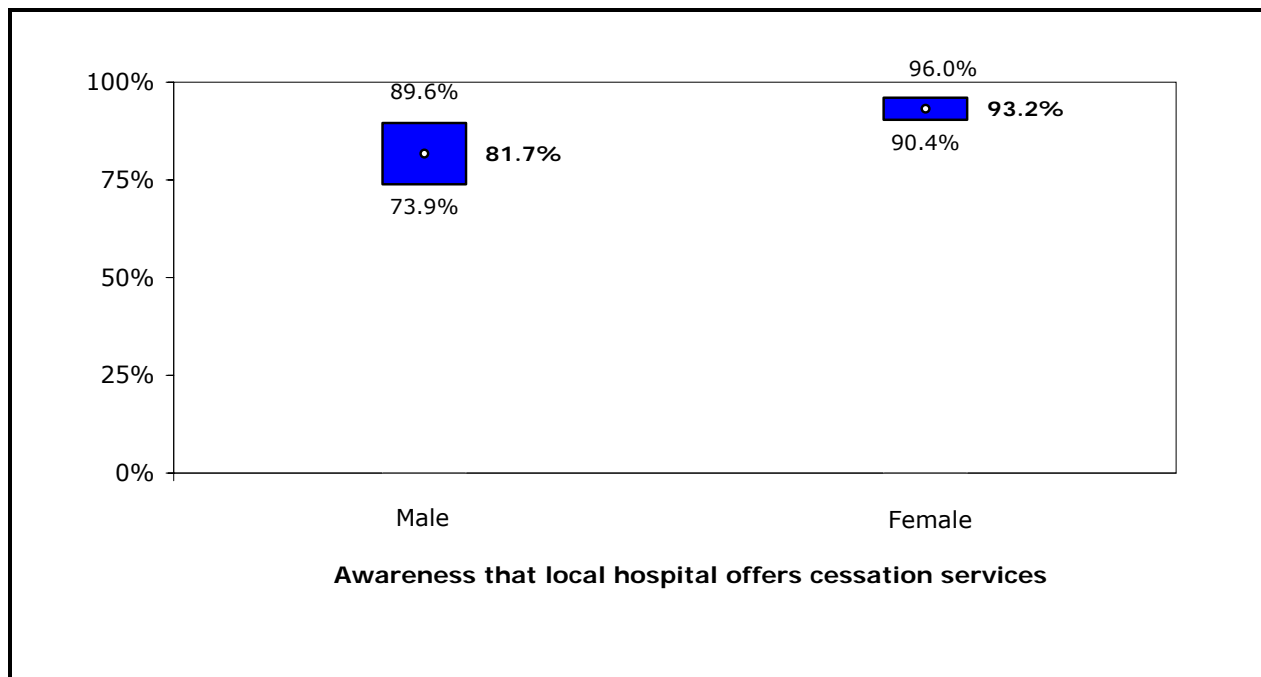
Figure 2-37 shows the availability of cessation services offered by local hospitals among current smokers. Questions regarding these services were added to the Vermont ATS in 2005. Overall, 87.6% of current smokers reported knowing that their local hospital offered services to help smokers quit.

Figure 2-37. Availability of Cessation Services Offered by Local Hospitals (Current Smokers)



Figures 2-38 through **2-41** show the percentage of current smokers who know that their local hospital offers services to help current smokers quit by gender, age, education, and income. There were no statistically significant differences between categories by age or income level. However, significantly more female current smokers (93.2%) than male current smokers (81.7%) indicated that their local hospital offered cessation services ($p < .01$). Furthermore, in 2005, significantly fewer current smokers with a high school degree or GED (83.5%) indicated that their hospital offered cessation services than current smokers with some college education (92.6%) ($p < .05$).

Figure 2-38. Percentage of Current Smokers Who Know That Local Hospital Offers Services to Help Smokers Quit, by Gender



^aDifference between male and female is statistically significant at the 1% level in 2005.

Figure 2-39. Percentage of Current Smokers Who Know That Local Hospital Offers Services to Help Smokers Quit, by Age Group

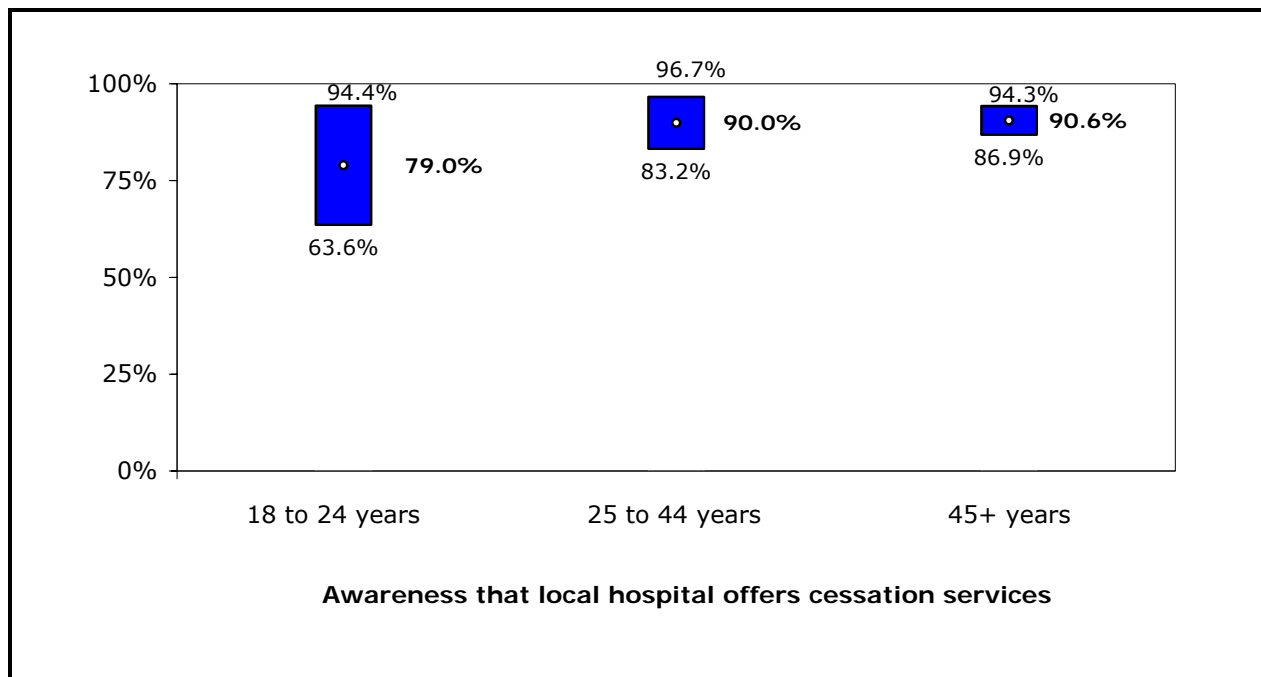
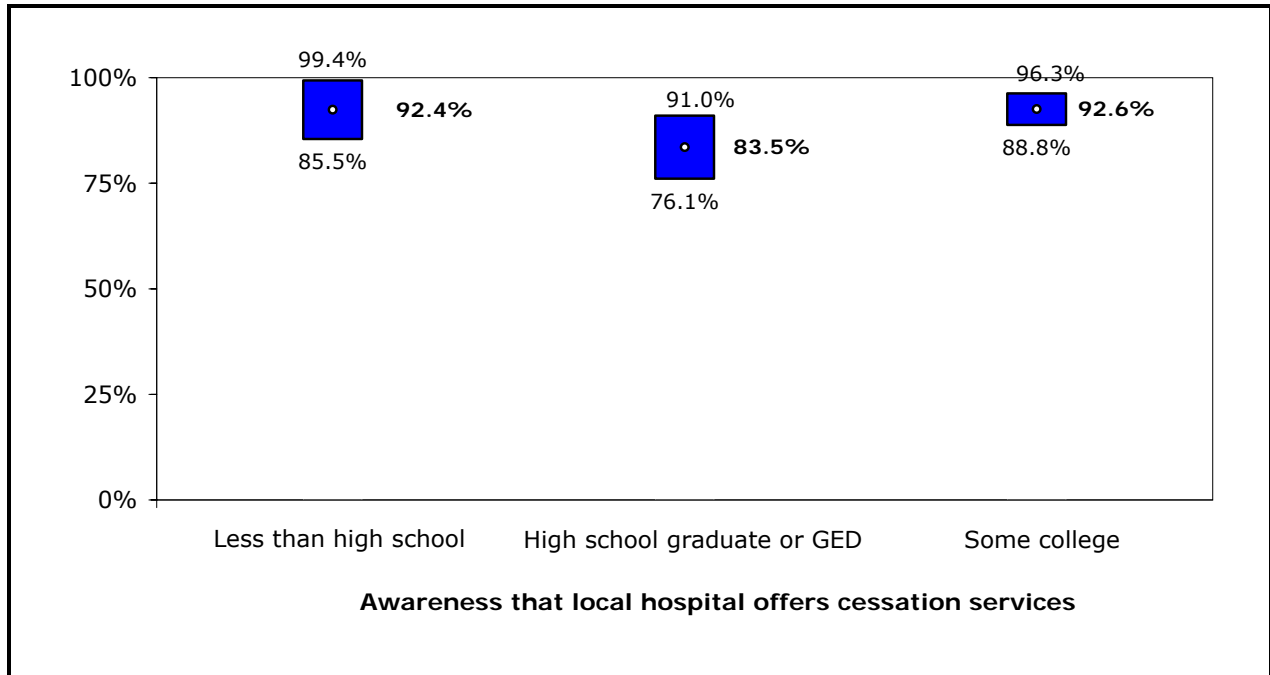


Figure 2-40. Percentage of Current Smokers Who Know That Local Hospital Offers Services to Help Smokers Quit, by Education Level



^aDifference between high school graduate or GED and some college is statistically significant at the 5% level in 2005.

Figure 2-41. Percentage of Current Smokers Who Know That Local Hospital Offers Services to Help Smokers Quit, by Income Level

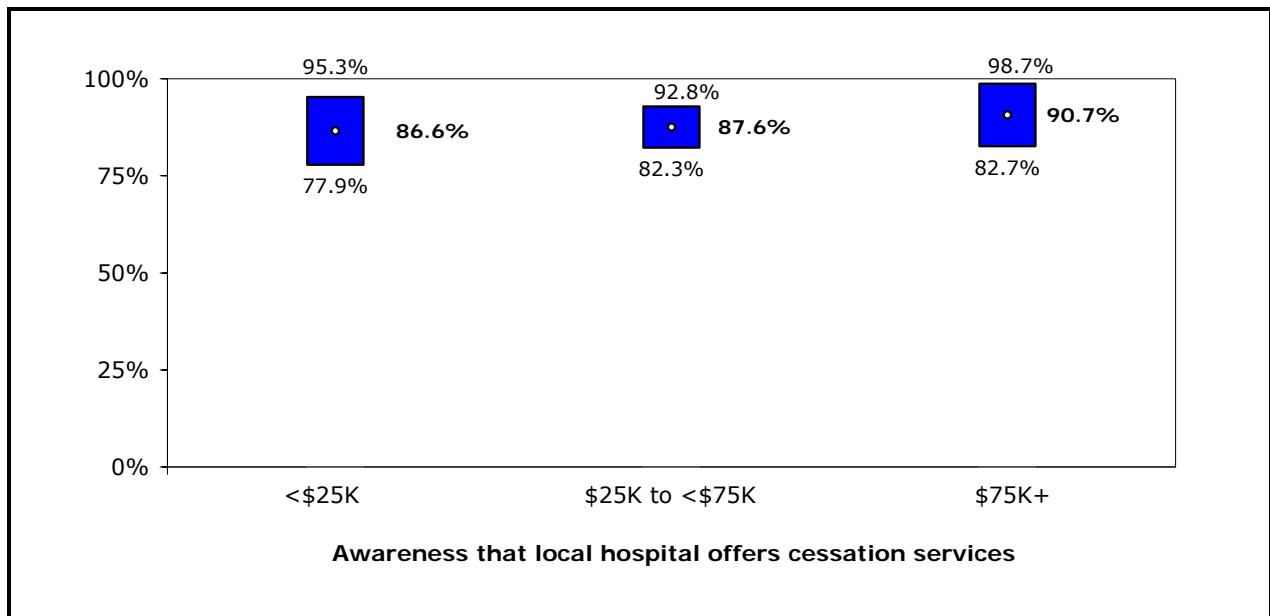
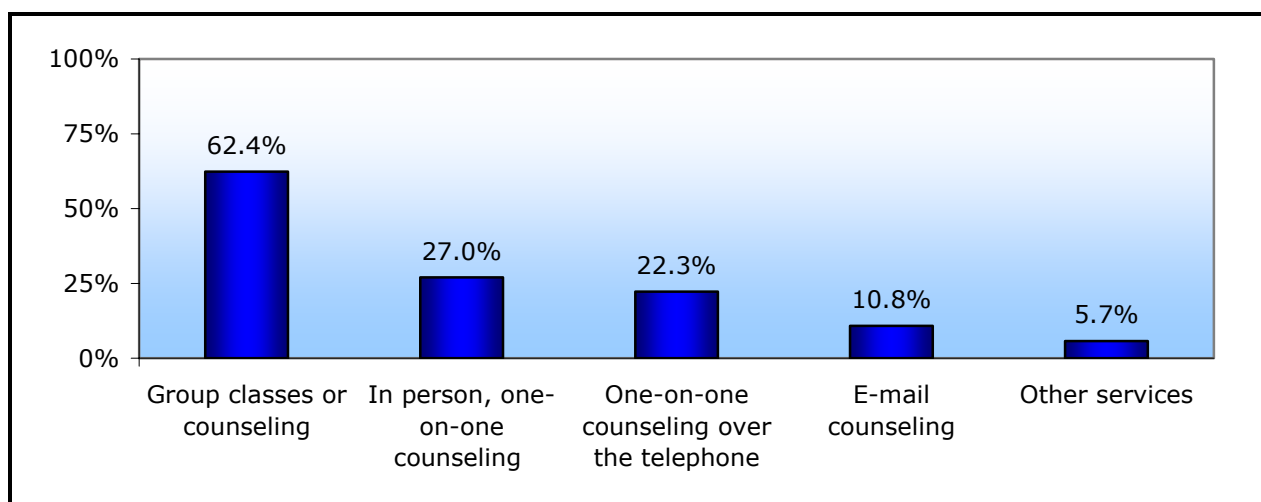


Figure 2-42 indicates some of the cessation services offered by local hospitals. Current smokers who reported knowing that their local hospital offered cessation services were then asked if their hospital offered one of the following services: group classes or counseling, in person one-on-one counseling, one-on-one counseling over the telephone, and e-mail counseling. The most commonly reported service offered by local hospitals was group classes or counseling (62.4%), followed by in person one-on-one counseling (27.0%), one-on-one counseling over the telephone (22.3%), and e-mail counseling (10.8%). About 6% (5.7%) of Vermont current smokers indicated that their local hospital offered other cessation services. The 2005 ATS allowed current smokers to report more than one service offered by their local hospitals. It is worth noting that more than one-third of current smokers (37.1%) did not know or were not sure if their local hospital offered cessation services, and about the same percentage of current smokers did not provide a valid answer when asked about cessation services offered by local hospitals (36.9%).

Figure 2-42. Services Offered by Local Hospital as Reported by Current Smokers Who Know That Their Local Hospital Offers Cessation Services



Note: Other services include educational programs and hypnosis.

Current smokers with at least one serious quit attempt in the past 12 months who reported knowing that their local hospital offered cessation services were then asked if they had used any of these services during their most recent quit attempt. **Figure 2-43** shows that of these current smokers, 6.2% indicated they had used services offered by their local hospital, while 93.8% did not use the offered services.

Figure 2-43. Percentage of Use of Local Hospital Services (Current Smokers with at Least One Serious Quit Attempt in the Past 12 Months Who Know That Local Hospital Offers Cessation Services)

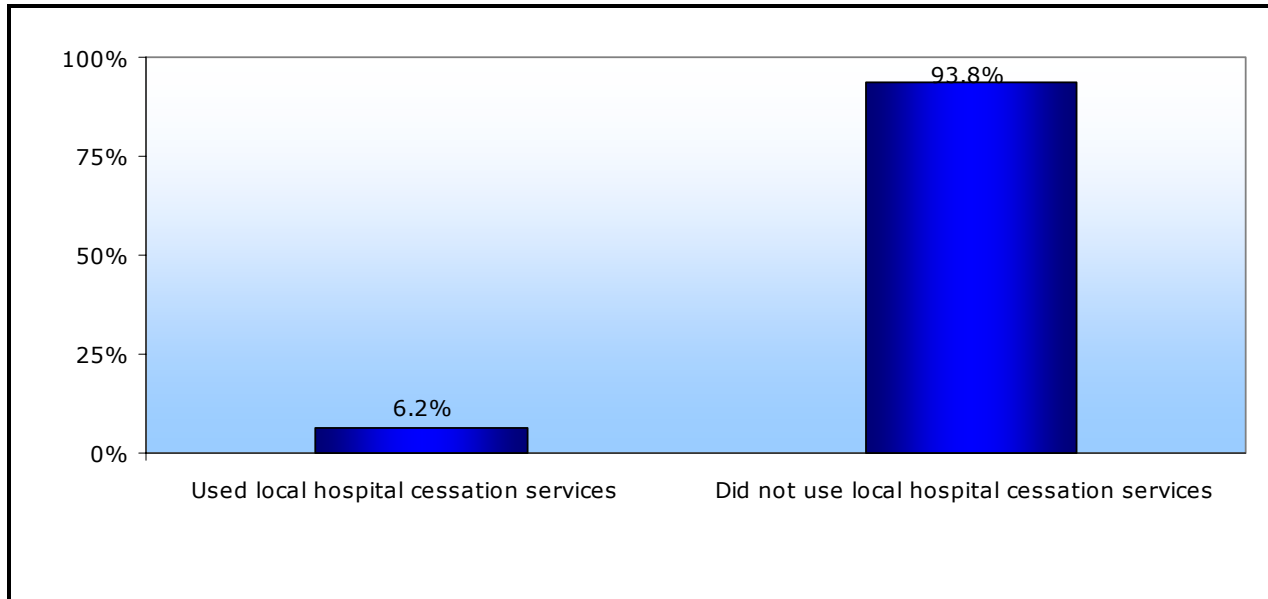
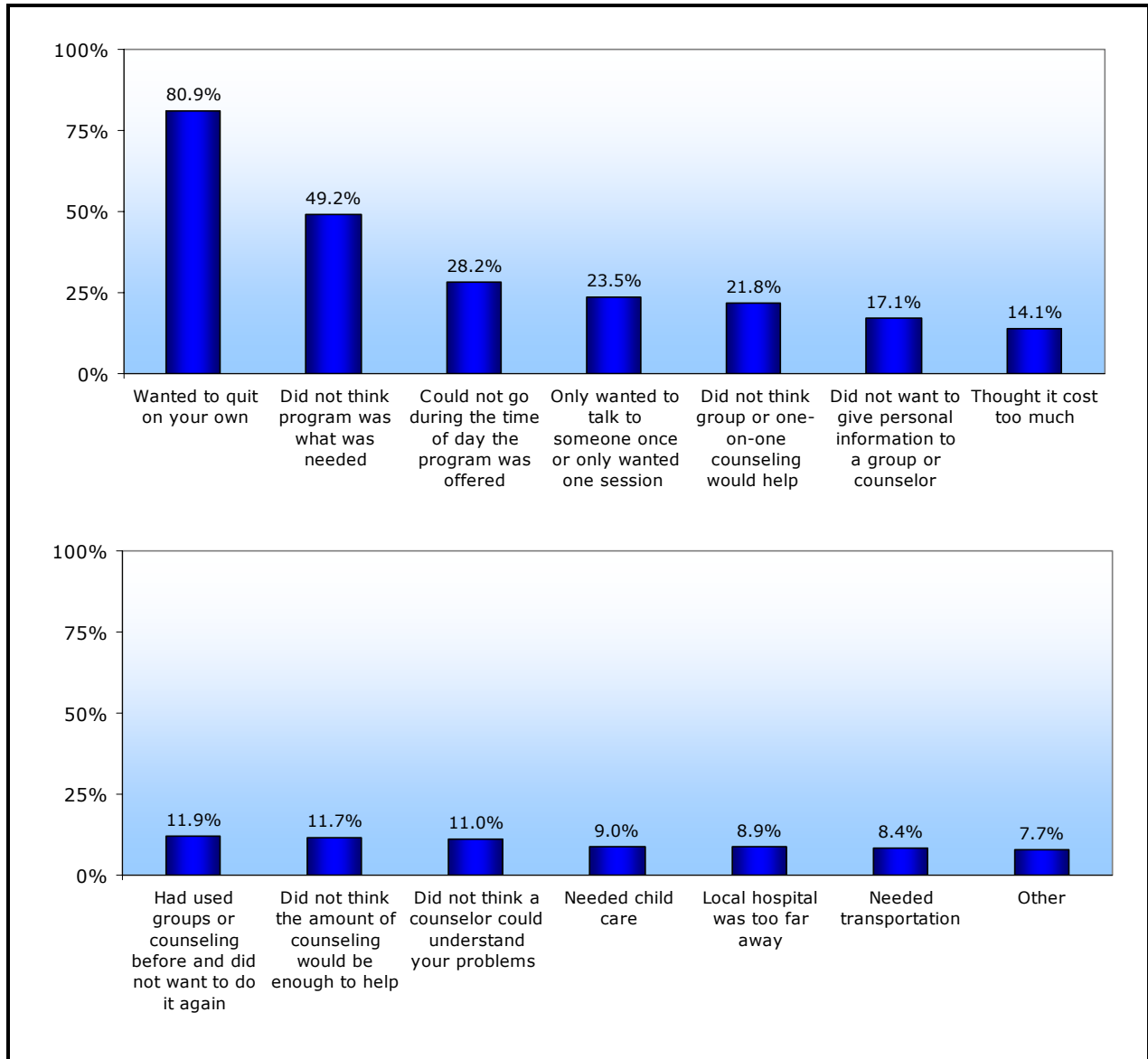


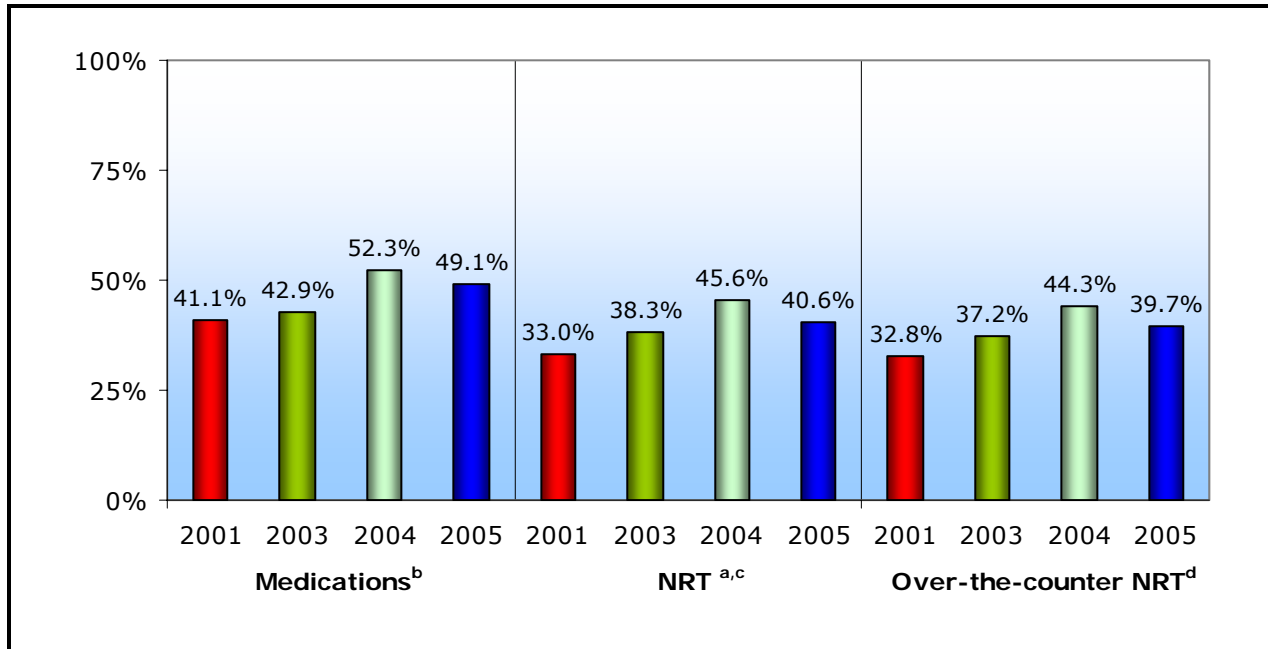
Figure 2-44 indicates the reasons given by current smokers with a serious quit attempt in the past 12 months who know that their local hospital offered cessation services but did not use these services during their most recent quit attempt. The most common reasons given were respondents wanted to quit on their own (80.9%), respondents did not think the programs were what they needed (49.2%), and respondents could not go during the time of day the program was offered (28.2%). Other reasons included they only wanted to talk to someone once or only wanted one session (23.5%), they did not think group or one-on-one counseling would help (21.8%), they did not want to give personal information to a group or counselor (17.1%), they thought it cost too much (14.1%), they had used groups or counseling before and did not want to do it again (11.9%), they did not think the amount of counseling would be enough to help (11.7%), they did not think a counselor would understand their problem (11.0%), they needed child care (9.0%), their local hospital was too far away (8.9%), and they needed transportation (8.4%). Current smokers were able to report multiple reasons for not using cessation services offered in their local hospitals.

Figure 2-44. Reasons for Not Using the Local Hospital Cessation Services (Current Smokers with at Least One Serious Quit Attempt in the Past 12 Months Who Know That Local Hospital Offers Cessation Services)



Note: Other reasons included apprehension about the group environment and time constraints.

Figure 2-45 indicates the types of medication used by recent quitters and current smokers with serious quit attempts in the past 12 months to help them quit smoking. These smokers were asked whether they had used any of the following forms of NRT: nicotine patch, nicotine gum, a nicotine inhaler, nicotine nasal spray, nicotine lozenges or tablets, and Zyban or Wellbutrin. From these responses, we specified three different groups of cessation medications: medications, which includes all forms of NRT and Zyban; any NRT not

Figure 2-45. Medication Used to Help Vermont Smokers Quit

Note: Estimated confidence intervals are reported in Table B-5 in Appendix B.

^aDifference between 2001 and 2005 is statistically significant at the 5% level.

^bAll forms of NRT and Zyban.

^cNRT in any form.

^dPatch, gum, and/or lozenges (available with Quit Bucks and Quit Bill coupons).

including Zyban; and over-the-counter (OTC) NRT products, such as nicotine patches, gum, and lozenges. In 2005, 49.1% of current smokers indicated they had used some form of NRT and Zyban, and 39.7% indicated they had used OTC products. The percentage of smokers who indicated using some NRT product increased significantly from 2001 (33.0%) to 2005 (40.6%) ($p < .05$). It is worth noting that the ATS 2001 did not include nicotine nasal spray and nicotine inhaler as cessation methods.

Table 2-1 indicates the distribution of quit attempts in the past 12 months among current smokers with at least one serious quit attempt in the past 12 months. The percentage of current smokers who have made two quit attempts in the past 12 months has decreased significantly from 2001 (16.2%) to 2005 (10.7%) ($p < .01$).

Table 2-1. Distribution of Quit Attempts in the Past 12 Months Among Current Smokers (by Year)

Number of Serious Quit Attempts	Year			
	2001 (N = 1,005)	2003 (N = 822)	2004 (N = 880)	2005 (N = 845)
No attempts	48.0% [44.4–51.6]	55.3% [51.4–59.2]	57.2% [53.4–61.1]	51.8% [47.3–56.4]
One attempt	24.1% [20.9–27.2]	19.1% [16–22.1]	18.6% [15.5–21.7]	23.3% [19.3–27.3]
Two attempts ^a	16.2% [13.5–18.8]	14.5% [11.5–17.4]	13.2% [10.6–15.7]	10.7% [8.3–13.1]
More than two attempts	11.8% [9.4–14.1]	11.1% [8.7–13.5]	11.0% [8.6–13.3]	14.2% [10.7–17.7]

Note: Results for 2002 were not reported because new definition of serious quit attempt does not apply to 2002 ATS.

^aChange from 2001 to 2005 is statistically significant at the 1% level.

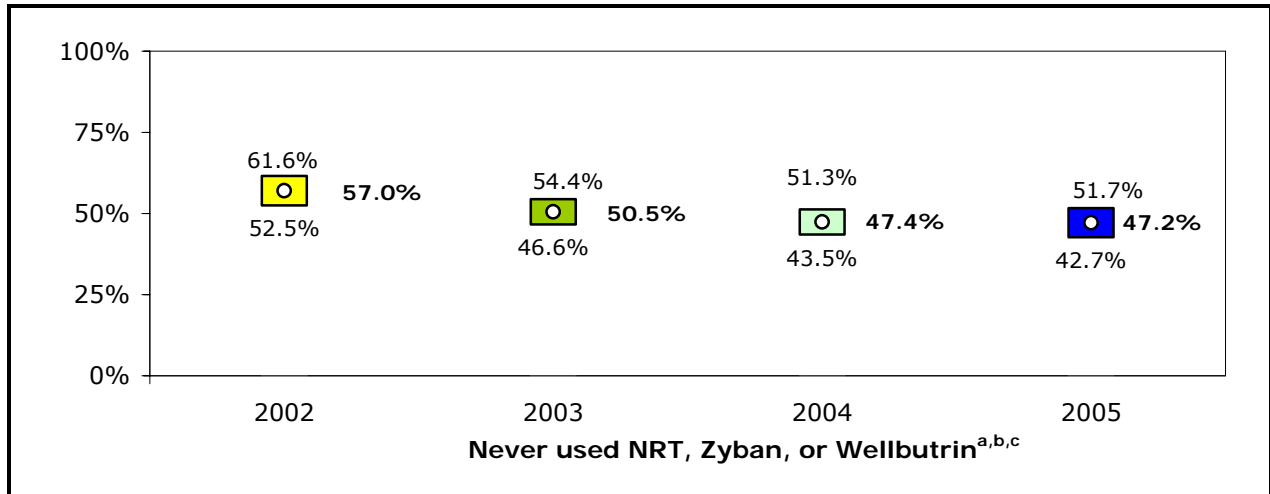
2.2.12 How Many Vermont Current Smokers Have Never Used Nicotine Replacement Therapies, and What is the Eligibility Among Current Smokers for Free Nicotine Replacement Therapies?

The 2002 through 2005 ATS include questions about ever using NRT. The 2003, 2004, and 2005 ATS ask, “Have you EVER used a nicotine skin patch, gum, inhaler, nasal spray, lozenges, Zyban, or Wellbutrin?” whereas the 2002 ATS includes a similar question but does not mention Zyban or Wellbutrin. **Figure 2-46** shows the percentage of current smokers who responded “no” to the previous questions. These percentages have decreased across the four survey years presented here; less than half (47.2%) of current smokers reported having never used NRT or Zyban/Wellbutrin in 2005, which is a significant decrease from 2002 (57.0%) ($p < .01$). This question was not asked in the 2001 ATS; therefore, 2001 results are not reported.

The 2005 ATS asked current smokers, “Are you eligible to get free or reduced cost nicotine patches, gum or lozenges?” **Figure 2-47** shows current smokers’ perceived eligibility to get free or reduced cost NRT. More than 20% of Vermont current smokers reported they are eligible for free NRT (21.7%), while about one-third said they are not eligible for free NRT (31.5%). The rest of the current smokers either did not know or were not sure if they are eligible for free NRT (46.7%).

Figure 2-48 reports perceived eligibility for free and reduced cost NRT for current smokers without health insurance. As shown in Figure 2-48, 10.9% of uninsured current smokers believe they are eligible for free or reduced cost NRT products, 38.4% believe they are ineligible (38.4%), and 50.7% do not know or are not sure if they are eligible.

Figure 2-46. Never Used Nicotine Replacement Therapy, Zyban, or Wellbutrin (Current Smokers)



^aChange from 2002 to 2005 is statistically significant at the 1% level.

^bThis question was not asked in 2001 ATS.

^c2002 ATS did not include Zyban or Wellbutrin.

Figure 2-47. Perceived Eligibility to Get Free or Reduced Cost NRT (Current Smokers)

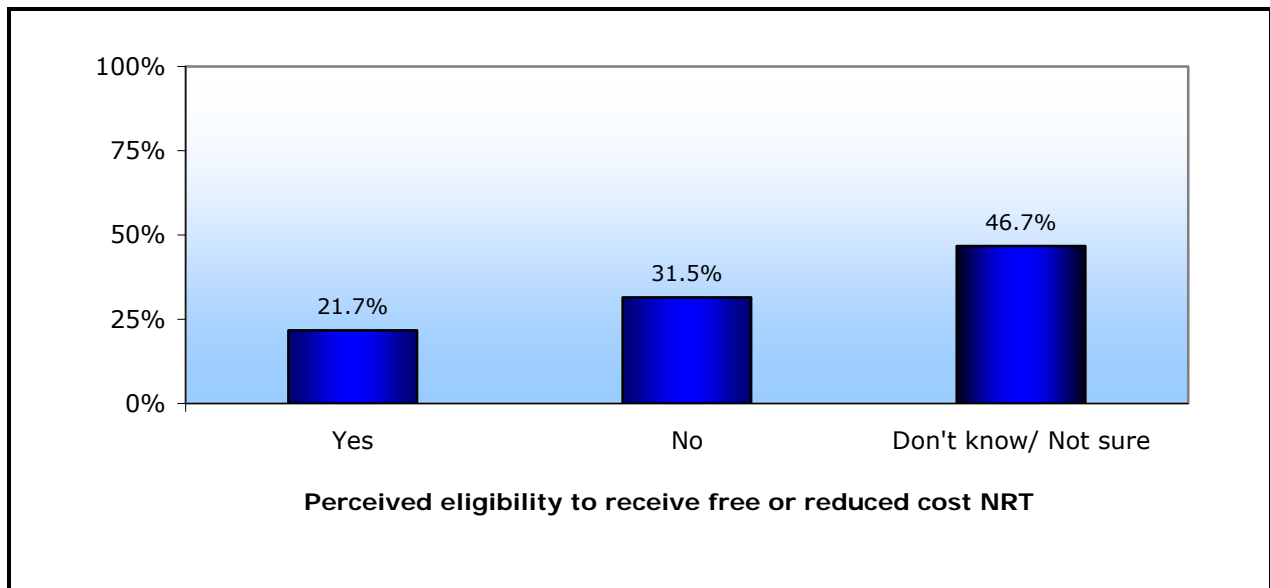


Figure 2-48. Perceived Eligibility to Get Free or Reduced Cost NRT (Current Smokers Who Are Uninsured)

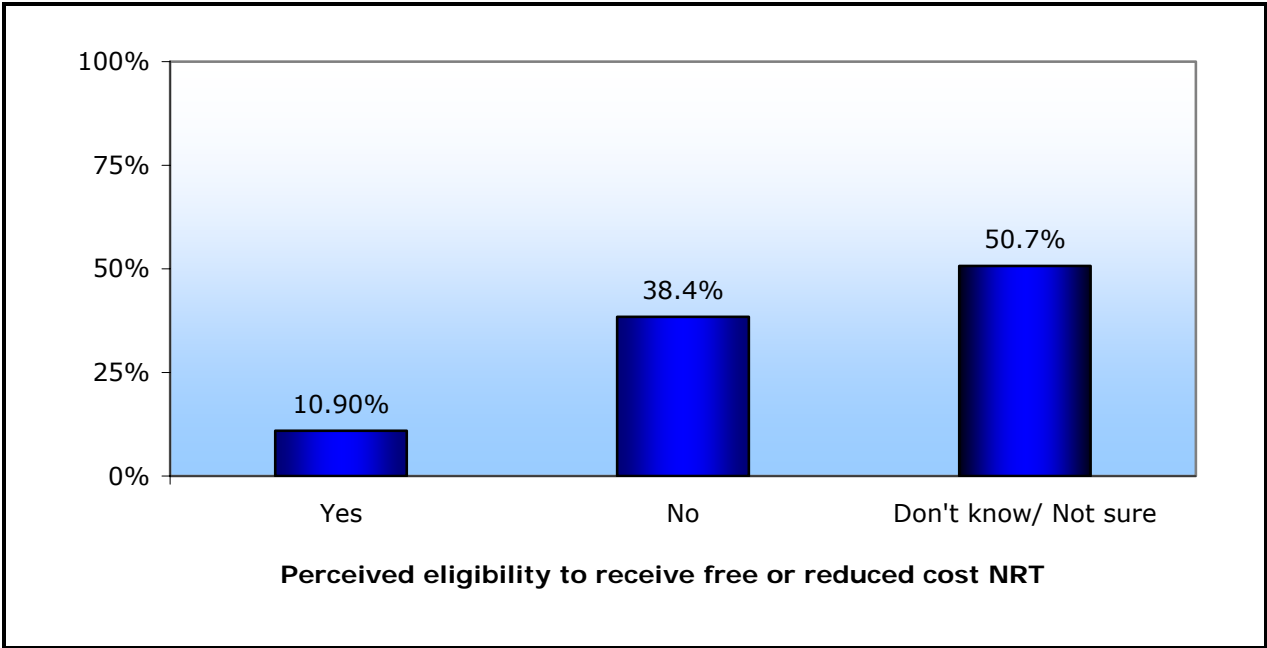


Figure 2-49 shows that slightly less than half of current smokers who are extremely or very concerned about the cost of smoking believe they are eligible for free or reduced cost NRT (48.5%), which is higher than among current smokers who are only moderately, slightly, or not at all concerned about the price of cigarettes (36.3%). Perceived eligibility for free or reduced cost NRT is also higher among current smokers who have used OTC NRT products before (53.3%) than among current smokers who have not used OTC NTR products before (39.1%) (see *Figure 2-50*).

Figure 2-49. Percentage of Current Smokers Who Believe They Are Eligible to Receive Free or Reduced Cost Nicotine Patches, Gum, or Lozenges, by Concern about the Cost of Cigarettes

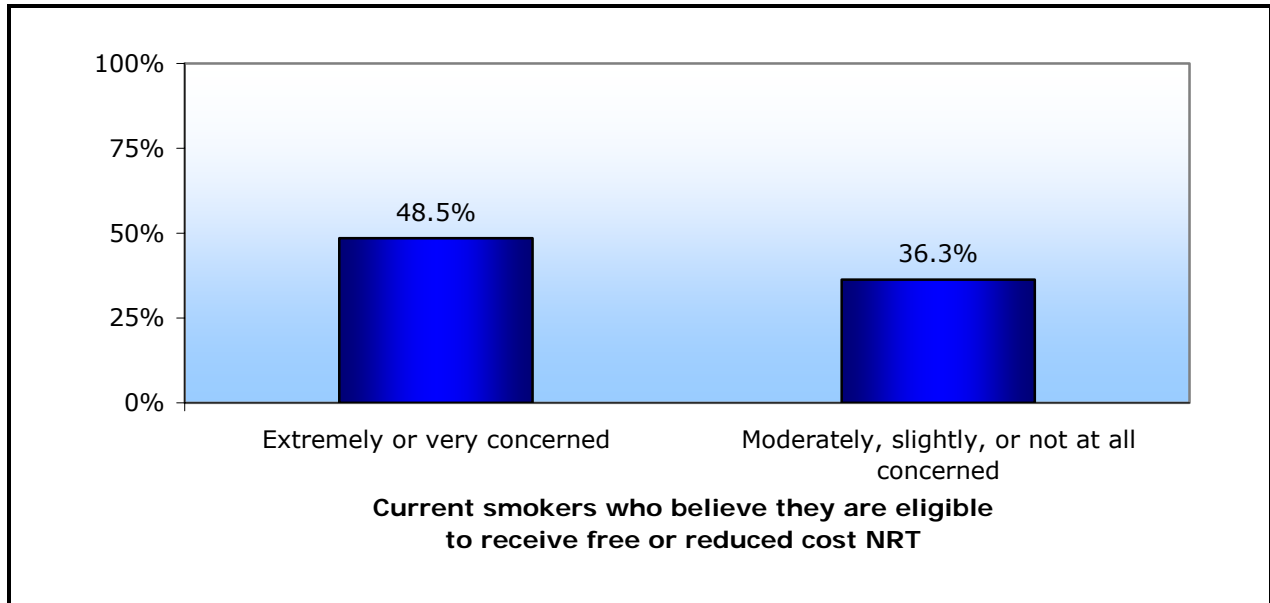
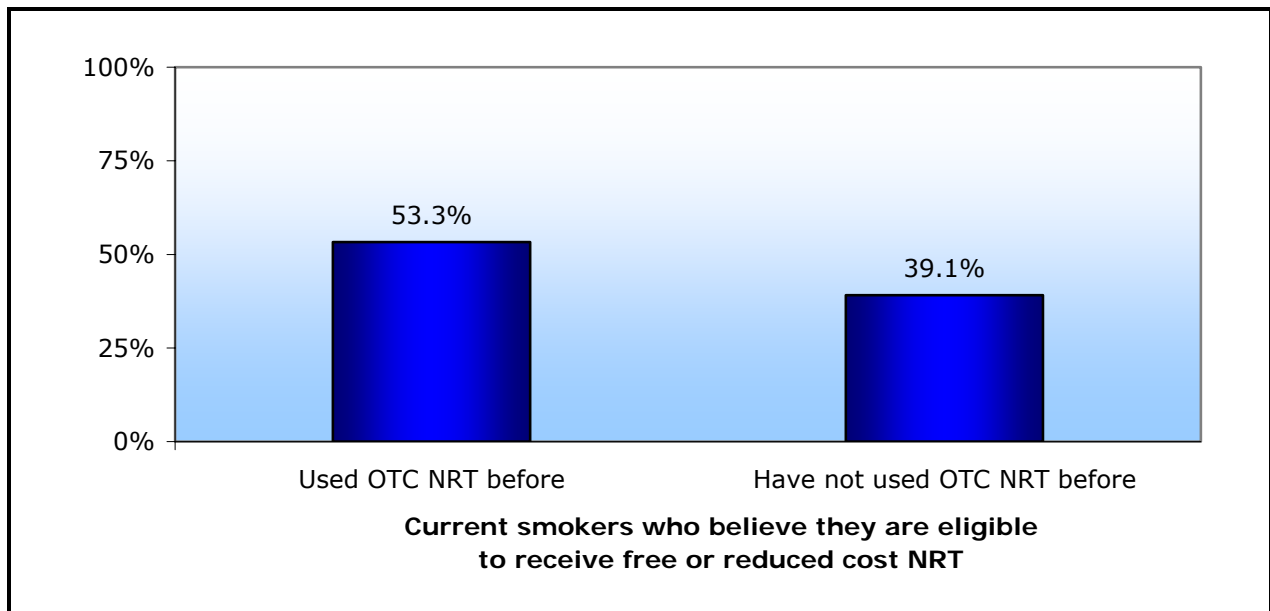


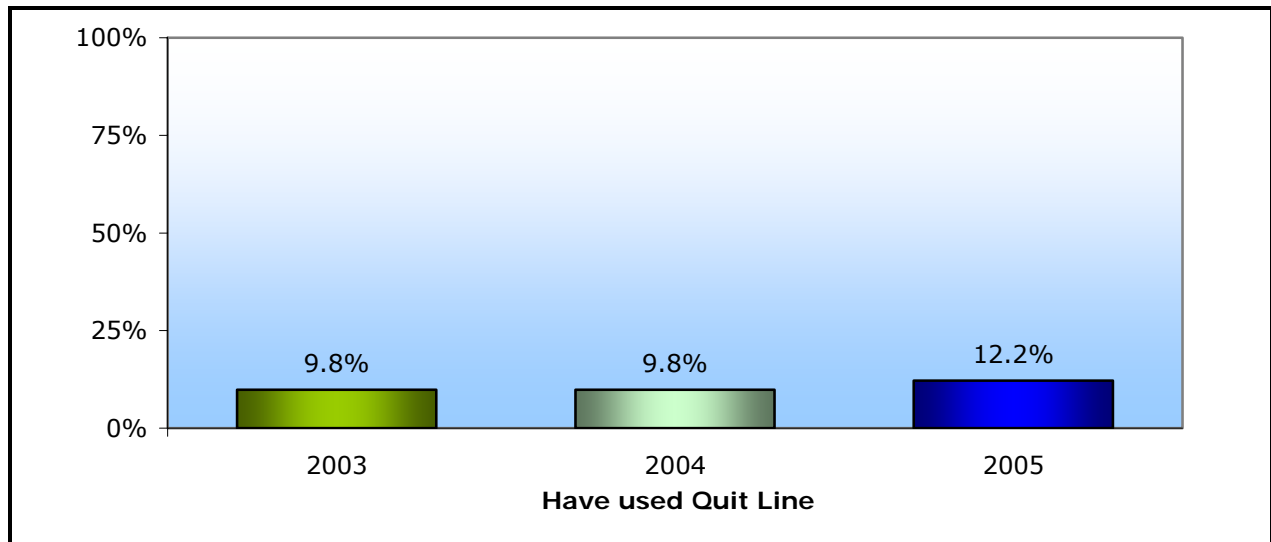
Figure 2-50. Percentage of Current Smokers Who Believe They Are Eligible to Receive Free or Reduced Cost Nicotine Patches, Gum, or Lozenges, by Previous Use of Over-the-Counter NRT Products



2.2.13 Use of the Quit Line by Vermont Current Smokers

Figure 2-51 shows the percentage of current smokers with serious quit attempts in the past 12 months who used the Quit Line to help quit smoking in 2003, 2004, and 2005. The 2002 ATS does not ask about specific reasons for not using the Quit Line; thus, we do not present results for 2002. About 12% of current smokers with serious quit attempts used the Quit Line to quit smoking in 2005 (12.2%). The similarity in percentages between 2003 and 2004 is a result of rounding. It is worth noting that results in **Figure 2-51** are probably cumulative over the years because they are based on the ATS question that asks current smokers with quit attempts in the past 12 months about using the Quit Line in their previous quit attempts as a cessation method. However, **Figure 2-35** presents the percentage of current smokers in the 2005 ATS who called the Quit Line, which is based on the ATS question that asks about using the Vermont Quit Line in their most recent quit attempt. Thus, in 2005, the percentage of Quit Line use reported in **Figure 2-51** (12.2%) is higher than the percentage of Quit Line use reported in **Figure 2-35** (8.5%).

Figure 2-51. Percentage of Current Smokers Who Seriously Tried to Quit in the Past 12 Months Using the Quit Line in Their Previous Quit Attempts

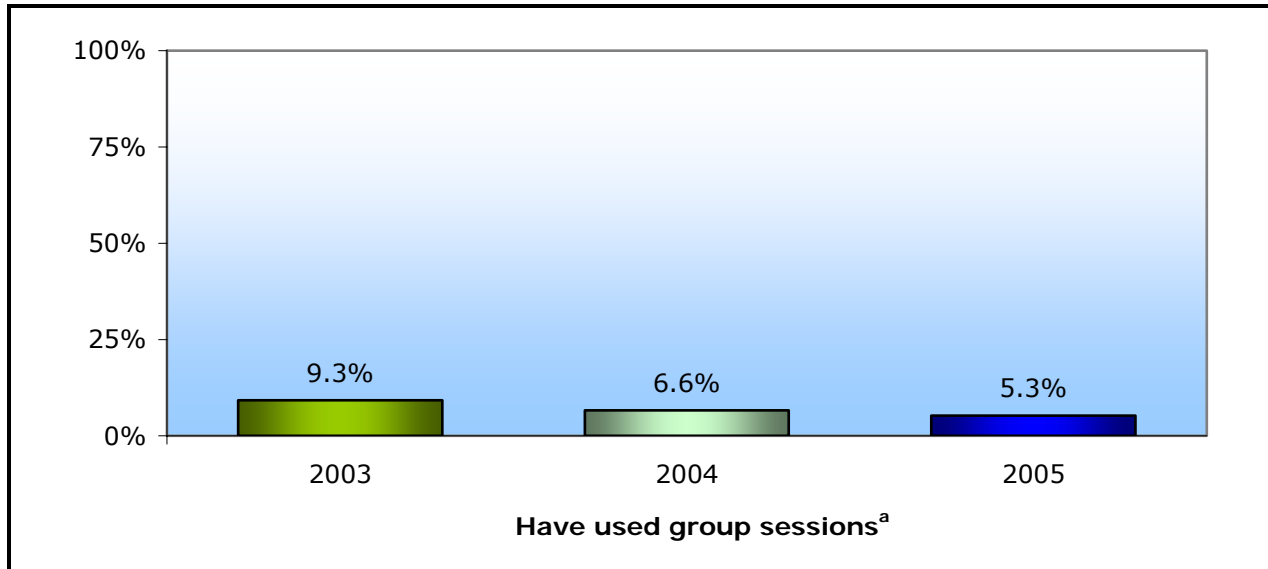


Note: Estimated confidence intervals are reported in Table B-6 in Appendix B.

2.2.14 Use of Group Sessions by Vermont Current Smokers

Figure 2-52 shows the percentage of current smokers with serious quit attempts in the past 12 months who used group counseling sessions to help quit smoking in 2003, 2004 and 2005. Less than 10% of current smokers with serious quit attempts used group sessions to quit smoking in 2003 (9.3%), 2004 (6.6%), and 2005 (5.3%). The decrease from 2003 to 2005 in the percentage of current smokers who seriously tried to quit smoking and have used group sessions was significant at the 5% level.

Figure 2-52. Percentage of Current Smokers Who Seriously Tried to Quit in the Past 12 Months Using Group Sessions in Their Previous Quit Attempts



Note: Estimated confidence intervals are reported in Table B-7 in Appendix B.

^aChange from 2003 to 2005 is statistically significant at the 5% level.

2.3 Long-Term Outcomes

a. Increasing Intentions to Quit

2.3.1 How Confident Are Vermont Current Smokers That They Can Quit Smoking in the Next Month?

Figure 2-53 shows the percentage of current smokers who reported feeling “very confident” that they will be able to quit smoking in the next month. In 2005, 19.7% of current smokers reported feeling very confident that they will be able to quit smoking next month. Changes were not statistically significant.

Figures 2-54 and **2-55** show the percentage of current smokers with a serious quit attempt in the past 12 months who reported feeling “very confident” that they will be able to quit smoking in the next month for those who used methods other than the Quit Line and those who used the Quit Line, respectively. The percentage of current smokers who used methods other than the Quit Line who were very confident they could quit smoking in the next month decreased significantly from 2001 (21.9%) to 2005 (12.8%) ($p < .1$); this percentage also decreased significantly from 2004 (19.8%) to 2005 ($p < .05$). As shown in **Figure 2-55**, current smokers with a quit attempt in the past 12 months who used the Quit Line were significantly more confident they will be able to quit smoking in the next month in 2005 (6.3%) than in 2001 (0.0%) ($p < .05$).

Figure 2-53. Percentage of Current Smokers Who Are Very Confident They Can Quit Smoking in the Next Month

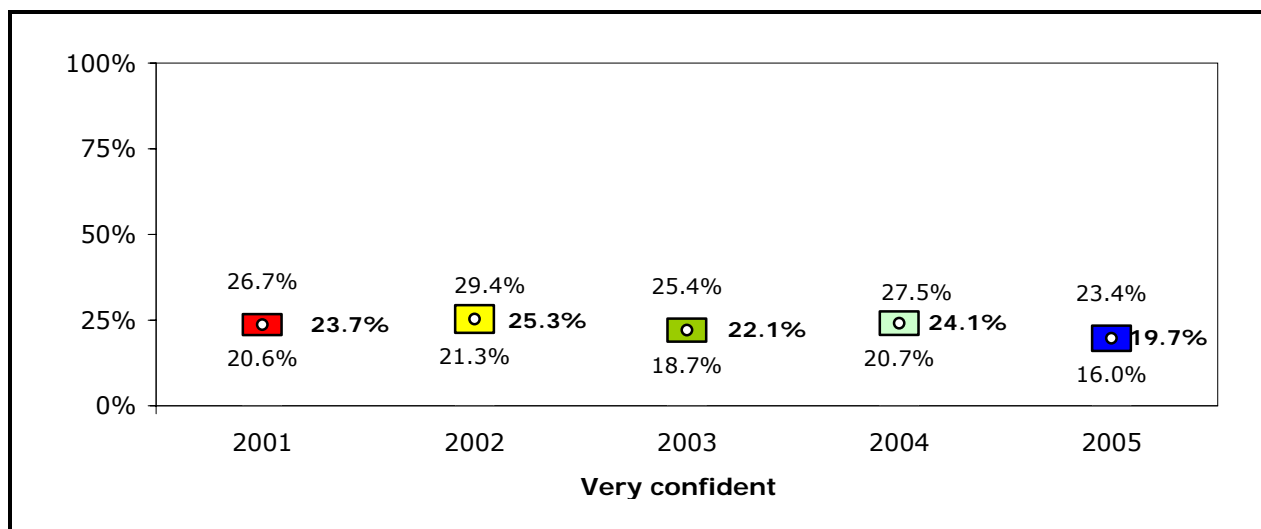
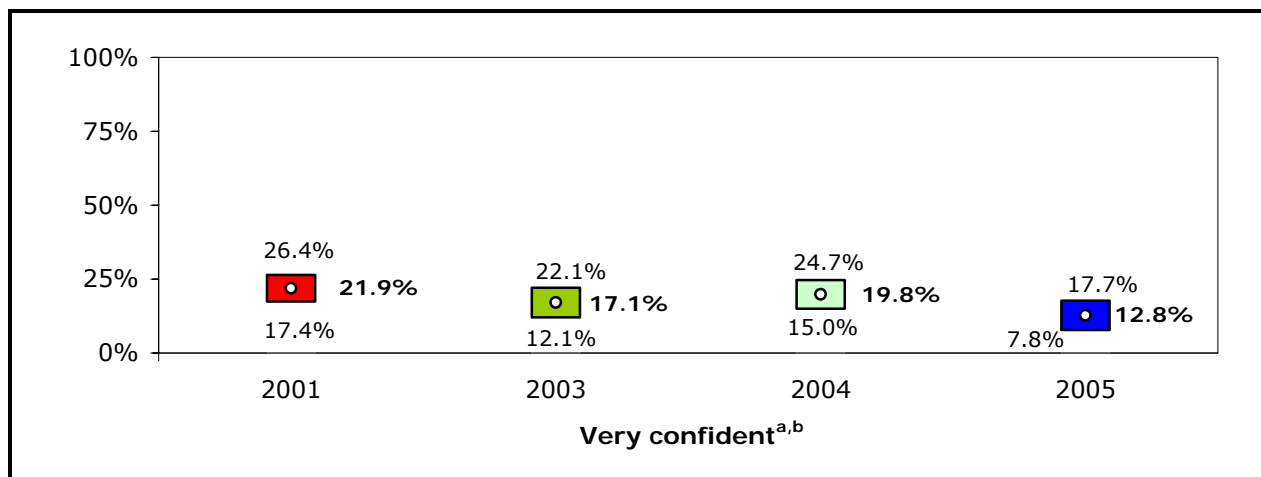


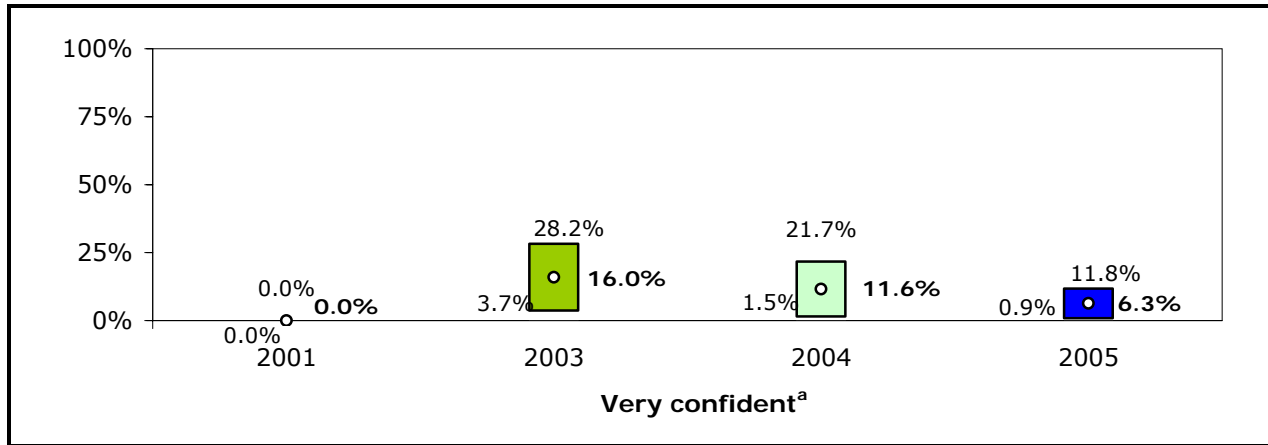
Figure 2-54. Percentage of Current Smokers Who Are Very Confident They Can Quit Smoking in the Next Month (Current Smokers with Serious Quit Attempt Who Used Cessation Method Other Than Quit Line)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 5% level.

Figure 2-55. Percentage of Current Smokers Who Are Very Confident They Can Quit Smoking in the Next Month (Current Smokers with Serious Quit Attempt Who Used Quit Line as a Cessation Method)



^aChange from 2001 to 2005 is statistically significant at the 5% level.

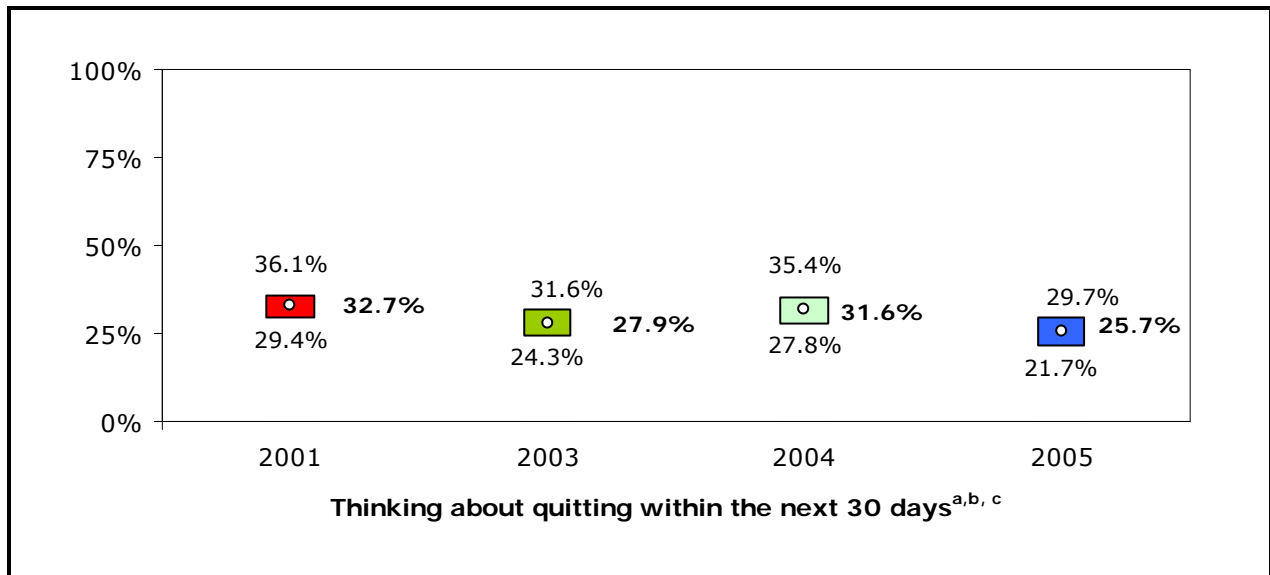
2.3.2 How Many Vermont Current Smokers Are Seriously Thinking About Quitting?

Figure 2-56 shows the percentage of Vermont current smokers who reported that they were seriously considering quitting smoking within the next 30 days. About one-fourth of Vermont current smokers reported strong intentions to quit smoking in 2005 (25.7%), a statistically significant decrease from 2001 (32.7%) ($p < .01$) and 2004 (31.6%) ($p < .05$). Results for the 2002 ATS are not presented for this question because of a discrepancy in the skip pattern. In 2002, only current smokers who reported seriously thinking of quitting in the next 6 months were asked about intentions to quit in the next 30 days; in 2001, 2003, 2004, and 2005, current smokers who responded “yes,” “don’t know,” and “refused” to answer the question about seriously thinking of quitting in the next 6 months were asked this question.

Figure 2-57 shows the percentage of Vermont current smokers with serious quit attempts in the past 12 months who have used cessation methods other than the Quit Line who reported that they were seriously considering quitting smoking in the next 30 days. Significantly fewer current smokers seriously considered quitting smoking in 2005 (38.6%) than in 2001 (48.3%) ($p < .05$) or 2004 (53.0%) ($p < .01$). Results for the 2002 ATS are not presented for this question because of a discrepancy in the skip pattern.

Figure 2-58 shows the percentage of Vermont current smokers with serious quit attempts in the past 12 months who used the Quit Line as a cessation method who reported that they were seriously considering quitting smoking in the next 30 days. Significantly more current smokers seriously considered quitting smoking in 2005 (56.7%) than in 2001 (0.0%) ($p < .01$). Results for the 2002 ATS are not presented for this question because of a discrepancy in the skip pattern.

Figure 2-56. Seriously Thinking of Quitting Smoking in the Next 30 Days (Current Smokers)

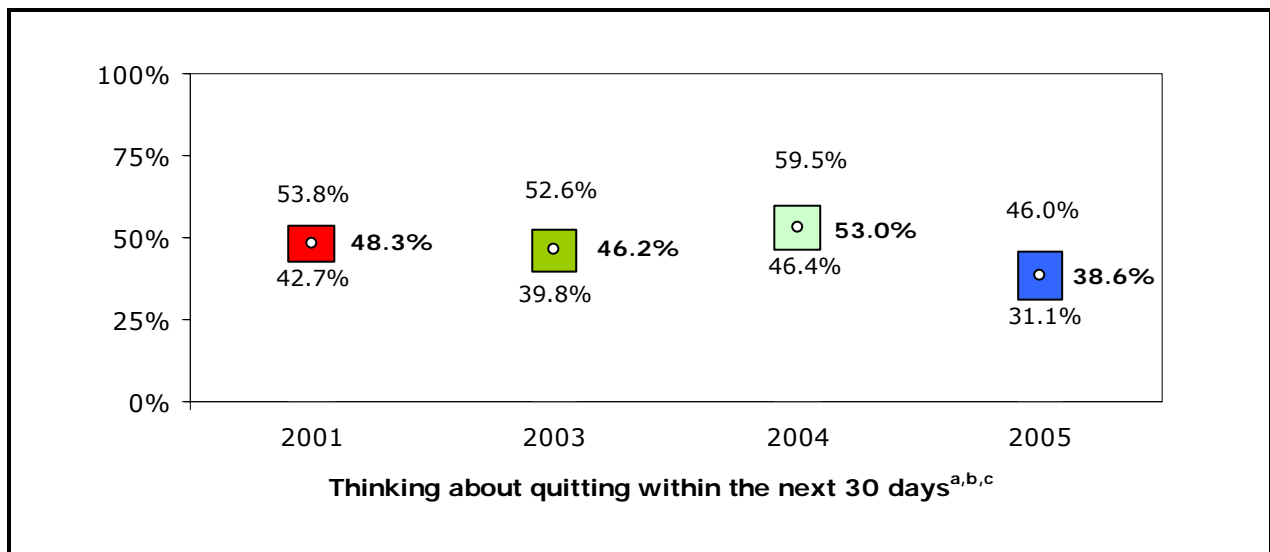


^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 5% level.

^cResults from 2002 were not reported because of a difference in the skip pattern.

Figure 2-57. Seriously Thinking of Quitting Smoking in the Next 30 Days (Current Smokers with Serious Quit Attempt Who Used Cessation Methods Other Than Quit Line)

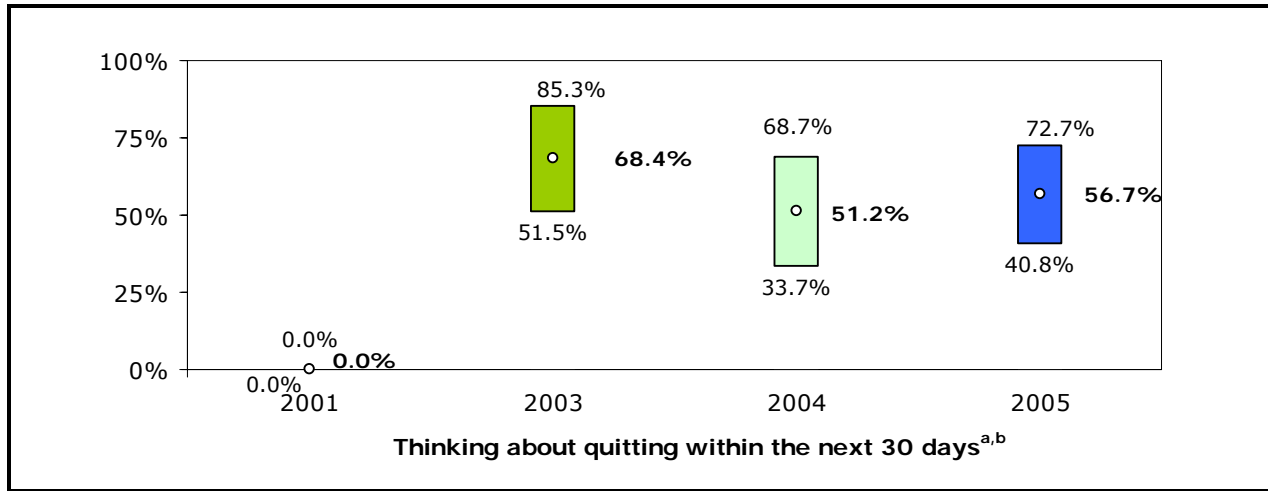


^aChange from 2001 to 2005 is statistically significant at the 5% level.

^bChange from 2004 to 2005 is statistically significant at the 1% level.

^cResults from 2002 are not reported because of a difference in the skip pattern.

Figure 2-58. Seriously Thinking of Quitting Smoking in the Next 30 Days (Current Smokers with Serious Quit Attempt Who Used Quit Line as a Cessation Method)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

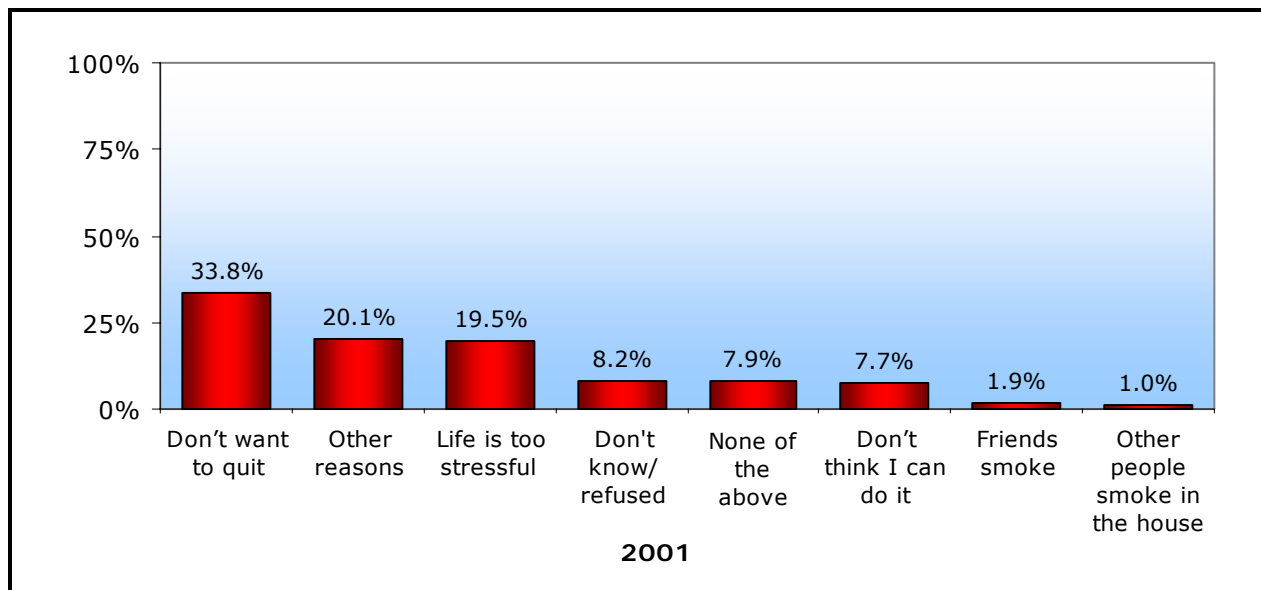
^bResults from 2002 are not reported because of a difference in the skip pattern.

2.3.3 What Reasons Do Vermont Current Smokers Give for Not Being Ready to Quit Smoking?

Figures 2-59 through **2-63** show the reasons Vermont current smokers gave for not being ready to quit smoking. We report estimates for 2001 through 2005; however, we only compare results for 2001, 2003, 2004, and 2005 because of a difference in skip pattern in the 2002 ATS. The percentage of current smokers who reported “none of the above” as the reason for not being ready to quit decreased significantly from 2001 (7.9%) to 2005 (1.8%) ($p < .01$). The following reasons also decreased from 2001 to 2005 (but not significantly): “don’t think I can do it,” “friends smoke,” and “other people smoke in the house.” In contrast, the percentage of current smokers who cited that “life is too stressful” as a reason for not being ready to quit smoking increased significantly from 2001 (19.5%) to 2005 (25.6%) ($p < .05$). The following reasons also increased (but not significantly) from 2001 to 2005: “don’t want to quit,” “don’t know/refused,” and “other reasons.” The percentage of current smokers who reported “don’t think I can do it” decreased significantly from 2004 (8.4%) to 2005 (4.7%) ($p < .05$).

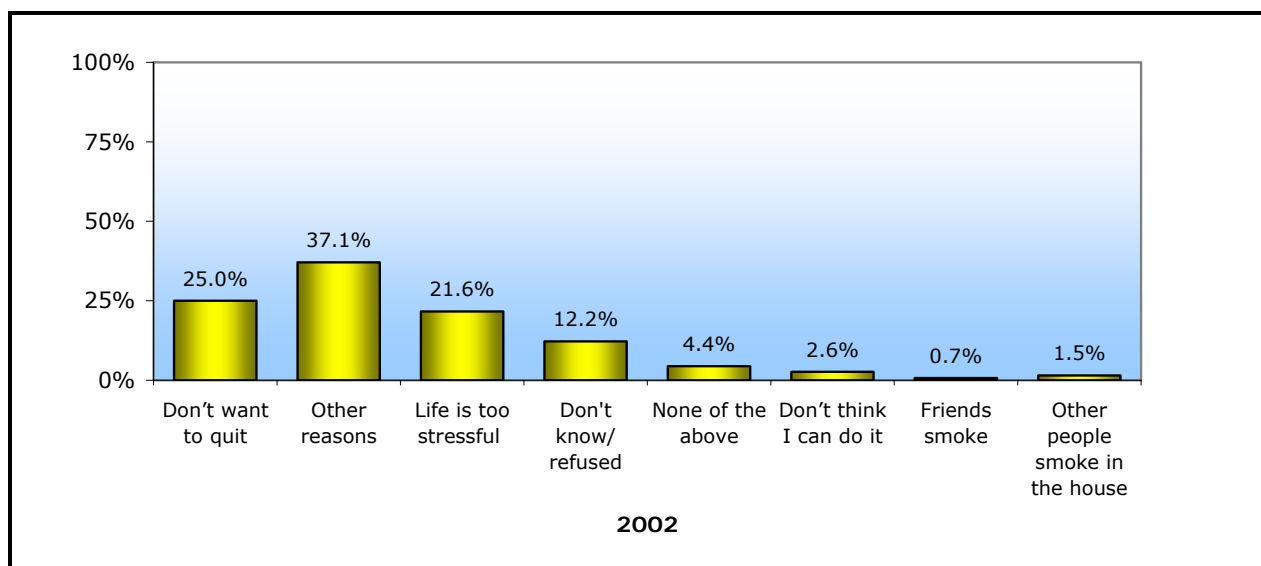
In **Figure 2-60**, we report the reasons for not being ready to quit smoking given in the 2002 ATS for informational purposes only and caution against drawing any conclusions because of the differences in the survey skip patterns mentioned above. In 2002, more than 20% of current smokers cited “don’t want to quit” (25.0%), “other reasons” (21.6%), and “life is too stressful” (21.6%) as reasons for not being ready to quit smoking. Less than 15% reported “don’t know/refused” (12.2%), “none of the above” (4.4%), “don’t think I can do it” (2.6%), “other people smoke in the house” (1.5%), and “friends smoke” (0.7%) as reasons for not being ready to quit smoking.

Figure 2-59. Main Reason for Not Being Ready to Quit Smoking, 2001 (Current Smokers)



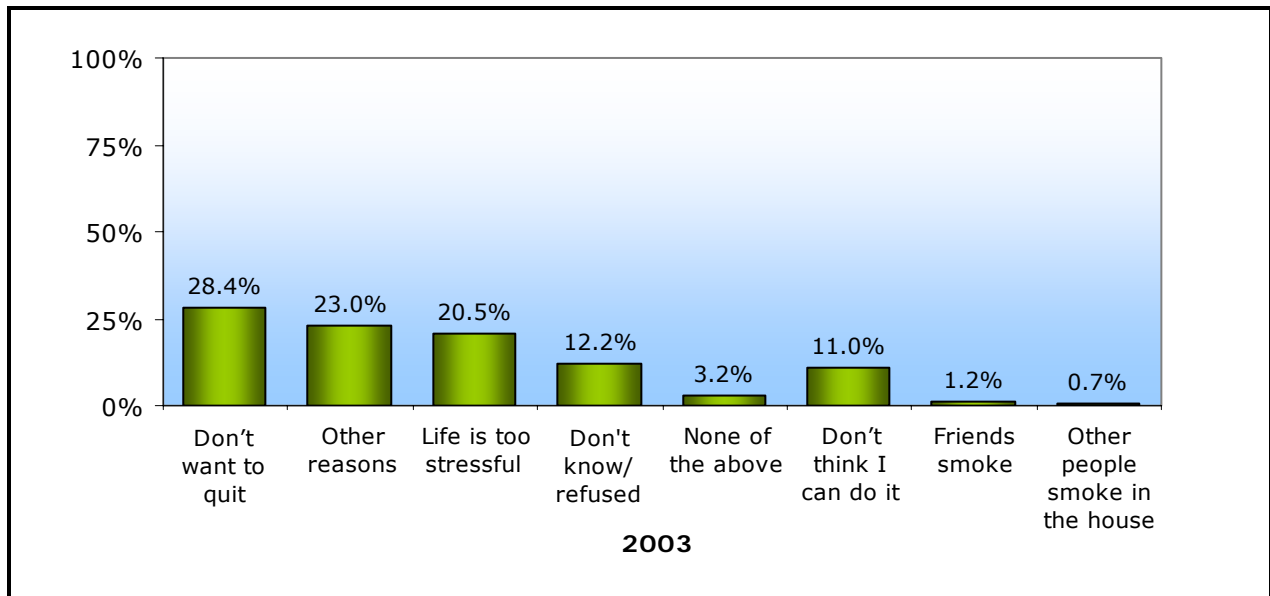
Note: Estimated confidence intervals are reported in Table B-8 in Appendix B.

Figure 2-60. Main Reason for Not Being Ready to Quit Smoking, 2002 (Current Smokers)



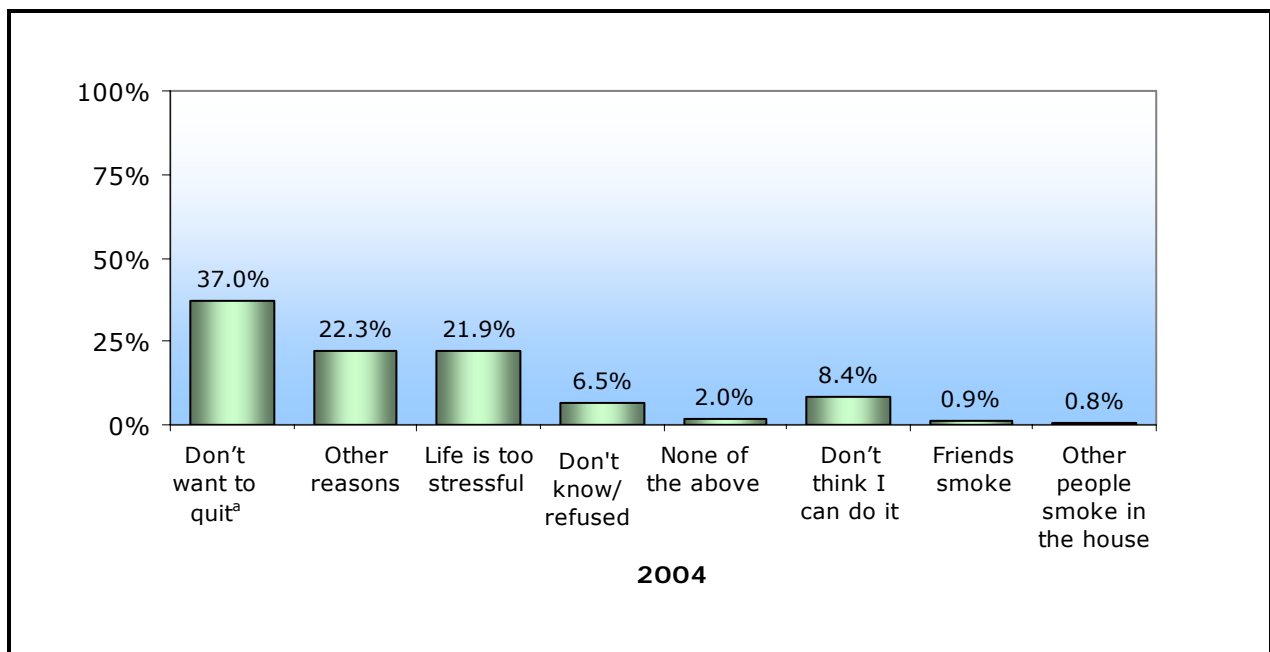
Note: Estimated confidence intervals are reported in Table B-8 in Appendix B.

Figure 2-61. Main Reason for Not Being Ready to Quit Smoking, 2003 (Current Smokers)



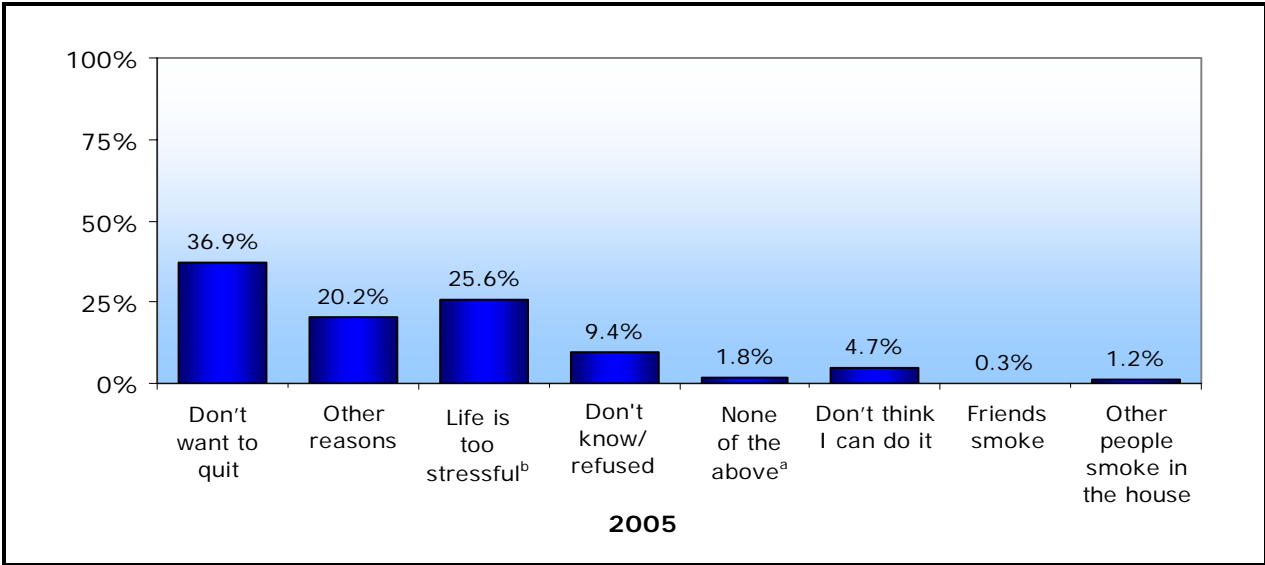
Note: Estimated confidence intervals are reported in Table B-8 in Appendix B.

Figure 2-62. Main Reason for Not Being Ready to Quit Smoking, 2004 (Current Smokers)



Note: Estimated confidence intervals are reported in Table B-8 in Appendix B.

Figure 2-63. Main Reason for Not Being Ready to Quit Smoking, 2005 (Current Smokers)



Note: The estimates confidence intervals are reported in Table B-8 in Appendix B.

^aChange from 2001 to 2005 is statistically significant at the 1% level.

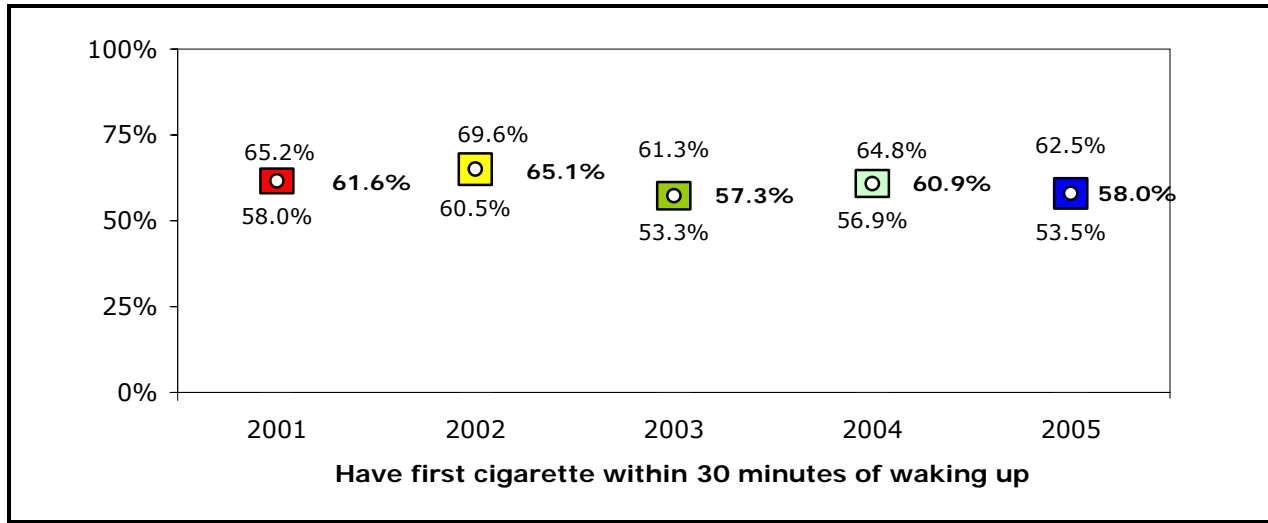
^bChange from 2001 to 2005 is statistically significant at the 5% level.

^cChange from 2004 to 2005 is statistically significant at the 5% level.

2.3.4 How Soon After Waking Up in the Morning Do Vermont Current Smokers Smoke Their First Cigarette?

Figure 2-64 shows the percentage of current smokers who have their first cigarette within 30 minutes of waking up (this estimate is an item in the dependence scale mentioned in Section 2.3.5). Approximately 60% of current smokers had a cigarette within 30 minutes of waking up in 2001 (61.6%), 2002 (65.1%), 2003 (57.3%), 2004 (60.9%), and 2005 (58%). There were no significant differences between 2001 and 2005 or 2004 and 2005.

Figure 2-64. Percentage of Current Smokers Who Have Their First Cigarette Within 30 Minutes of Waking



2.3.5 What is the Level of Dependence Among Vermont Current Smokers as Measured by the Fagerström Test for Nicotine Dependence?

The 2005 ATS included new questions that were not in the 2001 through 2004 ATS. These new questions correspond to the six items that make up the Fagerström Test for Nicotine Dependence (FTND). This scale is a modified version of the original Fagerström Tolerance Questionnaire (FTQ), both of which were developed for measuring nicotine dependence in adult populations (see Payne et al., 1994, for a discussion of the properties of both scales).

The items that make up the scale and the definitions used to categorize the items are displayed in **Table 2-2** (the response categories used here are from Payne et al., 1994). For each item, we display the percentage responding to each of the response categories. The FTND measures nicotine dependence in Vermont current smokers who responded to all six FTND items.

The FTND is commonly used as a measure of dependence among smokers. **Figure 2-65** displays the distribution of the Fagerström scale, which ranges from 0 to 10.²

In this report, the average FTND score was 3.6. We measured the average score by demographic factors (gender, age, education, and income), as well as awareness of the Quit Line and having made a quit attempt. We used a simple pair-wise comparison test of means, adjusted for the sample design, to compare the levels across groups.

²Although the FTND is commonly used as a measure of dependence, there is literature criticizing the measurement properties of the scale and empirical evidence that the items actually measure two dimensions of dependence (Payne et al., 1994).

Table 2-2. Fagerström Test for Nicotine Dependence Category Definitions and Percentage Response

Fagerström Item	Category Definition	Response (%) (N = 669)
Average number of cigarettes smoked per day in the past 30 days for days smoked	0 = ≤10 cigarettes	37.8%
	1 = 11–20 cigarettes	49.9%
	2 = 21–30 cigarettes	8.0%
	3 = ≥31 cigarettes	4.4%
Smokes more frequently during first waking hours than during the rest of the day	0 = no	68.0%
	1 = yes	32.0%
After waking, time before smoking first cigarette	0 = >60 minutes	21.1%
	1 = 31–60 minutes	20.3%
	2 = 6–30 minutes	39.8%
	3 = ≤5 minutes	18.8%
Would hate giving up the first cigarette in the morning the most	0 = no	49.6%
	1 = yes	50.4%
Finds it difficult to refrain from smoking in places where it is forbidden	0 = no	81.6%
	1 = yes	18.4%
Smokes even if so ill that the participant is in bed most of the day	0 = no	74.0%
	1 = yes	26.0%

Figure 2-65. Distribution of the Fagerström Scale for Complete Responses (Current Smokers)

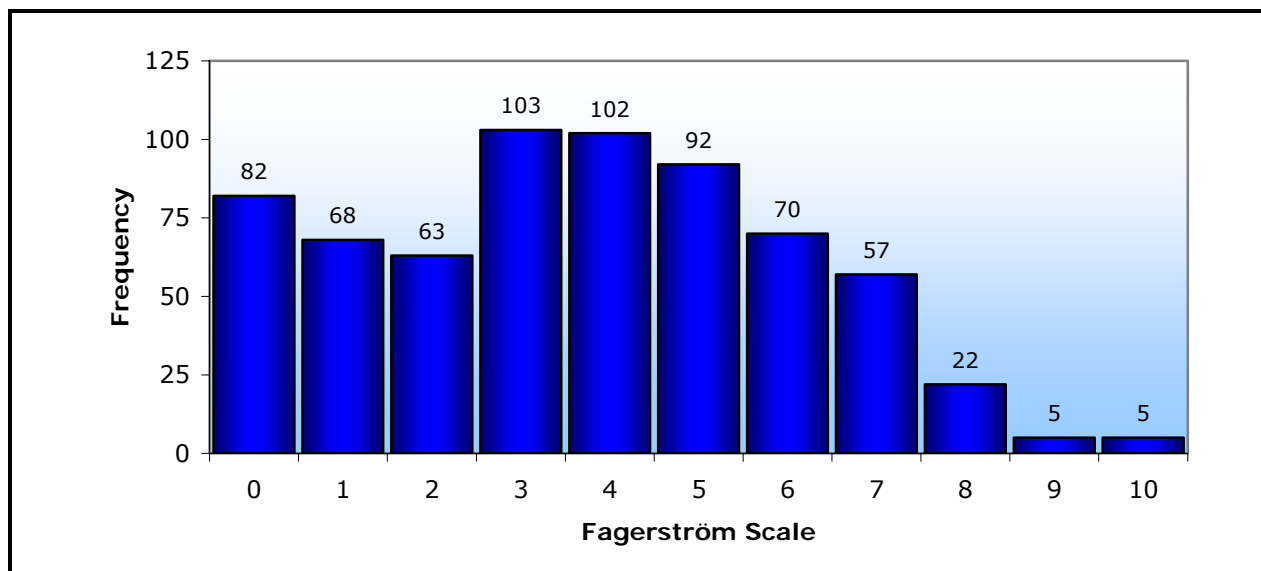
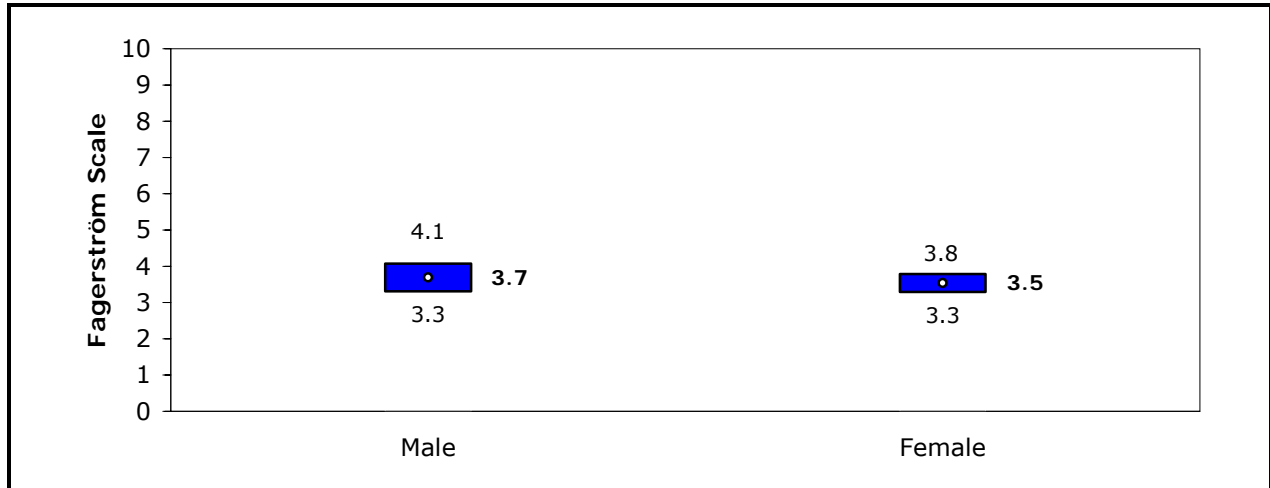


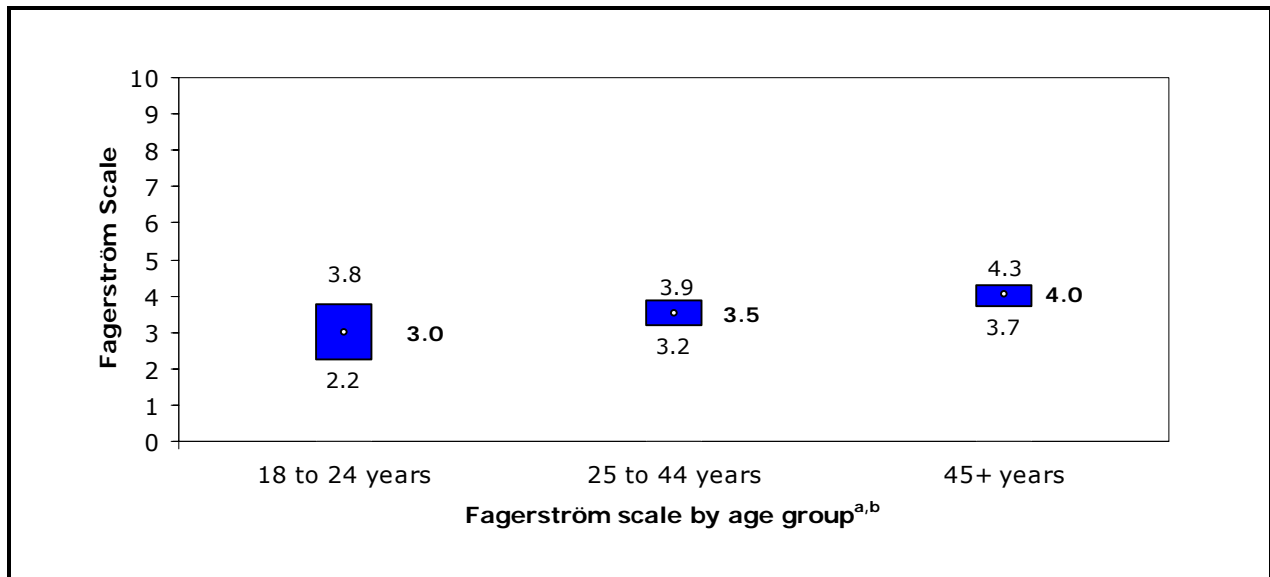
Figure 2-66 shows that males have a slightly higher FTND score than females (3.7 versus 3.5). However, this difference is not statistically significant.

Figure 2-66. Average Fagerström Score, by Gender (Current Smokers)



As shown in **Figure 2-67**, smokers aged 45 or older have significantly higher levels of dependence as measured by the FTND than smokers aged 18 to 24 (3.0) or 25 to 44 (3.5) ($p < .05$). This result is probably related to older smokers having been smoking for a longer period of time (building up tolerance) and the most addicted smokers having more trouble quitting.

Figure 2-67. Average Fagerström Score, by Age Group (Current Smokers)

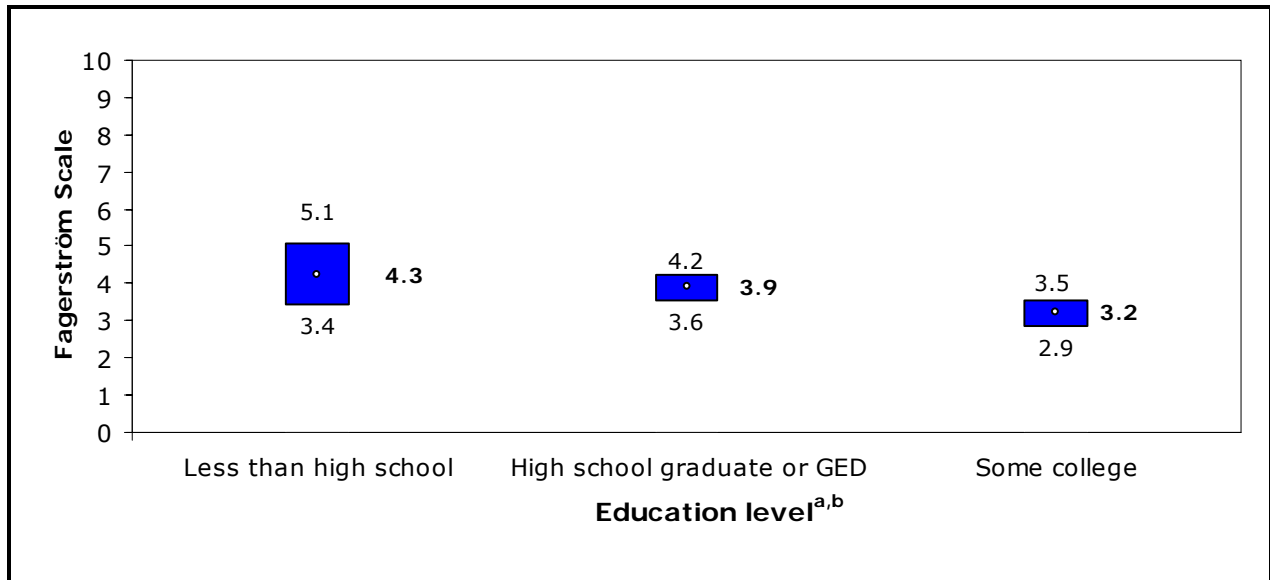


^aChange between 18–24 and 45+ is statistically significant at the 5% level.

^bChange between 25–44 and 45+ is statistically significant at the 5% level.

Figure 2-68 shows that the FTND score is highest among those with the least amount of education (4.3 for those with less than a high school education) and decreases as education level increases (to 3.9 for those who graduated from high school or have a GED and 3.2 for those with at least some college education). The differences between those with at least some college education and those in a lower level of educational attainment are significantly different ($p < .5$). Similarly, FTND scores decrease as income level increases (see **Figure 2-69**) from 4.1 for those with incomes less than \$25,000 to 3.5 for those with incomes between \$25,000 and less than \$75,000 and 3.1 for those with incomes of \$75,000+. The difference between those with incomes less than \$25,000 and those with incomes between \$25,000 and \$75,000 is statistically significant ($p < .5$), as is the difference between those with income less than \$25,000 and those with income more than \$75,000 ($p < .1$). These results are consistent with evidence suggesting that lower socioeconomic status individuals are heavier smokers or more addicted to smoking.³

Figure 2-68. Average Fagerström Score, by Education Level (Current Smokers)

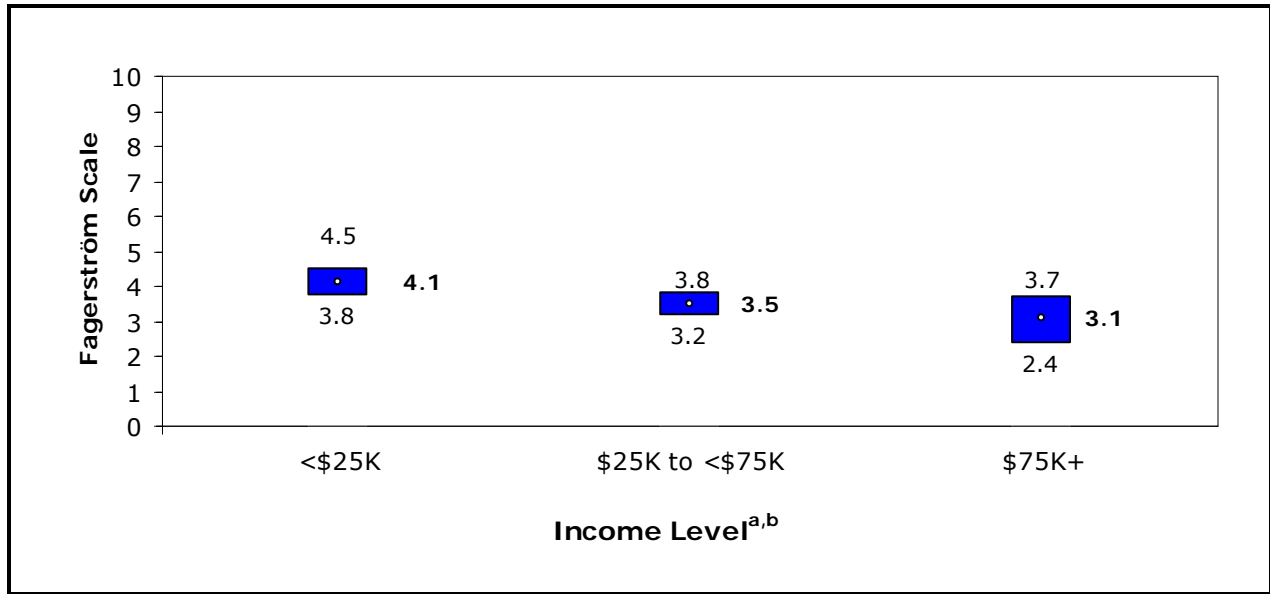


^aDifference between less than a high school degree and some college is statistically significant at the 5% level.

^bDifference between high school graduate or GED and some college is statistically significant at the 5% level.

³Further examination of differences in smoking intensity (e.g., days smoked out of the past 30, number of cigarettes per day) might explain the observed differences in the FTND scores across education and income groups (i.e., those with lower education and income levels might simply smoke more).

Figure 2-69. Average Fagerström Score, by Income Level (Current Smokers)



^aDifference between <\$25K and \$25K to <\$75K is statistically significant at the 5% level.

^bDifference between <\$25K and \$75K+ is statistically significant at the 1% level.

Smokers who had heard of the Quit Line had a lower mean FTND score (3.6) than smokers who had not heard of the Quit Line (see **Figure 2-70**). In addition, smokers who reported making a quit attempt in the past 12 months had a slightly lower FTND score on average (3.5) than smokers who did not report making a quit attempt (3.8) (see **Figure 2-71**). However, neither of these differences are statistically significant.

Figure 2-70. Average Fagerström Score, by Those Who Have or Have Not Heard of the Vermont Quit Line (Current Smokers)

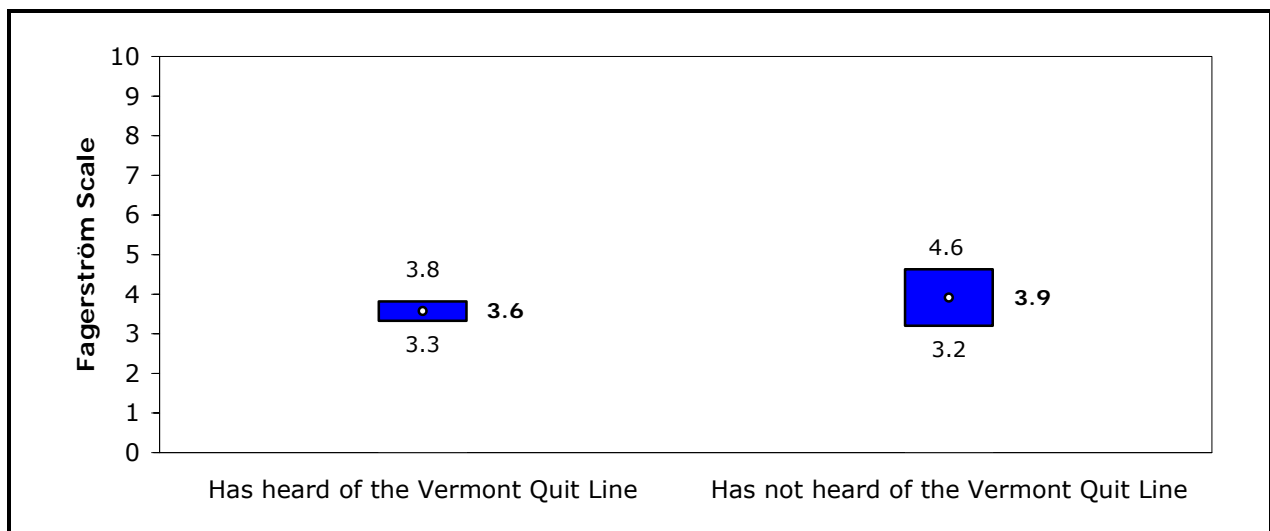
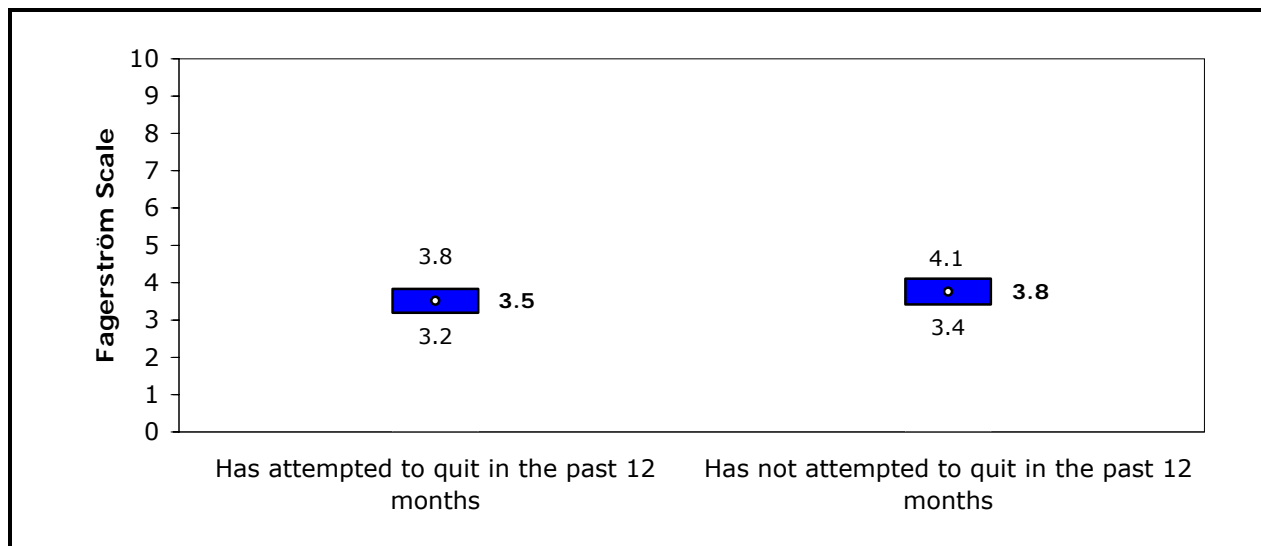


Figure 2-71. Average Fagerström Score, by Quit Attempt in the Past 12 Months (Current Smokers)

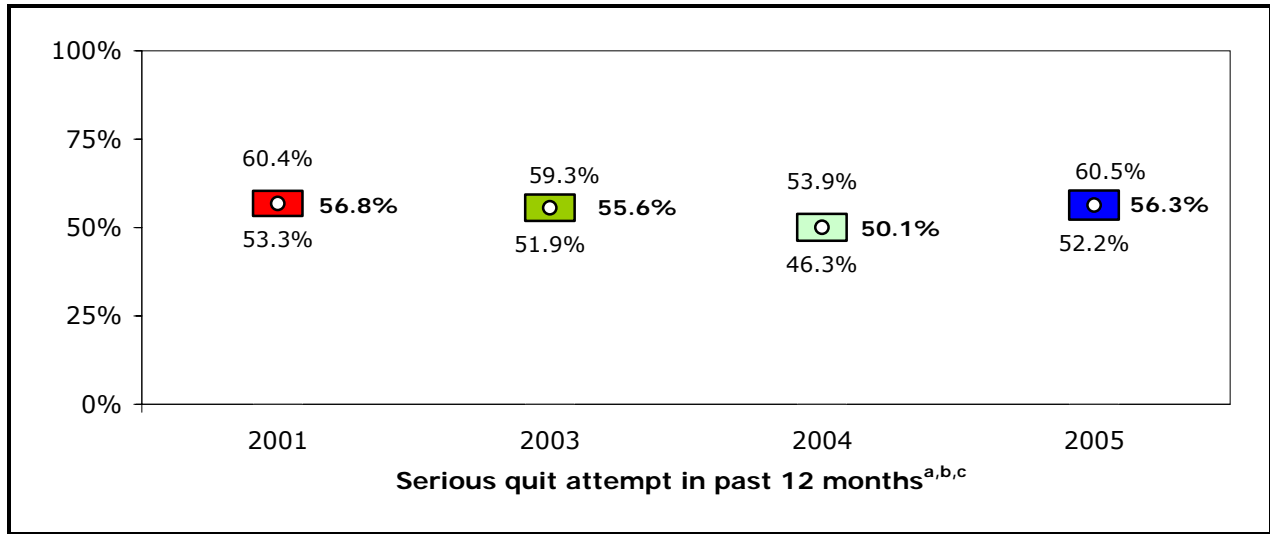


2.3.6 How Many Vermont Current Smokers and Recent Quitters Have Tried to Quit Smoking in the Past 12 Months?

Figure 2-72 shows the percentage of current smokers and recent quitters who reported making a serious quit attempt in the past 12 months. The increase from 2004 (50.1%) to 2005 was statistically significant ($p < .05$). As previously mentioned, the definition for quit attempts does not allow us to compare 2002 results with 2001, 2003, 2004, or 2005 results; therefore, results for 2002 are not reported. The percentage of current smokers and recent quitters with a serious quit attempt in the past 12 months significantly decreased from 2001 (52.0%) to 2005 (48.2%) ($p < .05$) and increased (but not significantly) from 2004 to 2005 (42.8%) (results not shown).

Figures 2-73 through *2-76* compare the percentages of current smokers with a serious quit attempt in the past 12 months and recent quitters, by gender, age group, education level, and income level, respectively. In 2005, women (63.2%) were significantly more likely than men (50.5%) to make a serious quit attempt ($p < .01$). In 2001, respondents over the age of 45 (50.3%) were significantly less likely to seriously attempt quitting than respondents aged 18 to 24 (61.8%) and 25 to 44 (59.0%) ($p < .05$). In 2001, individuals with less than a high school degree (41.7%) were significantly less likely to report a serious quit attempt than individuals with a high school degree or GED (56.8%) or individuals with at least some college (60.8%) ($p < .01$). There were no significant differences between income levels for the years of reported data.

Figure 2-72. Percentage of Current Smokers and Recent Quitters with Serious Quit Attempt in the Past 12 Months

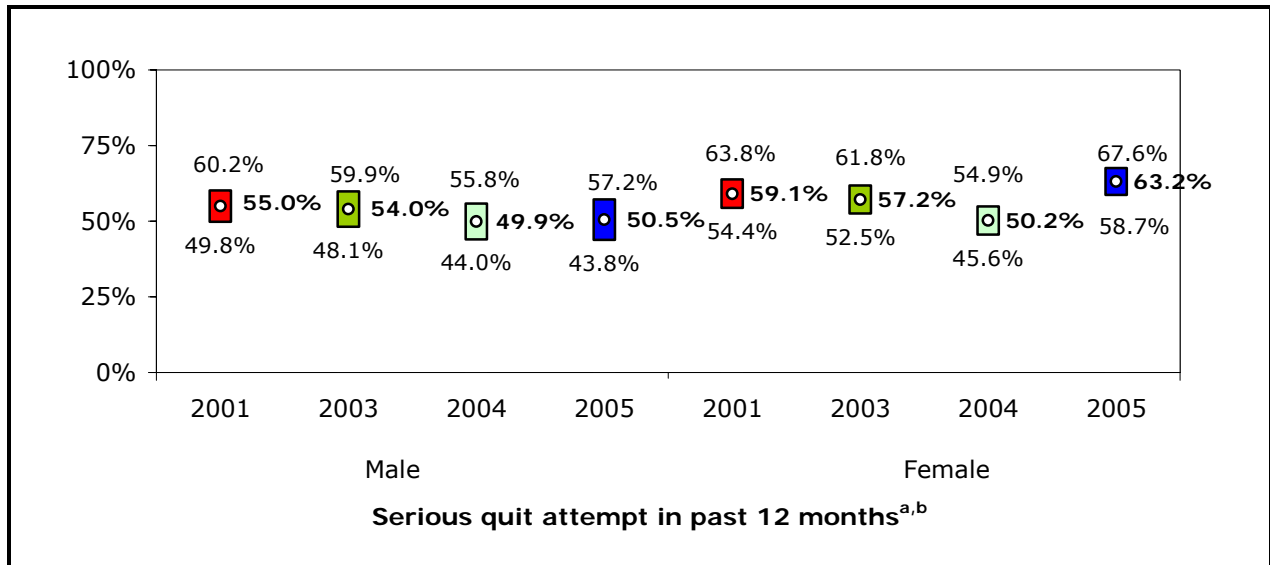


^aChange from 2004 to 2005 is statistically significant at the 5% level.

^b(# recent quitters + # current smokers who had serious quit attempts in the last 12 months)/ # Vermont smokers.

^cNew definition of serious quit attempt does not apply to 2002 ATS.

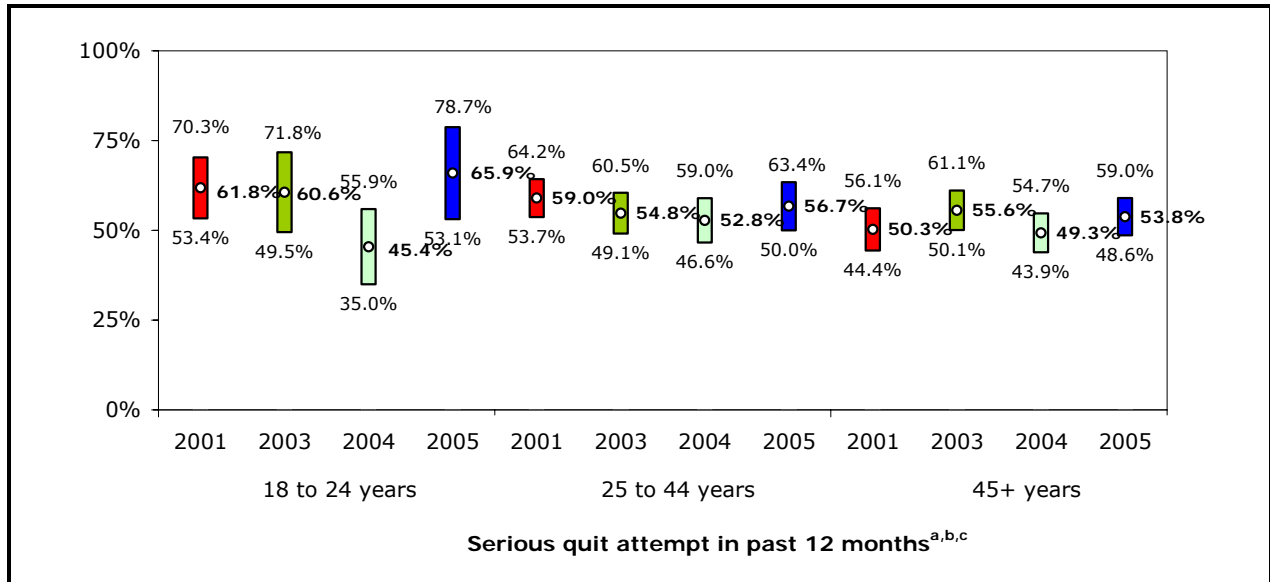
Figure 2-73. Percentage of Current Smokers and Recent Quitters with Serious Quit Attempt in the Past 12 Months, by Gender



^aDifference between male and female is statistically significant at the 1% level in 2005.

^bNew definition of serious quit attempt does not apply to 2002 ATS.

Figure 2-74. Percentage of Current Smokers and Recent Quitters with Serious Quit Attempt in the Past 12 Months, by Age Group

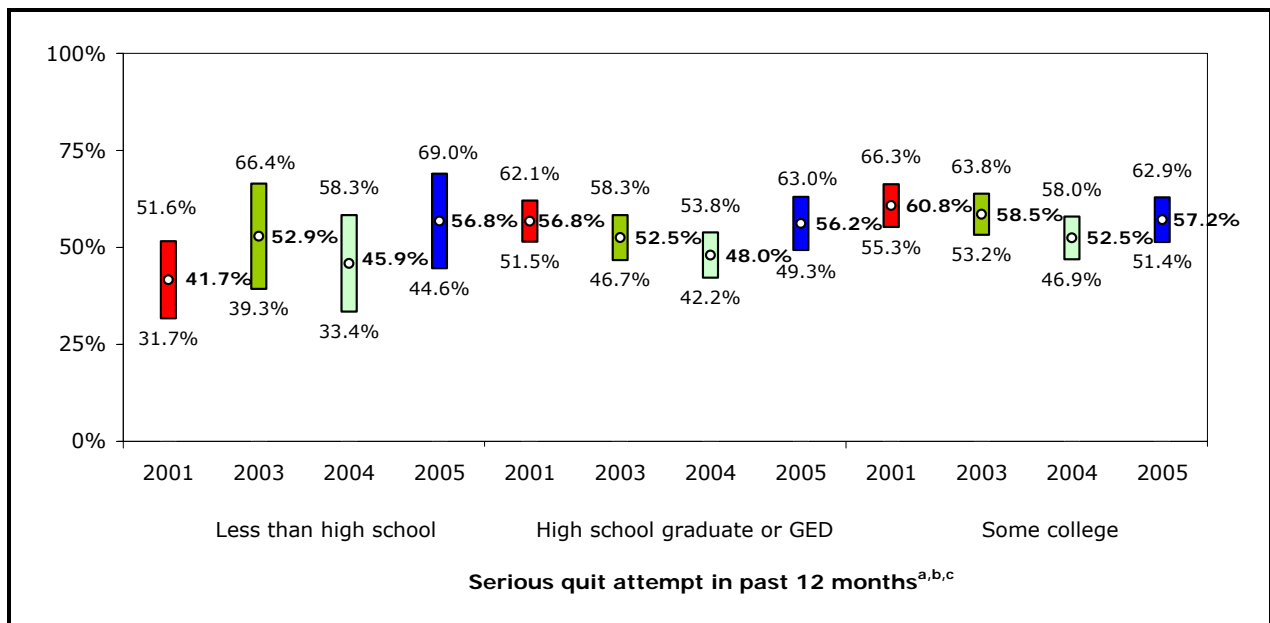


^aDifference between 18–24 and 45+ is statistically significant at the 5% level in 2001.

^bDifference between 25–44 and 45+ is statistically significant at the 5% level in 2001.

^cNew definition of serious quit attempt does not apply to 2002 ATS.

Figure 2-75. Percentage of Current Smokers and Recent Quitters with Serious Quit Attempt in the Past 12 Months, by Education Level

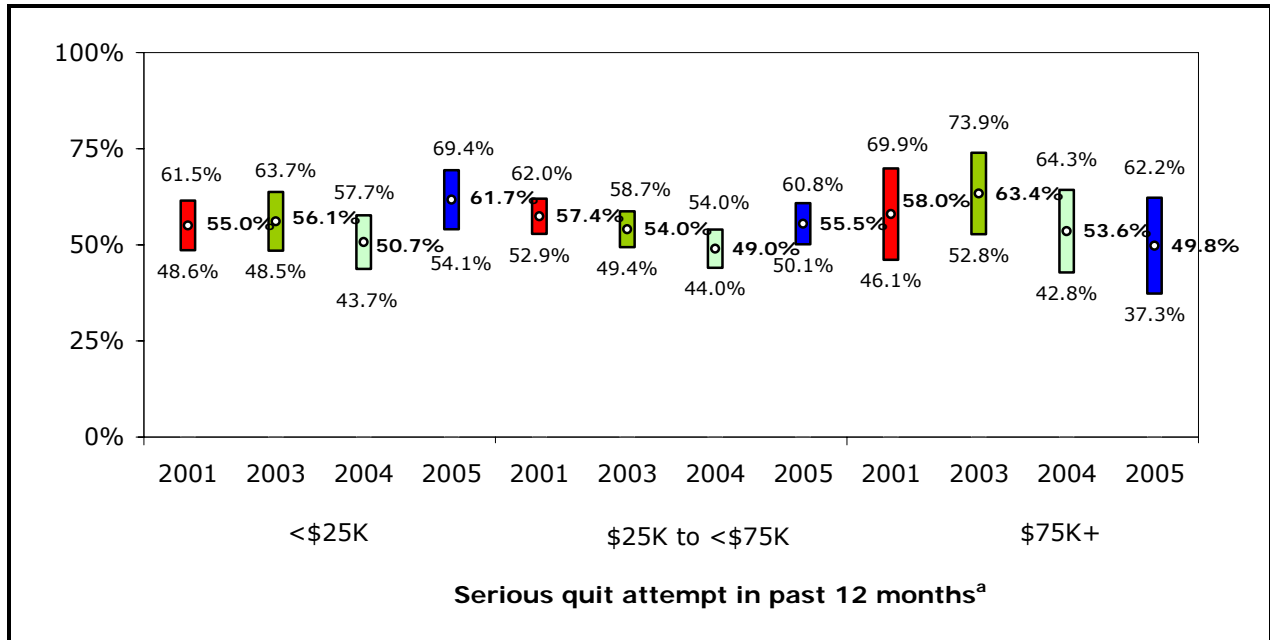


^aDifference between less than a high school degree and high school graduate or GED is statistically significant at the 1% level in 2001.

^bDifference between less than a high school degree and some college is statistically significant at the 1% level in 2001.

^cNew definition of serious quit attempt does not apply to 2002 ATS.

Figure 2-76. Percentage of Current Smokers and Recent Quitters with Serious Quit Attempt in the Past 12 Months, by Income Level



^aNew definition of serious quit attempt does not apply to 2002 ATS.

Figure 2-77 shows the percentage of current smokers who made either a gradual or an abrupt quit attempt in the past 12 months. In 2005, 65.7% of current smokers tried to quit abruptly (i.e., cold turkey), and 34.3% of current smokers tried to quit gradually.

Figure 2-77. Percentage of Current Smokers Who Made a Quit Attempt in the Past 12 Months Describing Their Most Recent Quit Attempt

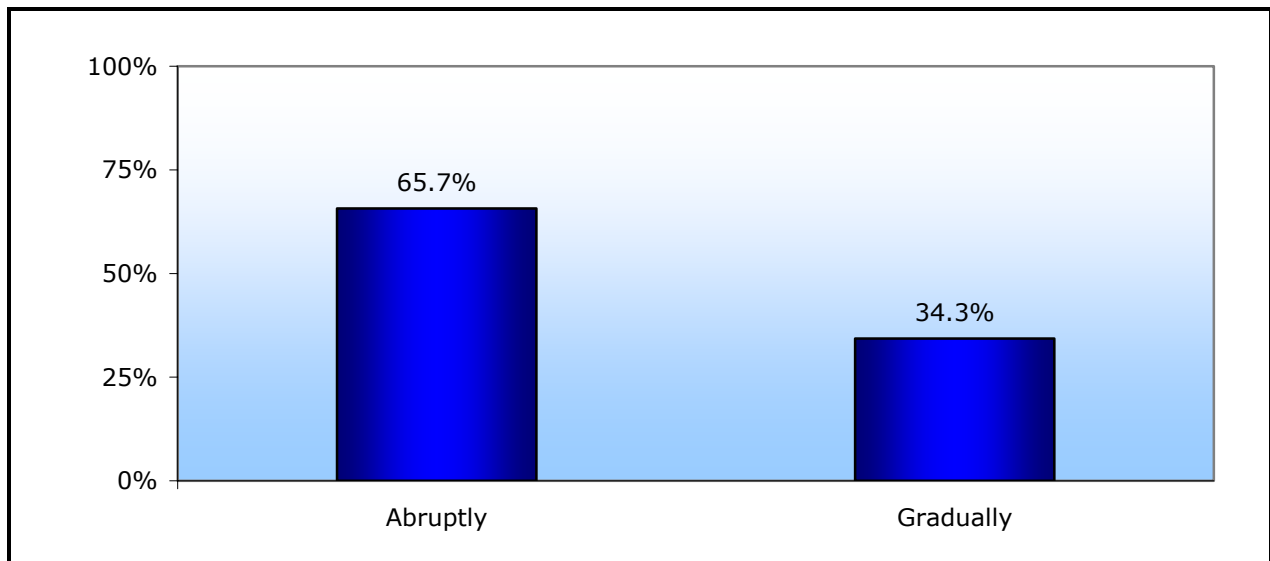
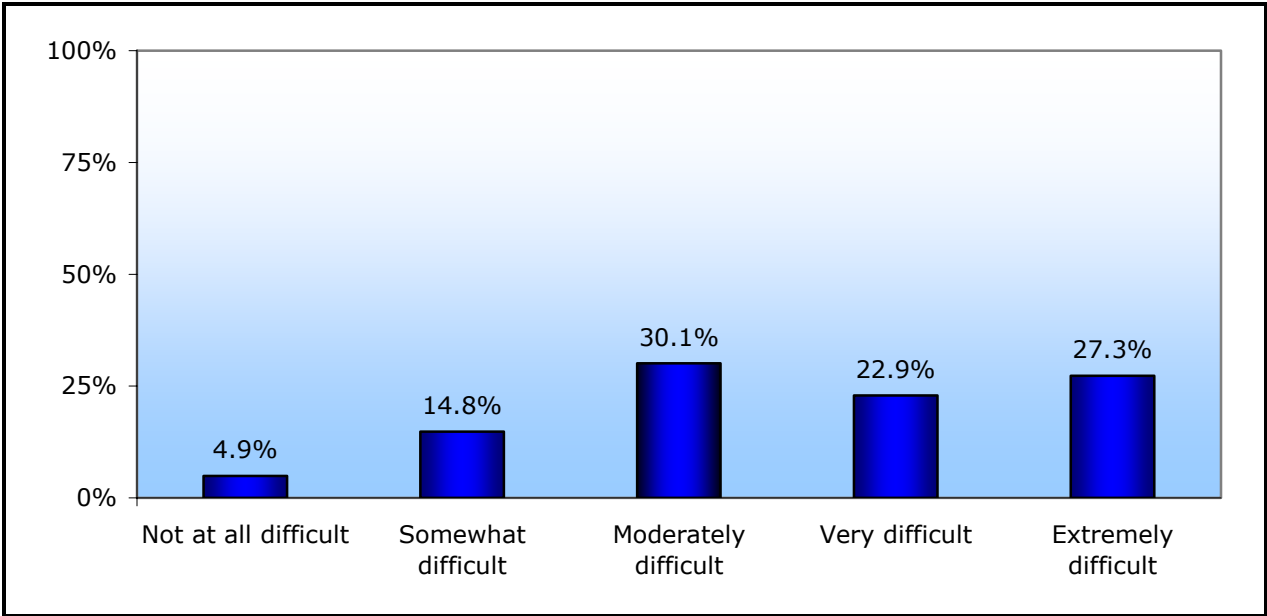


Figure 2-78 shows the relative difficulty in quitting smoking among current smokers who had a serious quit attempt in the past 12 months. The 2005 ATS asks smokers how difficult it was to stay off cigarettes in their last quit attempt. Overall, 4.9% of current smokers indicated that it was “not at all difficult” to stay off cigarettes, whereas 14.8% found it somewhat difficult and 30.1% found it moderately difficult. Over 22% (22.9%) found it very difficult to stay off cigarettes after their most recent quit attempt, and 27.3% found it extremely difficult to stay off cigarettes in their last quit attempt.

Figure 2-78. Percentage of Current Smokers Who Made a Quit Attempt in the Past 12 Months Describing Difficulty of Staying Off Cigarettes During Their Most Recent Quit Attempt



3. SECONDHAND SMOKE AND WORKPLACE SMOKING

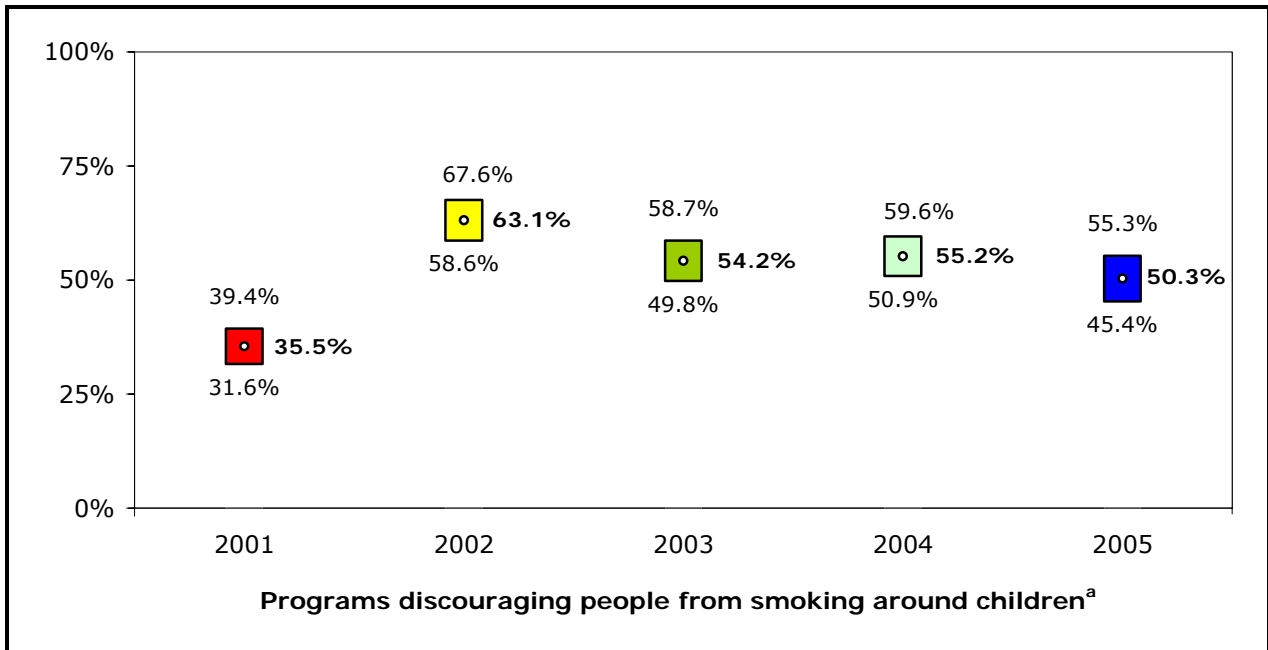
3.1 Short-Term Outcomes

a. Awareness of Local Programs to Discourage Smoking Around Children

3.1.1 How Many Vermont Smokers and Vermonters Are Aware of Local Programs That Discourage Smoking Around Children?

Figure 3-1 shows Vermont smokers' awareness of programs that discourage smoking around children. In 2005, 50.3% of Vermont smokers reported awareness of programs discouraging smoking around children, a statistically significant increase from 2001 (35.5%) ($p < .01$).

Figure 3-1. Awareness of Programs That Discourage Smoking Around Children (Smokers)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

Figure 3-2 shows Vermont smokers' awareness of programs that discourage smoking around children, by gender. In 2005, 45.8% of male smokers were aware of programs that discouraged smoking around children compared with 55.3% of female smokers. Awareness of programs that discourage smoking around children did not differ significantly by gender in any of the five years in our analysis.

Figure 3-2. Awareness of Programs That Discourage Smoking Around Children, by Gender (Smokers)

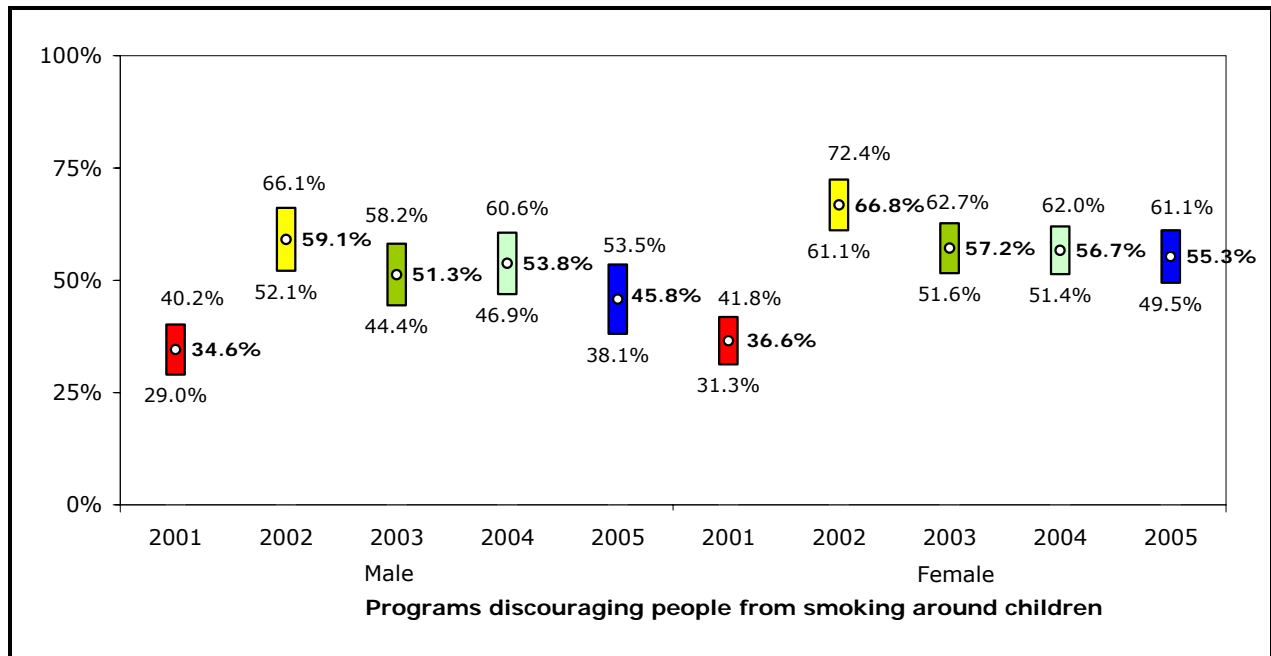
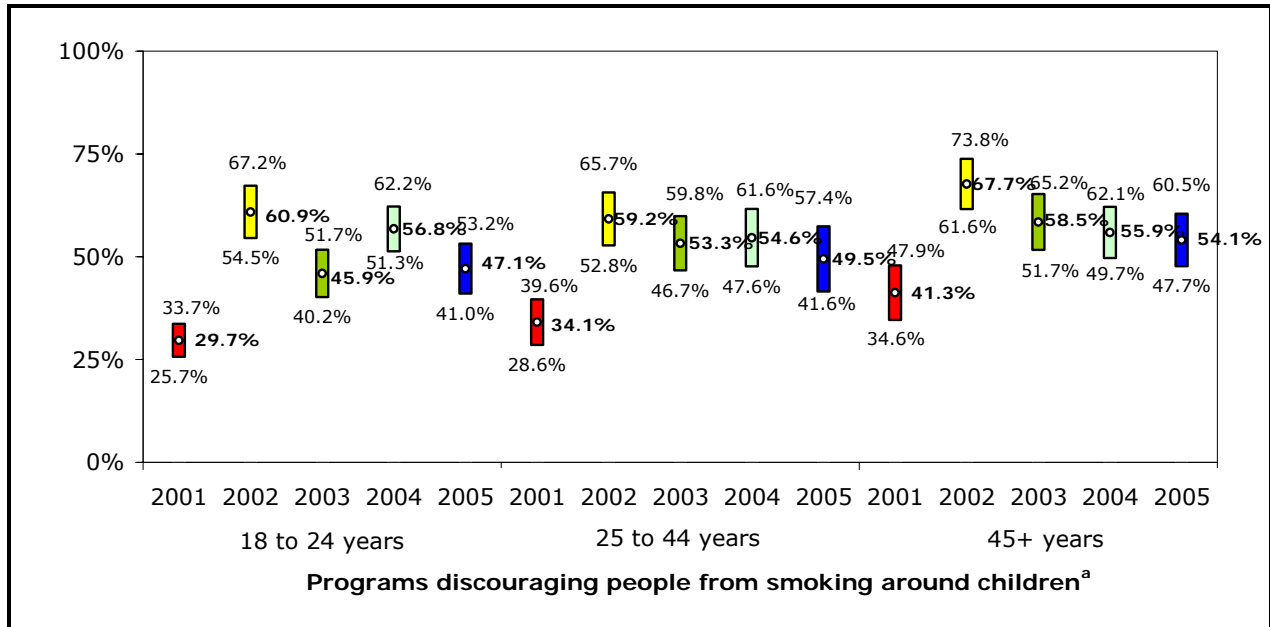


Figure 3-3 shows Vermont smokers’ awareness of programs that discourage smoking around children, by age group. The only statistically significant difference in awareness of programs reported by age group is in 2001, where significantly more smokers aged 45 or older (41.3%) than smokers aged 18 to 24 (29.7%) reported awareness of programs that discourage smoking around children ($p < .05$).

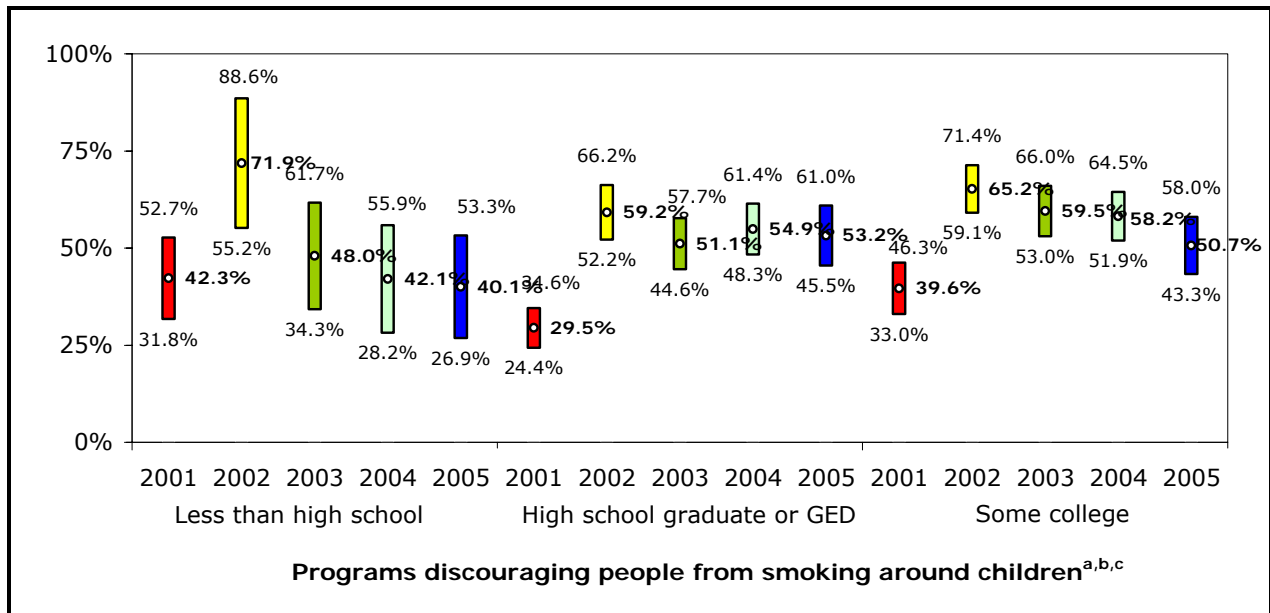
Figure 3-4 shows Vermont smokers’ awareness of programs that discourage smoking around children, by education level. In 2001, smokers with only a high school degree or a GED (29.5%) reported significantly lower awareness of programs that discourage smoking around children than smokers with less than a high school degree (42.3%) or with at least some college education (39.6%) ($p < .05$). In 2004, smokers with less than a high school degree (42.1%) reported significantly lower awareness of programs that discourage smoking around children than smokers with at least some college education (58.2%) ($p < .05$).

Figure 3-3. Awareness of Programs That Discourage Smoking Around Children, by Age Group (Smokers)



^aDifference between 18–24 years and 45+ years is statistically significant at the 5% level in 2001.

Figure 3-4. Awareness of Programs That Discourage Smoking Around Children, by Education Level (Smokers)



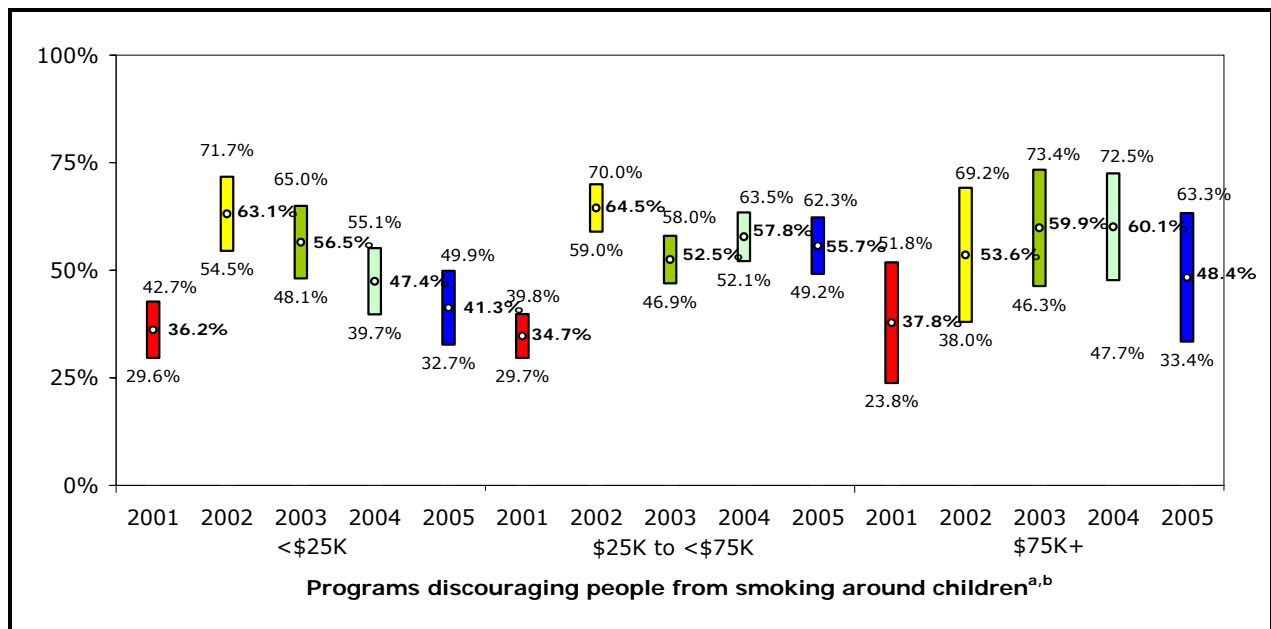
^aDifference between less than a high school degree and high school graduate or GED is statistically significant at the 5% level in 2001.

^bDifference between high school graduate or GED and some college is statistically significant at the 5% level in 2001.

^cDifference between less than a high school degree and some college is statistically significant at the 5% level in 2004.

Figure 3-5 shows Vermont smokers’ awareness of programs that discourage smoking around children, by income level. In 2004, reported awareness of programs discouraging people from smoking around children was significantly lower among smokers with an income less than \$25,000 (47.4%) than among smokers with an income between \$25,000 and less than \$75,000 (57.8%) ($p < .05$). In 2005, reported awareness of programs that discourage smoking around children was significantly higher among smokers with an income less than \$25,000 (41.3%) than among smokers with an income between \$25,000 and less than \$75,000 (55.7%) ($p < .05$).

Figure 3-5. Awareness of Programs That Discourage Smoking Around Children, by Income Level (Smokers)



^aDifference between < \$25K and \$25K–< \$75K+ is statistically significant at the 5% level in 2004.

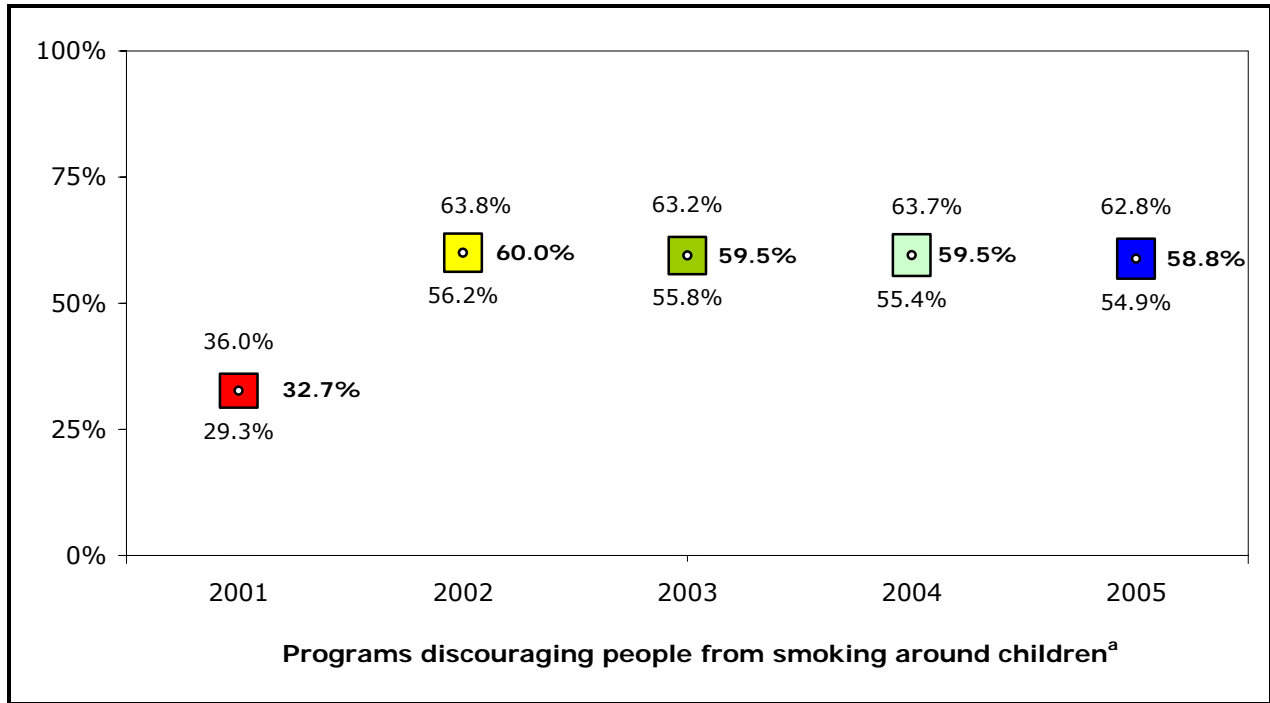
^bDifference between < \$25K and \$25K–< \$75K+ is statistically significant at the 5% level in 2005.

Figure 3-6 shows nonsmokers’ awareness of programs that discourage smoking around children. In 2005, 58.8% of Vermont nonsmokers reported awareness of programs that discourage smoking around children, a statistically significant increase from 2001 (32.7%) ($p < .01$).

Figure 3-7 shows Vermonters’ awareness of programs that discourage smoking around children. In 2005, 56.7% of Vermonters reported awareness of programs that discourage smoking around children, a statistically significant increase from 2001 (33.3%) ($p < .01$).

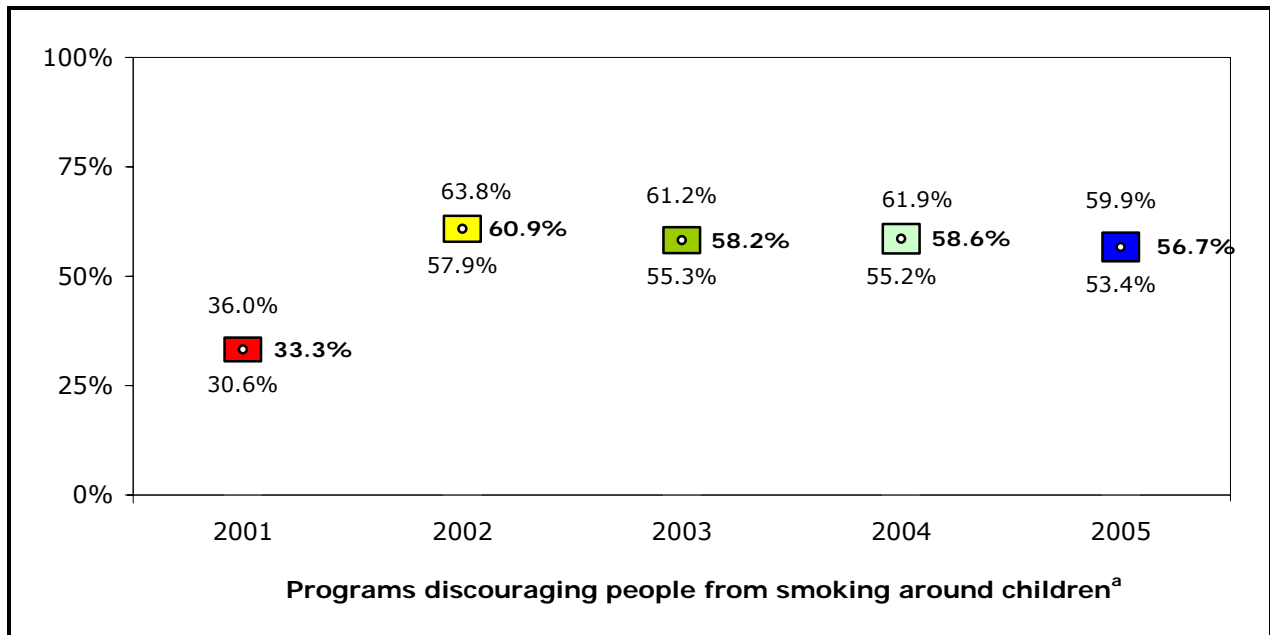
Figure 3-8 shows Vermonters’ awareness of programs that discourage smoking around children, by gender. Awareness of programs that discourage smoking around children did not differ by gender for any of the years included in our analyses.

Figure 3-6. Awareness of Programs That Discourage Smoking Around Children (Nonsmokers)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

Figure 3-7. Awareness of Programs That Discourage Smoking Around Children (Overall)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

Figure 3-8. Awareness of Programs That Discourage Smoking Around Children, by Gender (Overall)

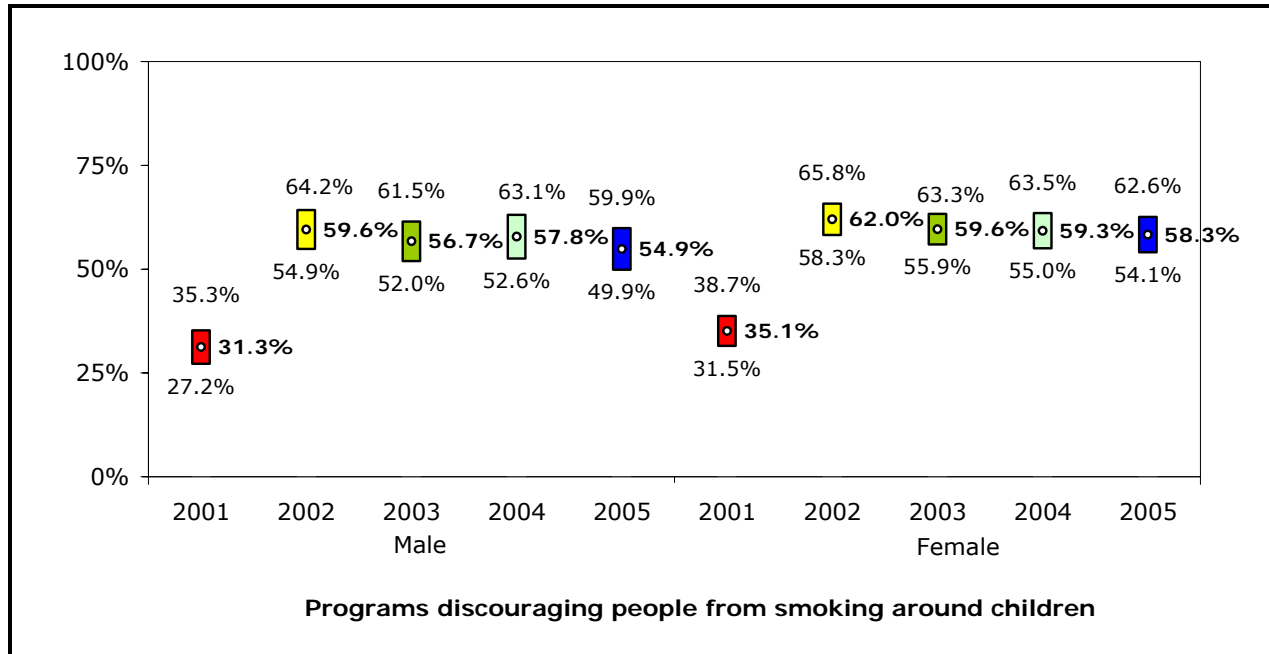
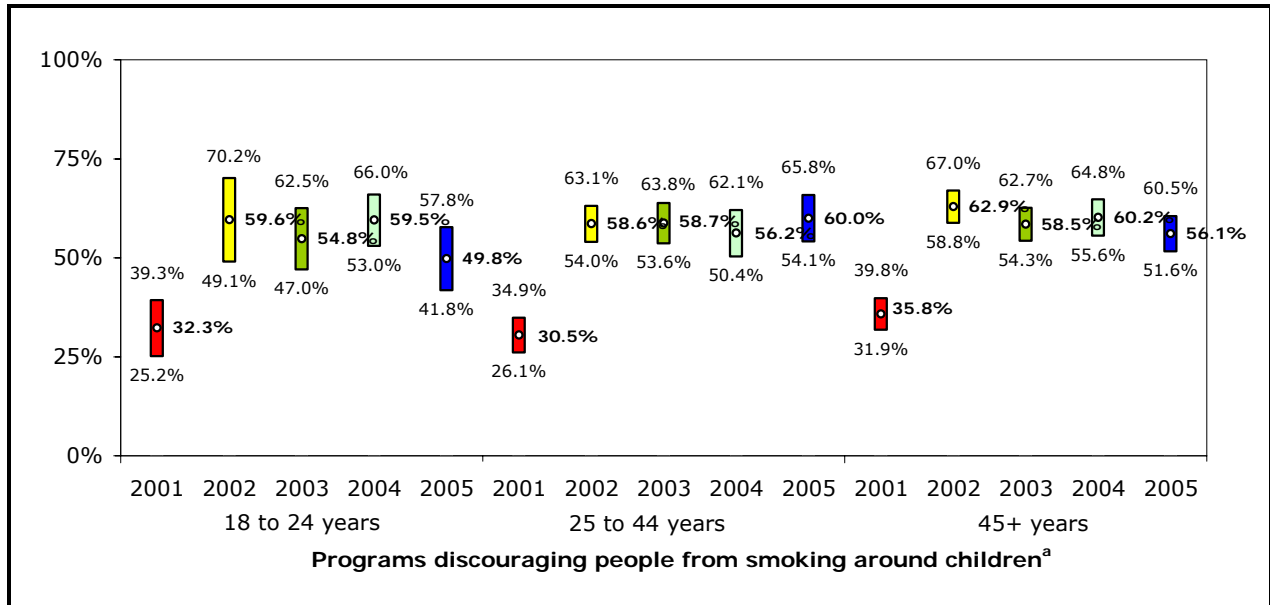


Figure 3-9 shows Vermonters’ awareness of programs that discourage smoking around children, by age group. The only statistically significant difference in awareness of programs reported by age group is in 2005, where significantly more Vermonters aged 25 to 44 (60.0%) reported awareness of programs that discourage smoking around children than Vermonters aged 18 to 24 (49.8%) ($p < .05$).

Figure 3-10 shows Vermonters’ awareness of programs that discourage smoking around children, by education level. In 2001, Vermonters with only a high school degree or a GED (30.6%) reported significantly lower awareness of programs that discourage smoking around children than Vermonters with less than a high school degree (42.2%) ($p < .05$). In 2003, Vermonters with only a high school degree or a GED (54.4%) reported significantly lower awareness of programs that discourage smoking around children than Vermonters with at least some college (61.1%) ($p < .05$). In 2004, Vermonters with only a high school degree or a GED (53.0%) reported significantly lower awareness of programs that discourage smoking around children than Vermonters with at least some college (63.1%) ($p < .05$) and Vermonters with less than a high school degree (47.4%) ($p < .05$). In 2005, Vermonters with less than a high school degree (41.2%) reported significantly lower awareness of programs that discourage smoking around children than Vermonters with only a high school degree or a GED (55.2%) ($p < .05$) and Vermonters with at least some college (59.3%) ($p < .01$).

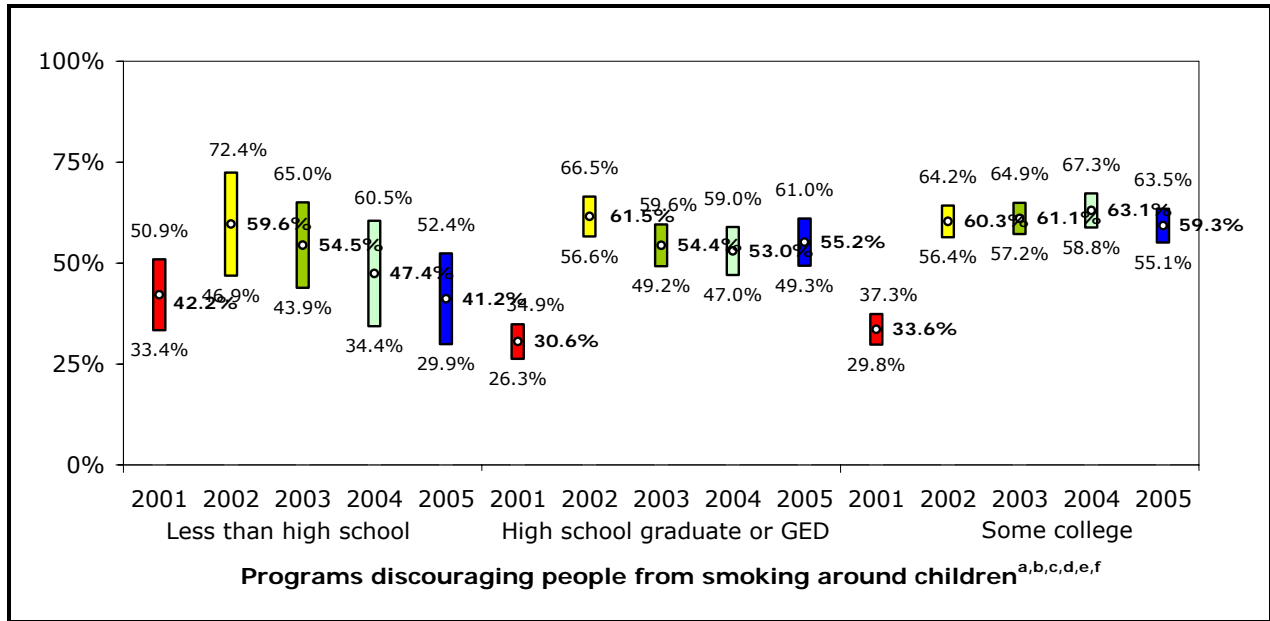
Figure 3-9. Awareness of Programs That Discourage Smoking Around Children, by Age Group (Overall)



^aDifference between 18–24 years and 25–44 years is statistically significant at the 5% level in 2005.

Figure 3-11 shows Vermonters’ awareness of programs that discourage smoking around children, by income level. In 2001, significantly more Vermonters with an annual income less than \$25,000 (38.6%) reported awareness of programs discouraging smoking around children than Vermonters with an annual income of \$25,000 to less than \$75,000 (31.0%) ($p < .05$). In 2004, significantly more Vermonters with an annual income of \$75,000 or more (66.1%) reported awareness of programs that discourage smoking around children than Vermonters with an income of less than \$25,000 (50.1%) ($p < .01$). Reported awareness of programs also differed significantly in 2004 between Vermonters with an annual income of \$25,000 to less than \$75,000 (58.9%) and Vermonters with an income of less than \$25,000 (50.1%) ($p < .05$). In 2005, significantly more Vermonters with an annual income of \$75,000 or more (67.2%) reported awareness of programs that discourage smoking around children than Vermonters with an income of less than \$25,000 (50.4%) ($p < .01$). Reported awareness of programs also differed significantly in 2005 between Vermonters with an annual income of more than \$75,000 (67.2%) and Vermonters with an income of \$25,000 to less than \$75,000 (55.3%) ($p < .01$).

Figure 3-10. Awareness of Programs That Discourage Smoking Around Children, by Education Level (Overall)



^aDifference between less than a high school degree and high school graduate or GED is statistically significant at the 5% level in 2001.

^bDifference between high school graduate or GED and some college is statistically significant at the 5% level in 2003.

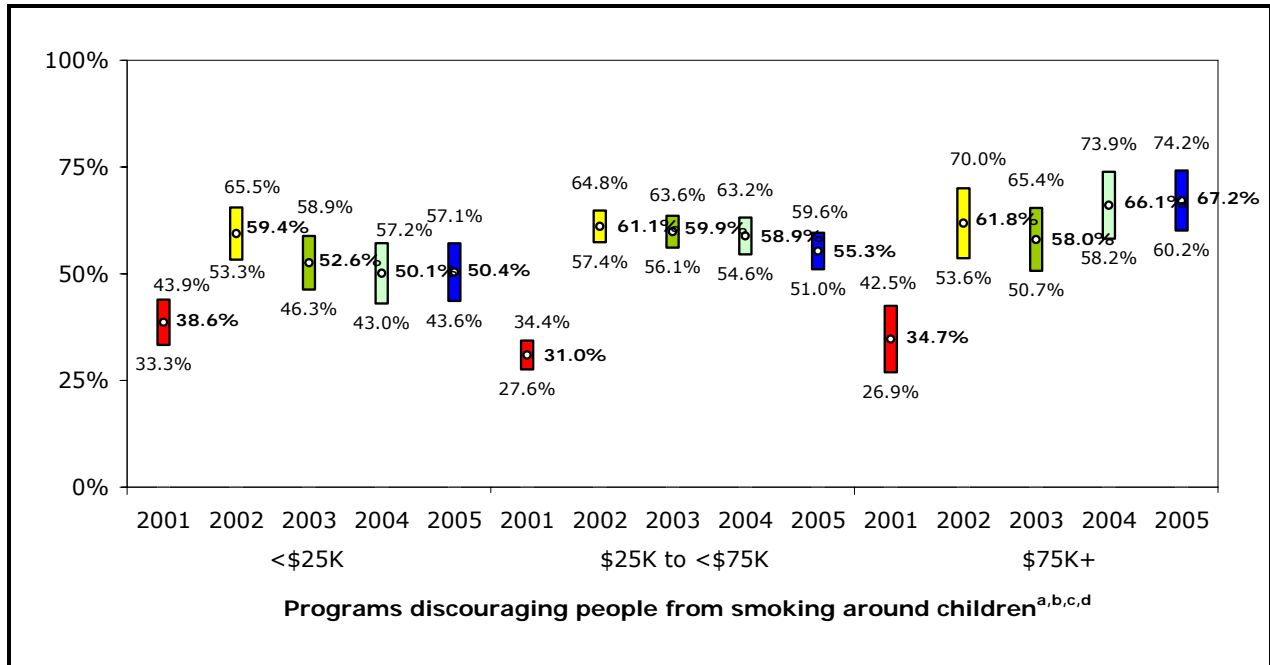
^cDifference between less than a high school degree and some college is statistically significant at the 5% level in 2004.

^dDifference between high school graduate or GED and some college is statistically significant at the 1% level in 2004.

^eDifference between less than a high school degree and high school graduate or GED is statistically significant at the 5% level in 2005.

^fDifference between less than a high school degree and some college is statistically significant at the 1% level in 2005.

Figure 3-11. Awareness of Programs That Discourage Smoking Around Children, by Income Level (Overall)



^aDifference between <\$25K and \$25K to <\$75K is statistically significant at the 5% level in 2001.

^bDifference between <\$25K and \$25K to <\$75K is statistically significant at the 5% level and between <\$25K and \$75K+ is statistically significant at the 1% level in 2004.

^cDifference between <\$25K and \$75K+ is statistically significant at the 1% level in 2005.

^dDifference between \$25K to <\$75K and \$75K+ is statistically significant at the 1% level in 2005.

b. Awareness of Media Campaign Regarding Secondhand Smoke

See Section 5, Figures 5-5 and 5-6.

3.2 Intermediate Outcomes

The following sections summarize the attitudes and knowledge of Vermont smokers and Vermonters toward secondhand smoke. Attitudes and knowledge are compared between 2002 and 2005 and between 2004 and 2005. Results are not presented for 2001 because these questions were not asked in the 2001 Vermont Adult Tobacco Survey (ATS).

a. Attitudes Related to Secondhand Smoke

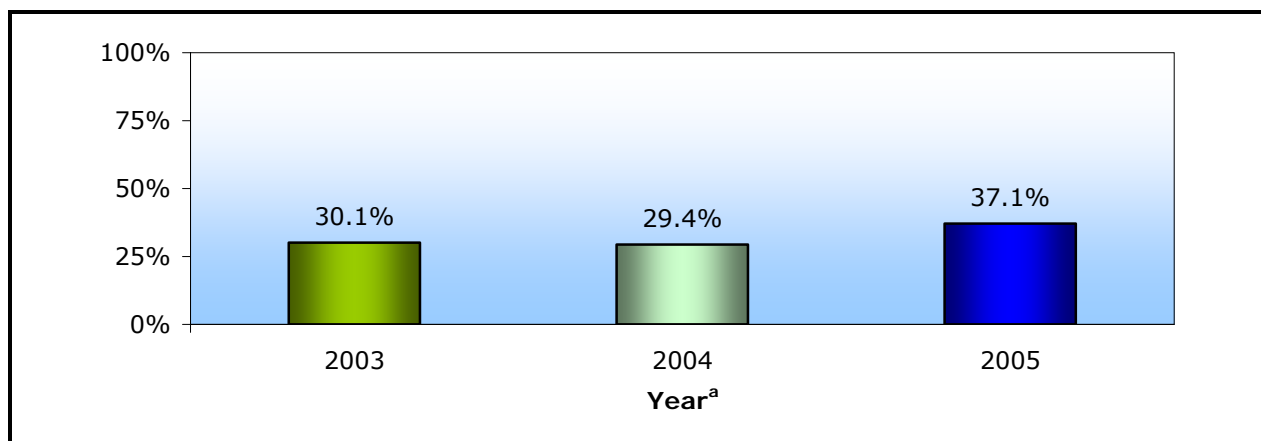
3.2.1 Did the Health Care Provider Ask if Vermont Current Smokers Smoke Around Children?

Figures 3-12 and 3-13 show the percentages of Vermont current smokers who were asked by their health care provider if they smoked around their children in the past 12 months. From 2003 to 2005, the ATS asked "During the past 12 months, did any doctor or other health professional ask if you smoke around your children?" This question was asked of *all*

current smokers from 2003 to 2005; in 2002, only Vermont current smokers with children who had seen a health care professional in the past 12 months were asked if a health care professional had asked them about smoking around their children. Because of differences in skip patterns in 2002, we first report the percentages from 2003 to 2005 of all Vermont current smokers with children who were asked by their health care provider if they smoked around their children (see Figure 3-12). We then restrict the estimates from 2002 to 2005 to Vermont current smokers with children who were asked by their health care providers if they smoked around their children in the past 12 months, to be comparable with the estimate from 2002 (see Figure 3-13).

Figure 3-12 shows the percentage of Vermont current smokers with children living in the home who were asked if they smoked around their children. Note that results presented in Figure 3-12 are not restricted to current smokers who reported visiting a health care professional in the past year. As mentioned earlier, 2002 results are not included because of differences in skip patterns. The percentage of current smokers with children who reported being asked if they smoked around their children increased from 2004 (29.4%) to 2005 (37.1%); however, this increase is not statistically significant.

Figure 3-12. Doctors/Health Professionals Ask if Smoke Around Children (Current Smokers with Children Living in the Home)

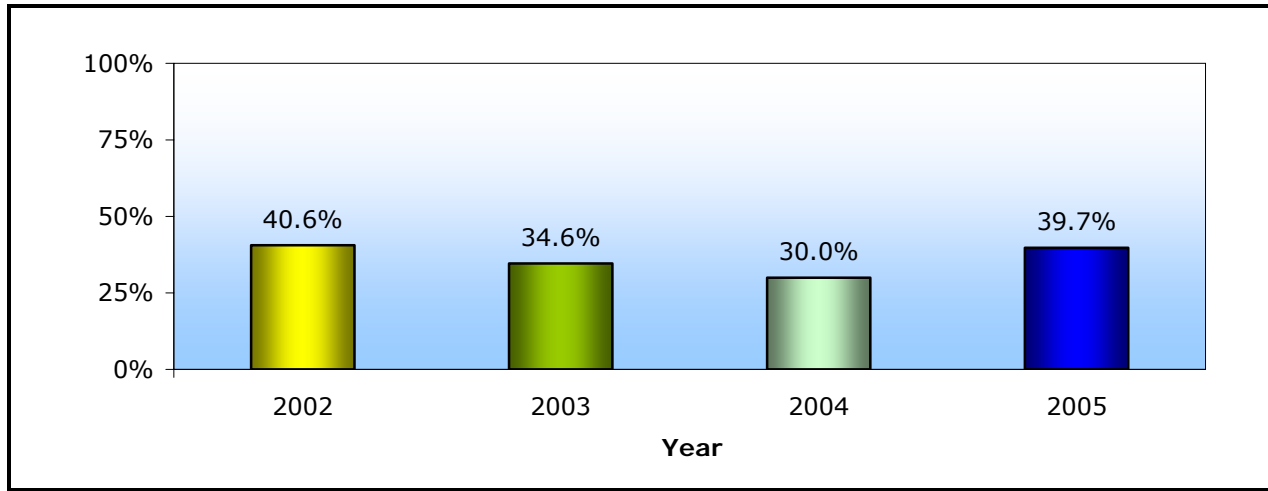


Note: Estimated confidence intervals are reported in Table B-8 in Appendix B.

^aResults from 2002 ATS are not reported because of differences in skip pattern.

Figure 3-13 shows the percentage of Vermont current smokers with children who visited a health care provider in the past 12 months and were asked if they smoked around their children. Results in Figure 3-13 are restricted to current smokers with children who reported visiting a health care professional in the past 12 months from 2003 to 2005, which allowed us to include 2002 results for comparison. This percentage increased from 2004 (30.0%) to 2005 (39.7%); however, this increase is not statistically significant.

Figure 3-13. Doctors/Health Professionals Ask if Smoke Around Children (Current Smokers with Children Living in the Home Who Visited a Health Care Professional in the Past 12 Months)



Note: Estimated confidence intervals are reported in Table B-8 in Appendix B.

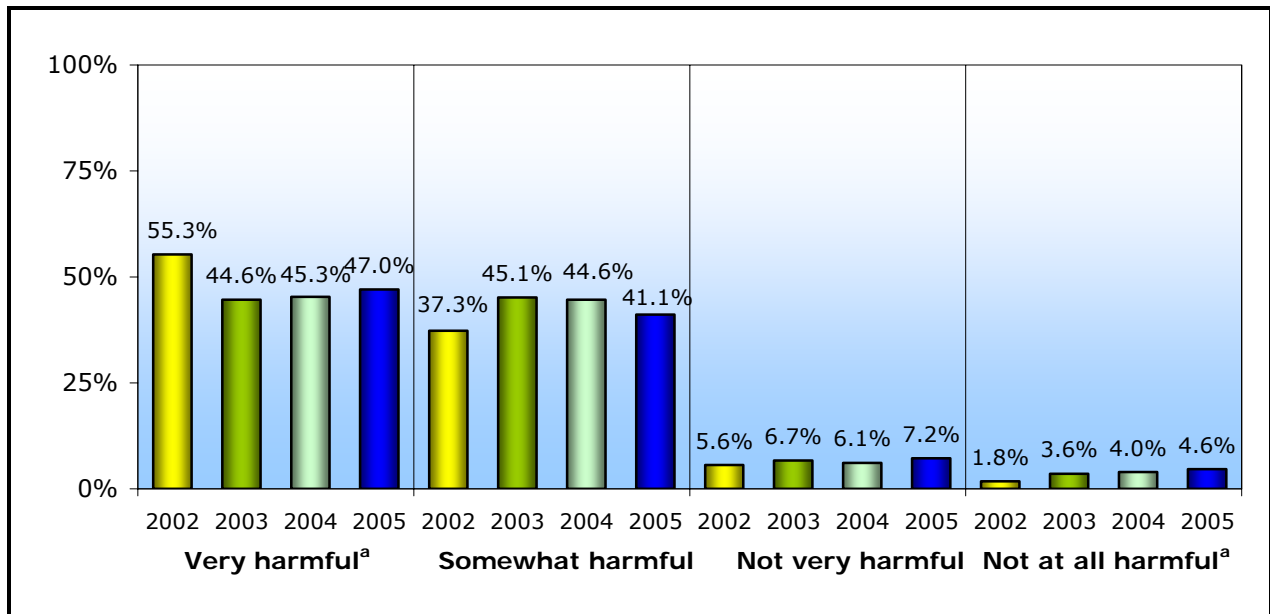
b. Knowledge of Harmfulness of Secondhand Smoke

3.2.2 Do Vermont Smokers and Vermonters Believe That Secondhand Smoke Is Harmful?

Figure 3-14 shows the percentage of smokers who believe that breathing smoke from other people's cigarettes is very harmful, somewhat harmful, not very harmful, or not at all harmful. The percentage of Vermont smokers who reported believing that secondhand smoke is very harmful decreased significantly from 2002 (55.3%) to 2005 (47.0%) ($p < .01$). The percentage of smokers who thought secondhand smoke was not at all harmful increased significantly from 2002 (1.8%) to 2005 (4.6%) ($p < .01$).

Figure 3-15 shows the percentage of Vermonters who believe that breathing smoke from other people's cigarettes is very harmful, somewhat harmful, not very harmful, or not at all harmful. The percentage of respondents who believed that secondhand smoke is very harmful decreased significantly from 2002 (68.4%) to 2005 (64.9%) ($p < .05$). The percentage of respondents who believed that secondhand smoke is not at all harmful increased significantly from 2002 (0.8%) to 2005 (1.6%) ($p < .05$). From 2002 to 2005, there were no significant changes in the percentages of Vermonters who believe that breathing smoke from other people's cigarettes was somewhat harmful or not very harmful.

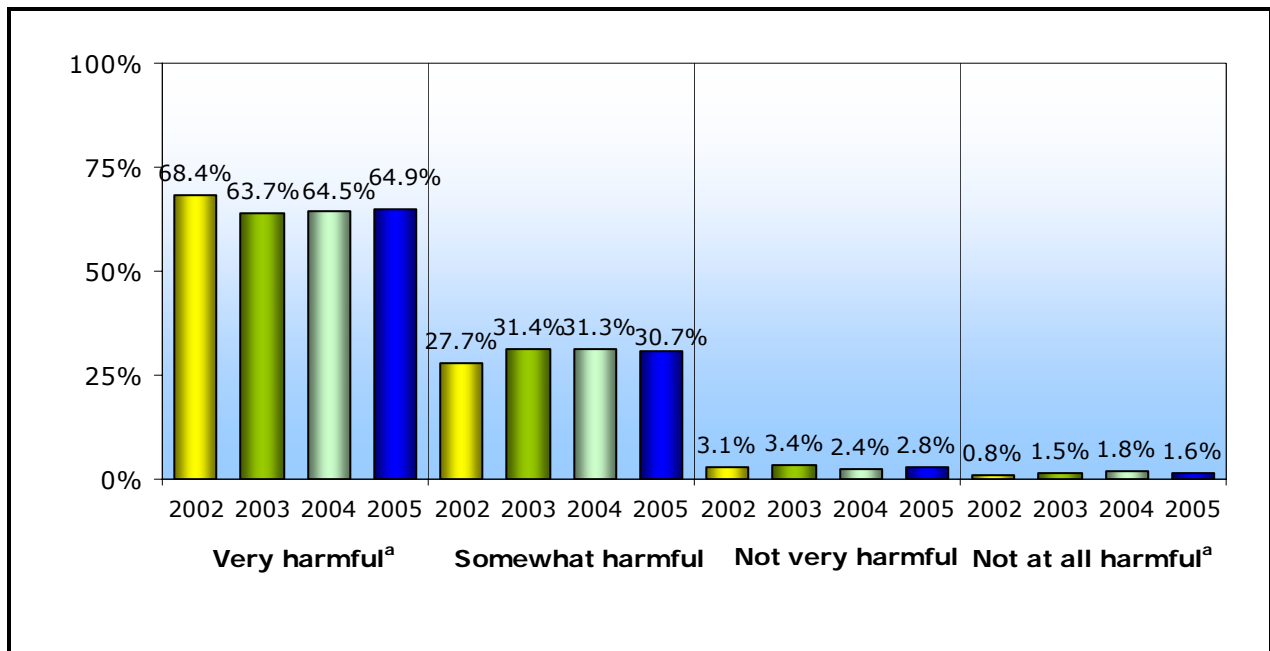
Figure 3-14. Breathing Smoke from Other People’s Cigarettes is Harmful (Smokers)



Note: Estimated confidence intervals are reported in Table B-9 in Appendix B.

^aChange from 2002 to 2005 is statistically significant at the 1% level.

Figure 3-15. Breathing Smoke from Other People’s Cigarettes is Harmful (Overall)



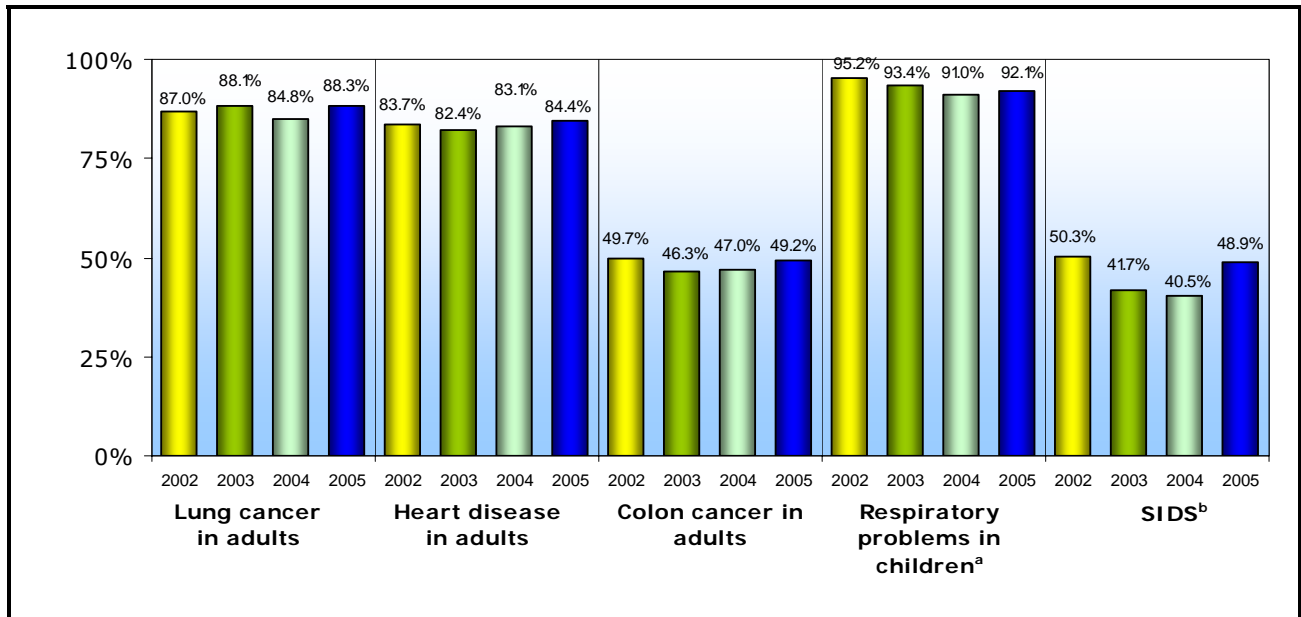
Note: Estimated confidence intervals are reported in Table B-10 in Appendix B.

^aChange from 2002 to 2005 is statistically significant at the 5% level.

3.2.3 Do Vermont Smokers and Vermonters Know About Specific Health Risks Related to Secondhand Smoke?

Figures 3-16 and 3-17 show smokers' knowledge of specific health risks related to secondhand smoke. The 2002 through 2005 ATS ask if breathing smoke from other people's cigarettes causes lung cancer, heart disease, or colon cancer in adults and respiratory problems or sudden infant death syndrome (SIDS) in children. In addition, the 2003, 2004, and 2005 ATS ask if breathing smoke from other people's cigarettes causes ear infections in children or causes children to miss more school days. The 2001 ATS did not include this question, and therefore no results are reported for 2001. The percentage of smokers who reported that secondhand smoke causes respiratory problems in children decreased significantly from 2002 (95.2%) to 2005 (92.1%) ($p < .01$). The percentage of smokers who reported that secondhand smoke causes SIDS in children increased significantly from 2004 (40.5%) to 2005 (48.9%) ($p < .05$). In 2005, 74.4% of Vermont smokers agreed that secondhand smoke causes ear infections in children, a statistically significant increase from 2004 (66.6%) ($p < .05$).

Figure 3-16. Knowledge of Specific Health Risks Related to Secondhand Smoke, 2002–2005 (Smokers)

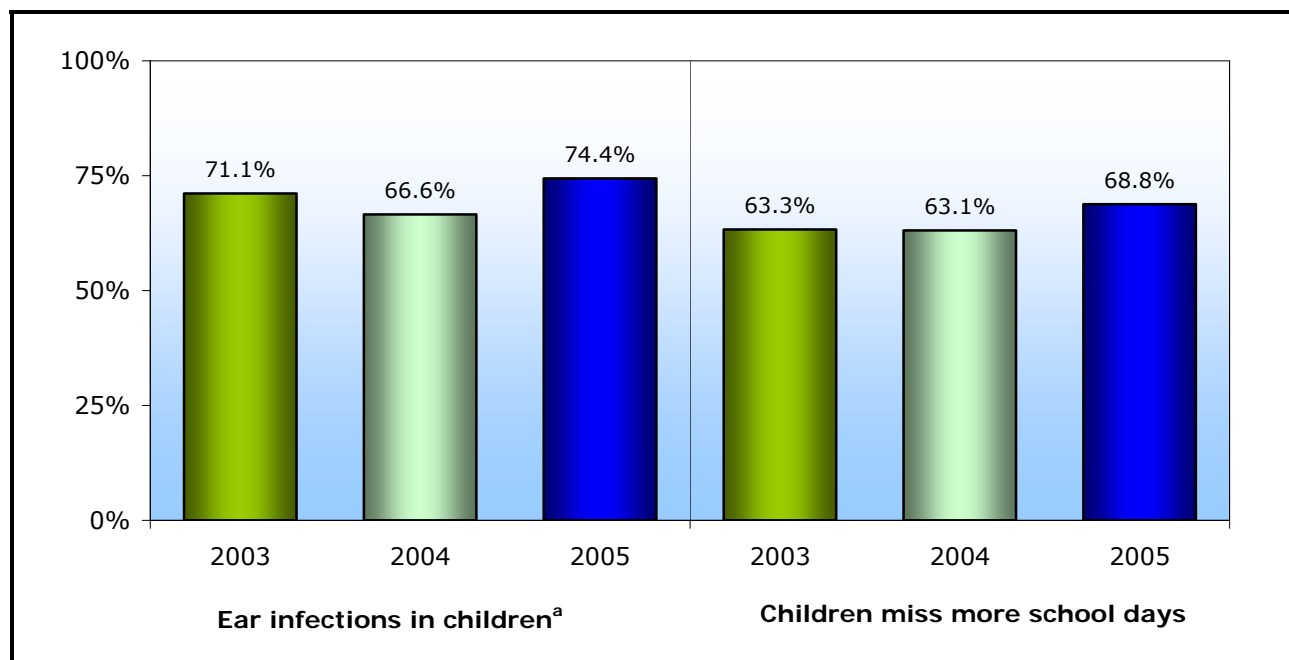


Note: Estimated confidence intervals are reported in Table B-11 in Appendix B.

^aChange from 2002 and 2005 is statistically significant at the 1% level.

^bChange from 2004 and 2005 is statistically significant at the 5% level.

Figure 3-17. Knowledge of Specific Health Risks Related to Secondhand Smoke, 2003–2005 (Smokers)

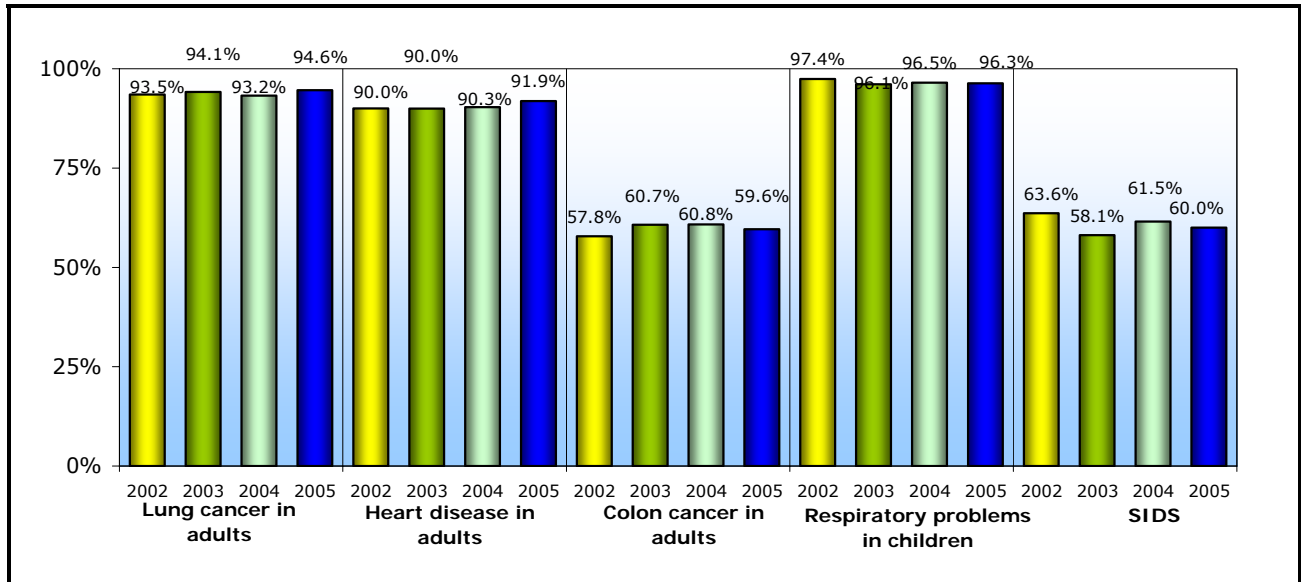


Note: Estimated confidence intervals are reported in Table B-11 in Appendix B.

^aChange from 2004 and 2005 is statistically significant at the 5% level.

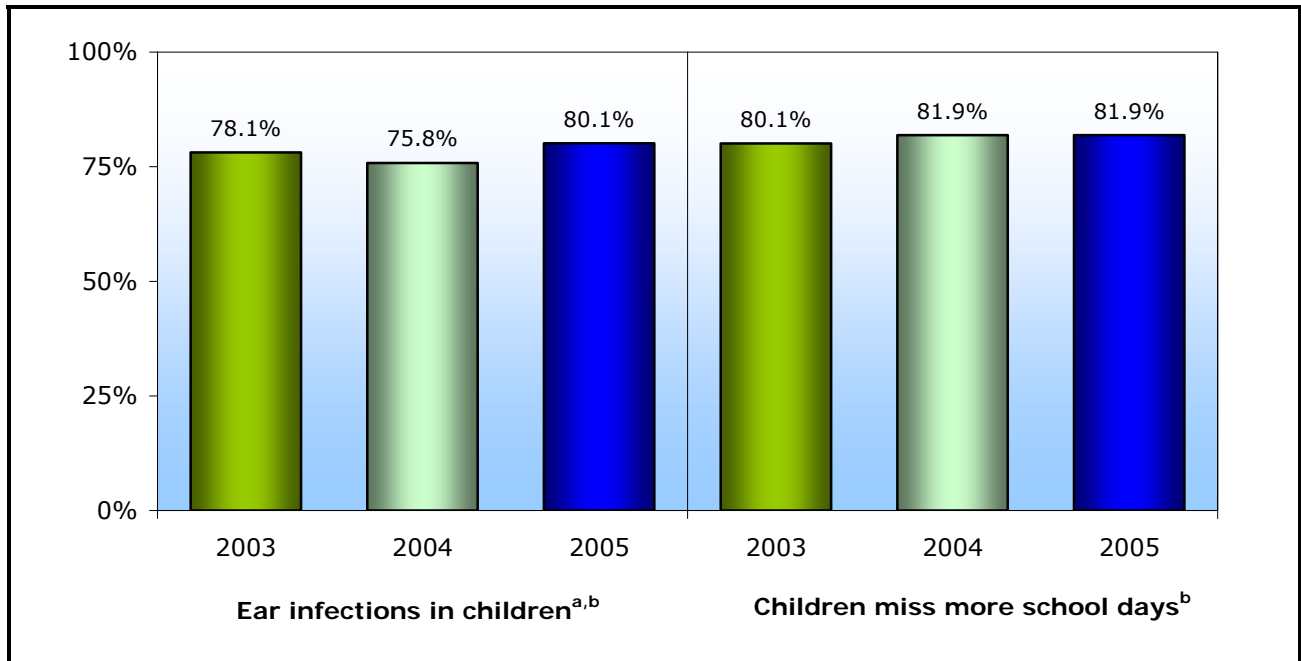
Figures 3-18 and **3-19** show Vermonters' knowledge of specific health risks related to secondhand smoke. In 2002, 97.4% of Vermonters said that secondhand smoke causes respiratory problems in children. In 2004 (96.5%) and 2005 (96.3%), more than 96% of Vermonters said that secondhand smoke causes respiratory problems in children. In 2005, 80.1% of Vermonters said that secondhand smoke causes ear infections in children, a statistically significant increase from 2004 (75.8%) ($p < .05$). Vermonters' knowledge that lung cancer, heart disease, and SIDS are related to secondhand smoke did not change significantly between 2002 and 2005.

Figure 3-18. Knowledge of Specific Health Risks Related to Secondhand Smoke, 2002–2005 (Overall)



Note: Estimated confidence intervals are reported in Table B-12 in Appendix B.

Figure 3-19. Knowledge of Specific Health Risks Related to Secondhand Smoke, 2003–2005 (Overall)



Note: Estimated confidence intervals are reported in Table B-12 in Appendix B.

^aChange from 2004 and 2005 is statistically significant at the 5% level.

^b2002 ATS did not include these responses.

c. Knowledge and Attitudes Regarding the Impact of Secondhand Smoke in Bars and Worksites

3.2.4 Are Vermont Smokers and Vermonters Aware of Secondhand Smoke Issues and Smoking Restrictions in Bars?

Figure 3-20 shows the percentage of Vermont smokers who either “strongly agree” or “agree” that the effects of secondhand smoke on the health of workers and patrons of bars is a serious concern. There were no significant changes between 2002 and 2005, and between 2004 and 2005 in the percentage of smokers who responded that effects of secondhand smoke on the health of bar workers and patrons was a serious concern for them.

Figure 3-20. Effect of Secondhand Smoke on the Health of Workers and Patrons of Bars is a Serious Concern (Percentage Who “Strongly Agree” or “Agree”) (Smokers)

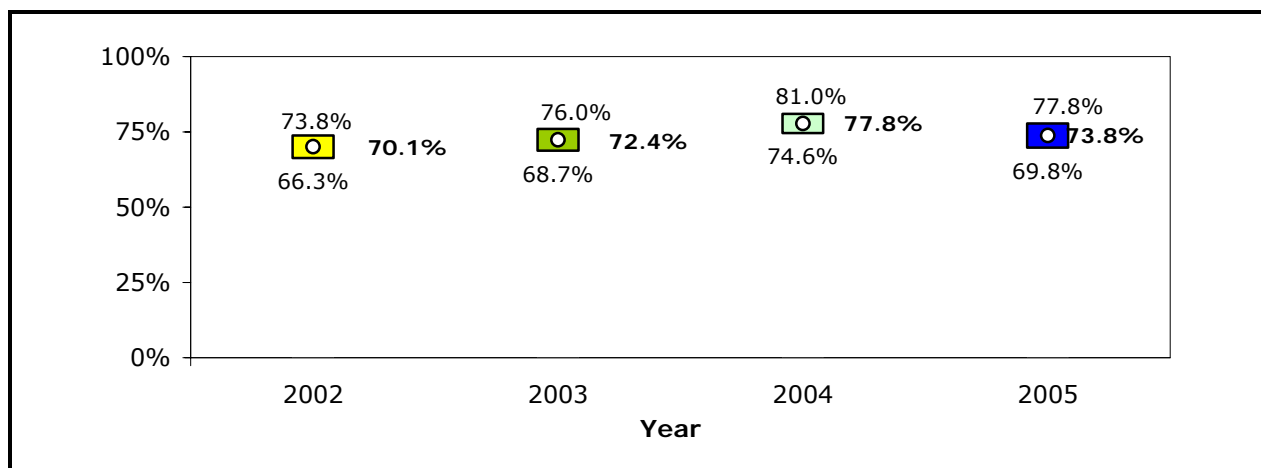
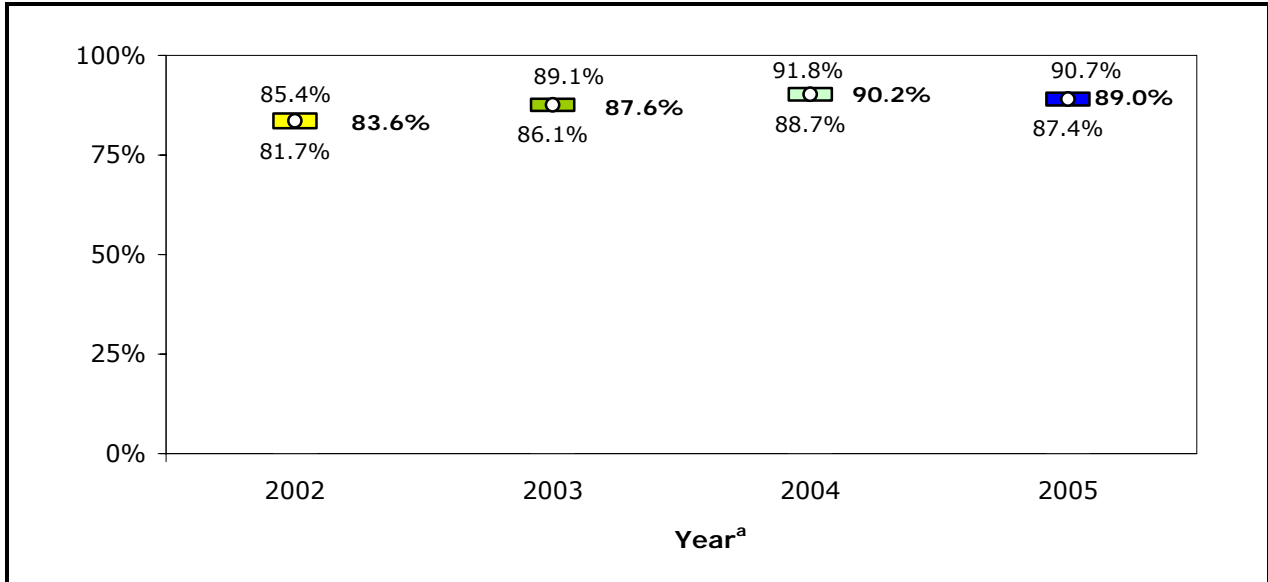


Figure 3-21 shows the percentage of Vermonters who either “strongly agree” or “agree” that the effects of secondhand smoke on the health of workers and patrons of bars are a serious concern. The percentage of Vermonters who reported that the effects of secondhand smoke on the health of workers and patrons of bars are a serious concern increased significantly from 2002 (83.6%) to 2005 (89.0%) ($p < .01$).

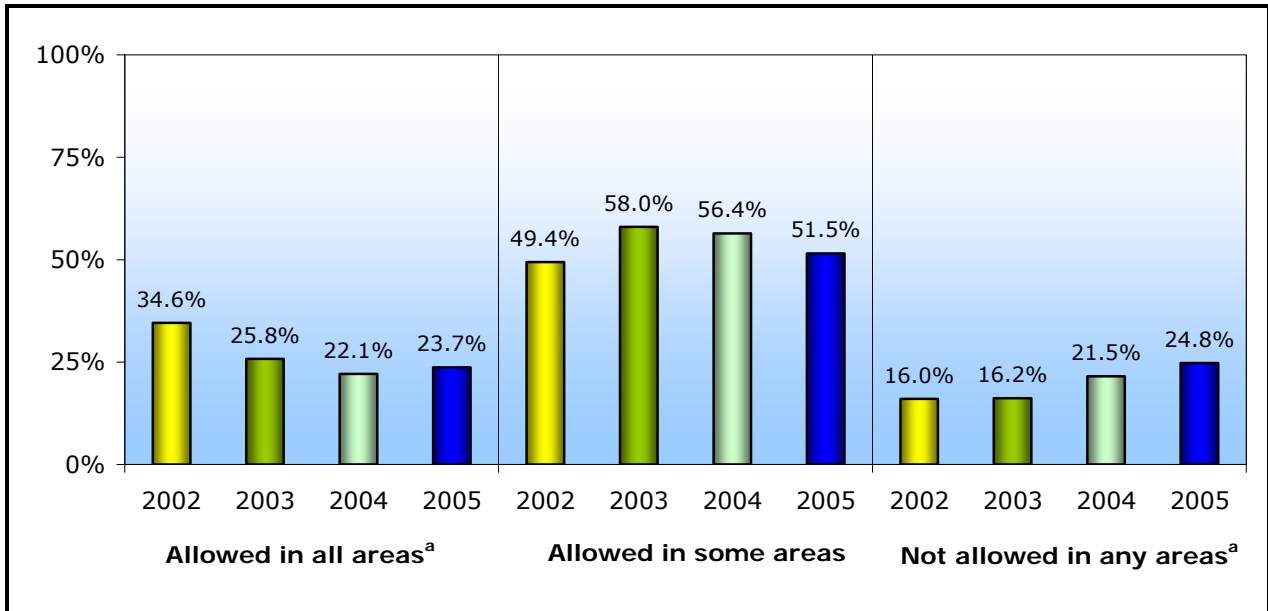
Figures 3-22 shows the percentage of smokers who believe that smoking should be allowed in all, some, or no areas in bars. The percentage of smokers who believe that smoking should be allowed in all areas of bars decreased significantly from 2002 (34.6%) to 2005 (23.7%) ($p < .01$). The percentage of smokers who believe that smoking should not be allowed in any areas in bars also increased significantly from 2002 (16.0%) to 2005 (24.8%) ($p < .01$). There was no significant change from 2002 to 2005 in the percentage of smokers who think that smoking should only be allowed in some areas of bars.

Figure 3-21. Effect of Secondhand Smoke on the Health of Workers and Patrons of Bars is a Serious Concern (Percentage Who “Strongly Agree” or “Agree”) (Overall)



^aChange from 2002 to 2005 is statistically significant at the 1% level.

Figure 3-22. Smoking in Bars Should be Allowed in All/Some/No Areas (Smokers)

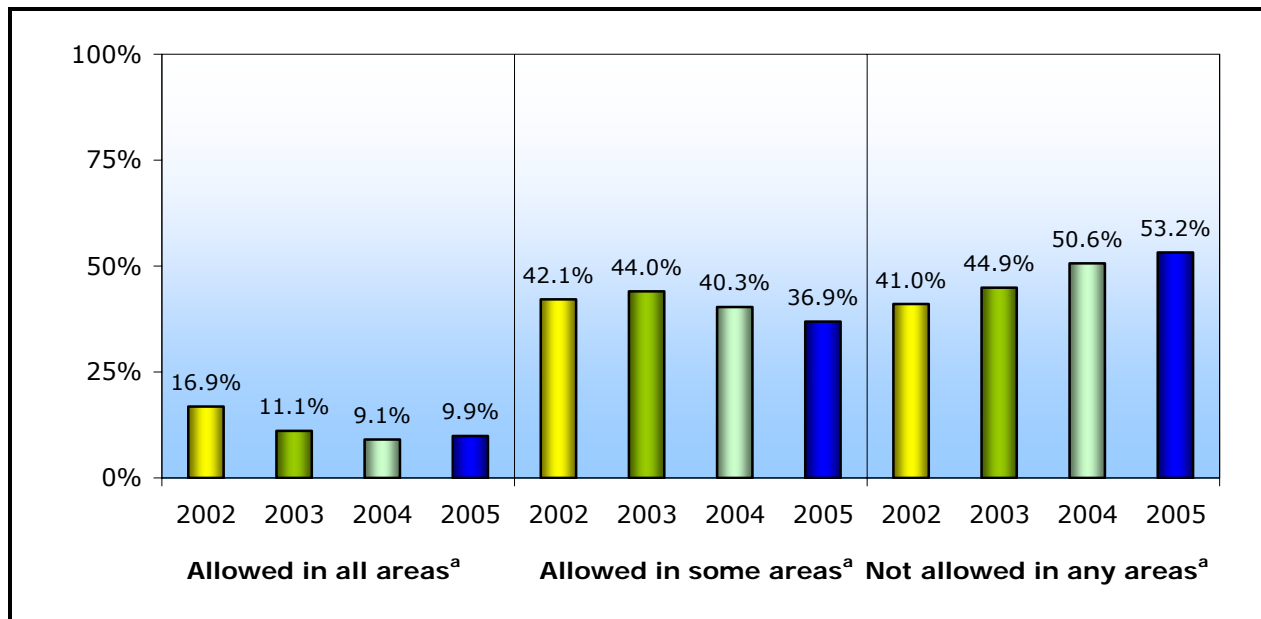


Note: Estimated confidence intervals are reported in Table B-13 in Appendix B.

^aChange from 2002 to 2005 is statistically significant at the 1% level.

Figures 3-23 shows the percentage of Vermonters who believe that smoking should be allowed in all, some, or no areas of a bar. In 2005, only 9.9% of Vermonters felt that smoking should be allowed in all areas of a bar, a statistically significant decrease from 2002 (16.9%) ($p < .01$). In addition, the percentage of Vermonters who felt that smoking should not be allowed in any areas increased significantly from 2002 (41.0%) to 2005 (53.2%) ($p < .01$).

Figure 3-23. Smoking in Bars Should be Allowed in All/Some/No Areas (Overall)



Note: Estimated confidence intervals are reported in Table B-14 in Appendix B.

^aChange from 2002 to 2005 is statistically significant at the 1% level.

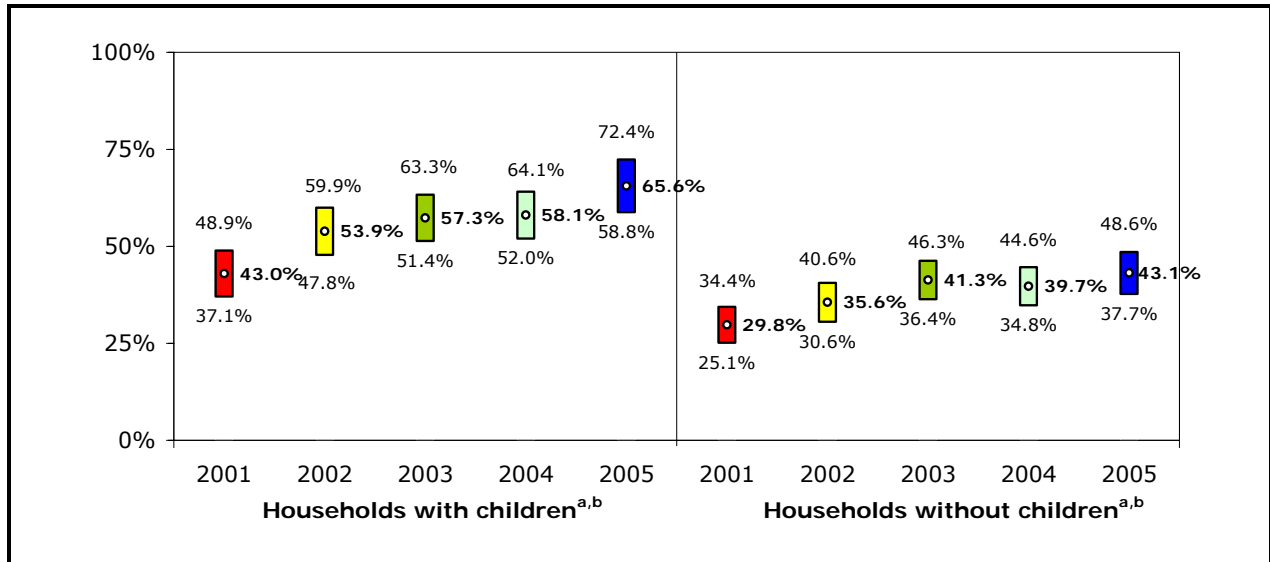
3.3 Long-Term Outcomes

a. Restrictions on Smoking at Home

3.3.1 How Many Vermont Smokers and Vermonters Prohibit Smoking in the Home?

Figure 3-24 shows the percentage of Vermont smokers who prohibit smoking in the home, in households with and without children. In 2005, 65.6% of Vermont smokers with children reported prohibiting smoking in the home, a statistically significant increase from 2001 (43.0%) ($p < .01$). A statistically significant increase also occurred from 2002 (53.9%) to 2005 (65.6%) ($p < .5$). The percentage of households without children that reported prohibiting smoking in the home increased significantly from 2001 (29.8%) to 2005 (43.1%) ($p < .01$). A significant increase also occurred from 2002 (35.6%) to 2005 (43.1%) ($p < .5$).

Figure 3-24. Smoking is Not Allowed in the Home (Smokers)

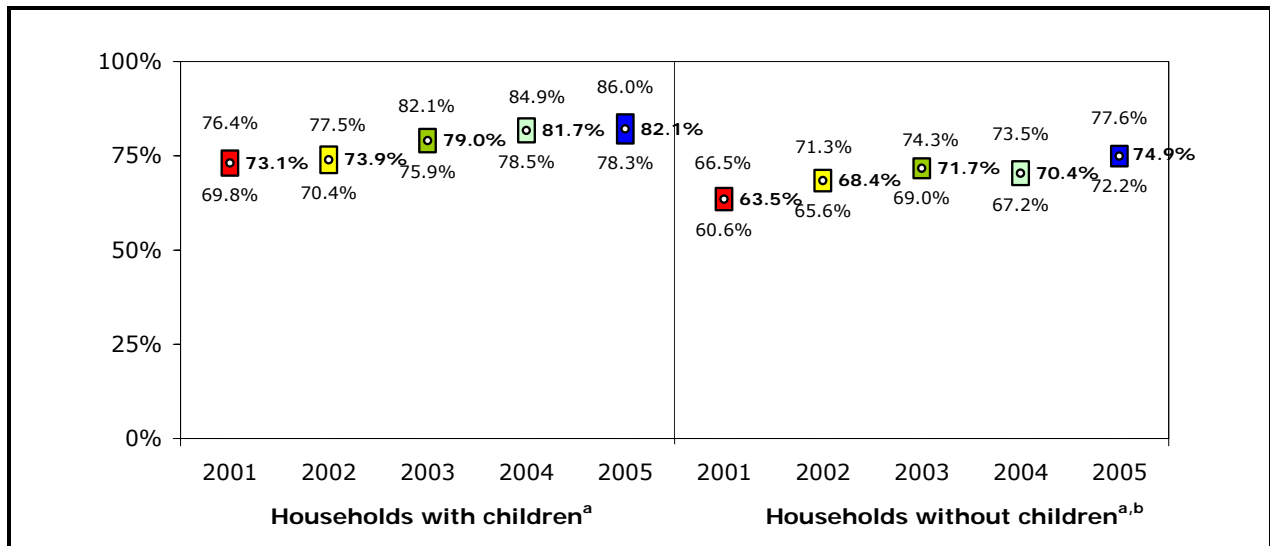


^aChange from 2001 to 2005 is statistically significant at the 1% level.

^bChange from 2002 to 2005 is statistically significant at the 5% level.

Figure 3-25 shows the percentage of all respondents who prohibit smoking in the home, in households with and without children. In 2005, 82.1% of respondents with children reported prohibiting smoking in the home, a statistically significant increase from 2001 (73.1%) ($p < .01$). About 75% (74.9%) of all respondents without children reported prohibiting smoking in the home in 2005, a statistically significant increase from 2001 (63.5%) ($p < .01$) and 2004 (70.4%) ($p < .05$).

Figure 3-25. Smoking is Not Allowed in the Home (Overall)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

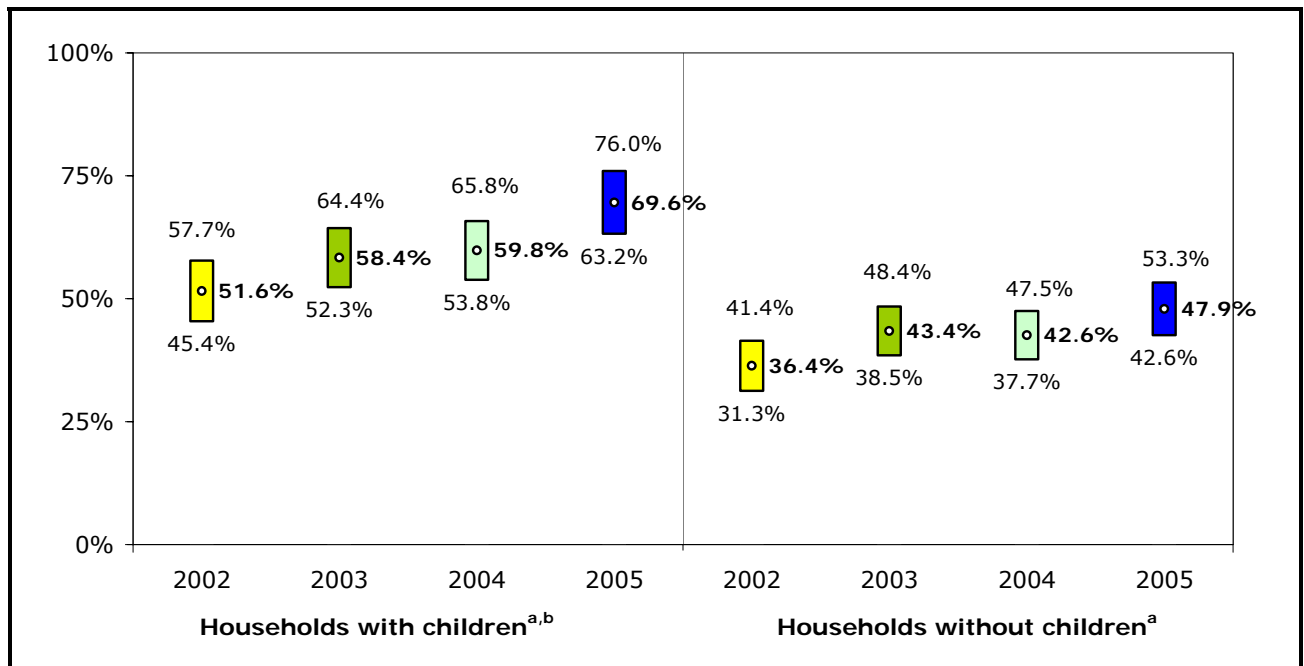
^bChange from 2004 to 2005 is statistically significant at the 5% level.

b. Enforcement of Smoking Restrictions at Home

3.3.2 Smoking at Home in the Past 7 Days as Reported by Vermont Smokers and Vermonters

Figure 3-26 shows the percentage of Vermont smoker households reporting that no one smoked in the home in the past 7 days. The 2002 through 2005 ATS ask, “During the past 7 days, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?” We considered no one to have smoked in a respondent’s home during the past 7 days if the respondent’s answer to this question was “less than 1 day per week, rarely, or none.” As shown in Figure 3-26, the percentage of households with smokers and children reporting that no one smoked in the home in the past week increased significantly to 69.6% in 2005 from 51.6% in 2002 ($p < .01$) and 59.8% in 2004 ($p < .05$). Similarly, the percentage of smoker households without children reporting that no one smoked in the house in the past week significantly increased from 2002 (36.4%) to 2005 (47.9%) ($p < .01$).

Figure 3-26. Percentage of Households Reporting That No One Smoked in the Home in the Past 7 Days (Smokers)

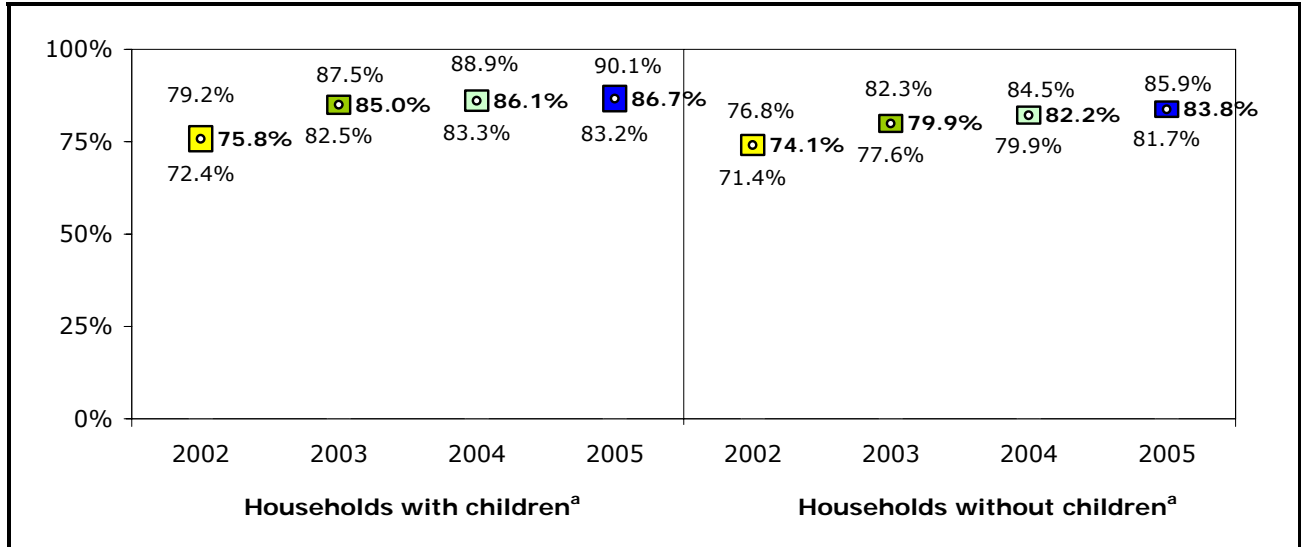


^aChange from 2002 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 5% level.

Figure 3-27 shows the percentage of Vermont households reporting that no one smoked in the home in the past 7 days. The percentage of Vermonters with children reporting that no one smoked in the home in the past 7 days increased significantly from 2002 (75.8%) to 2005 (86.7%) ($p < .01$). The percentage of Vermonters without children reporting that no one smoked in the home in the past 7 days also increased significantly from 2002 (74.1%) to 2005 (83.8%) ($p < .01$).

Figure 3-27. Percentage of Households Reporting That No One Smoked in the Home in the Past 7 Days (Overall)

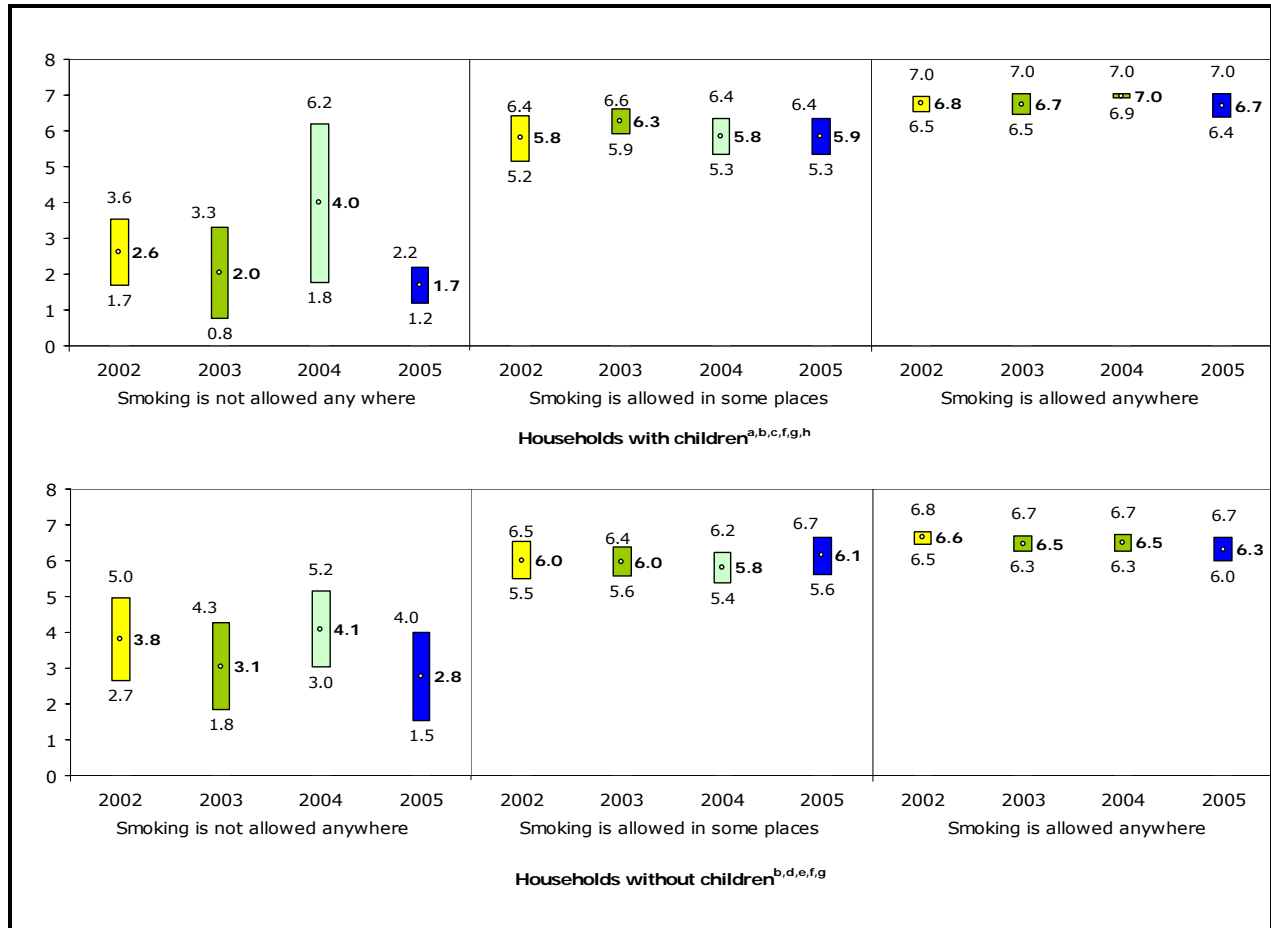


^aChange from 2002 to 2005 is statistically significant at the 1% level.

c. Exposure to Secondhand Smoke at Home by Home Smoking Rules

To further explore the possible implications of household smoking bans on secondhand smoke exposure, we present mean levels and distributions of the number of days someone smoked inside the respondent’s home in the past 7 days by type of household ban (i.e., smoking is not allowed anywhere in the home [total ban], smoking is allowed in some areas [partial ban], and smoking is allowed anywhere [no ban]). Smoker households with children that had total smoking bans in place had significantly lower self-reported levels of secondhand smoke exposure (measured by number of days someone smoked in the respondent’s home) than households with a partial ban or no ban in 2002 and 2003. Likewise, in 2004, smoker households with children that had total bans had significantly lower exposure to secondhand smoke than households with no bans (the difference between households with total bans and partial bans was not statistically significant). Results for households with smokers but no children were similar (see **Figure 3-28**). In 2005, smoker households with children that had total smoking bans had lower self-reported levels of secondhand smoke exposure than households without total bans on smoking, but this difference was not statistically significant. Similar patterns were seen in households without

Figure 3-28. Average Number of Days Anyone Smoked in the Home in the Past 7 Days Based on Home Smoking Rules (Smokers)



^aDifference between total ban and partial ban is statistically significant at the 1% level in 2002 and 2003.
^bDifference between total ban and no ban is statistically significant at the 1% level in 2002, 2003, and 2004.
^cDifference between partial ban and no ban is statistically significant at the 1% level in 2002 and 2004 and at the 5% level in 2003.
^dDifference between total ban and partial ban is statistically significant at the 1% level in 2002, 2003, and 2004.
^eDifference between total ban and partial ban is statistically significant at the 5% level in 2002 and 2003 and at the 1% level in 2004.
^fDifference between total ban and partial ban is statistically significant at the 1% level in 2005.
^gDifference between total ban and no ban is statistically significant at the 1% level in 2005.
^hDifference between partial ban and no ban is statistically significant at the 1% level in 2005.

children. Specifically, households with total smoking bans had significantly less secondhand smoke exposure than those with partial bans or no bans. There is a much smaller difference in absolute levels of secondhand smoke exposure between households with partial bans and those with no bans.

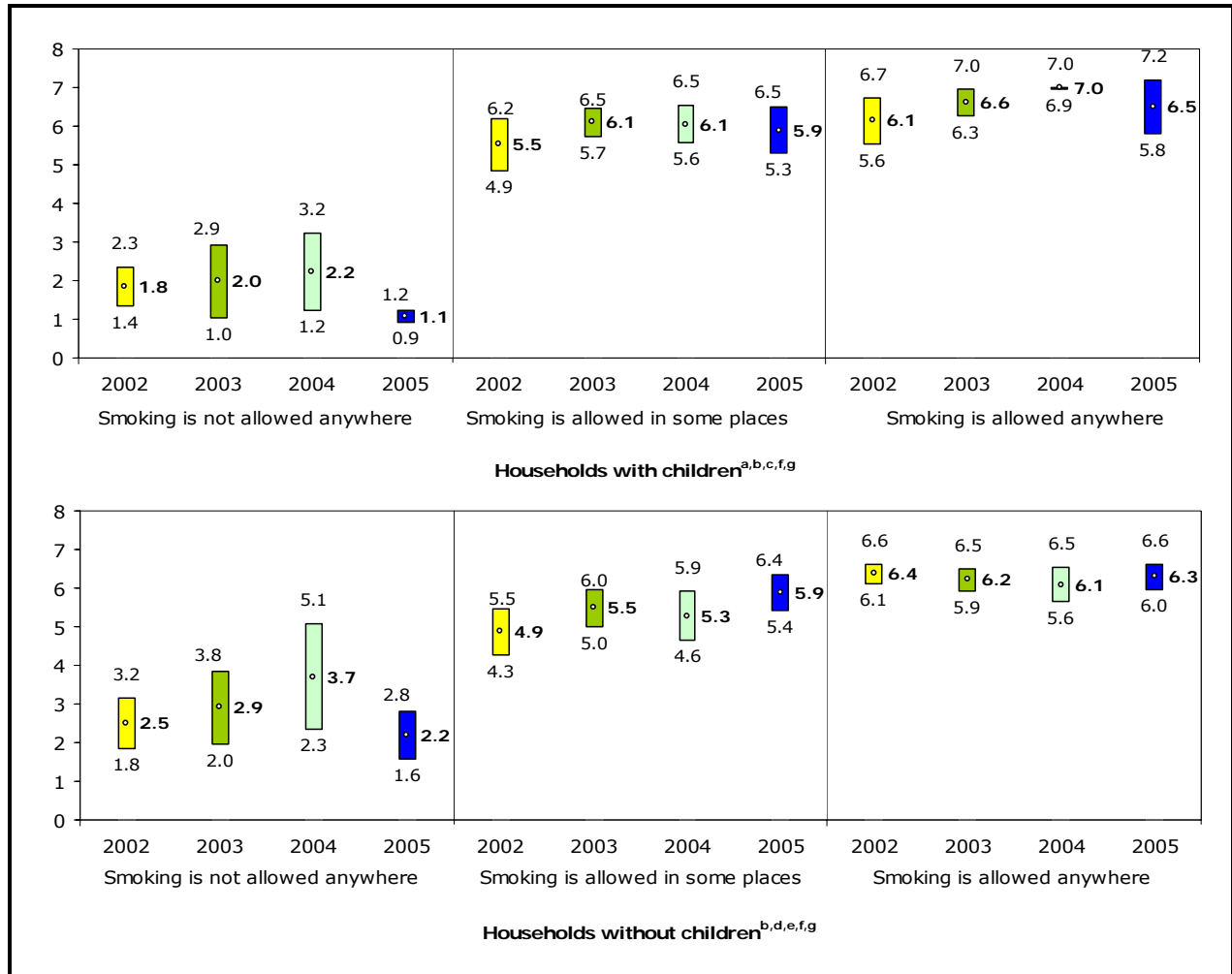
Table 3-1 shows the distribution of secondhand smoke exposure in smoker households by the presence of children and by smoking restrictions in the home. Among smokers with children, secondhand smoke exposure is lower in households with total bans than in households with partial bans in the home. It is worth noting that the averages reported in Figure 3-28 do not include those who reported exposure to secondhand smoke in the home less than 1 day per week. A similar trend is seen among households without children.

Table 3-1. Distribution of Number of Days Anyone Smoked in the Home in the Past 7 Days Based on Home Smoking Rules (Smokers)

Presence of Children in the Household	Household Smoking Rules	Year	Days of Exposure								
			Less than 1 Day per Week/ Rarely/ None	1	2	3	4	5	6	7	
Household with children	Smoking is not allowed anywhere inside the home	2002 (N=189)	83.4%	10.5%	1.6%	0.4%	0.0%	0.0%	0.0%	0.0%	4.1%
		2003 (N=188)	90.5%	7.1%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%
		2004 (N=194)	96.3%	1.5%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%
		2005 (N=201)	99.3%	0.2%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Smoking is allowed in some places or at some times	2002 (N=80)	22.6%	6.9%	3.5%	7.0%	1.0%	0.6%	1.3%	57.0%	
		2003 (N=107)	13.3%	1.9%	5.7%	2.4%	3.3%	1.5%	0.4%	71.6%	
		2004 (N=87)	11.4%	4.7%	10.5%	2.2%	0.0%	6.7%	0.0%	64.5%	
		2005 (N=82)	8.5%	3.5%	9.9%	5.2%	0.0%	6.7%	0.0%	66.2%	
	Smoking is allowed anywhere/ no rules about smoking in the home	2002 (N=74)	9.0%	1.3%	2.9%	0.0%	0.0%	0.0%	0.0%	86.8%	
		2003 (N=64)	16.5%	0.0%	1.0%	4.1%	0.0%	0.0%	0.0%	78.3%	
		2004 (N=70)	4.6%	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	94.8%	
		2005 (N=49)	18.4%	1.8%	0.9%	0.8%	1.8%	0.0%	0.0%	76.3%	
Household without children	Smoking is not allowed anywhere inside the home	2002 (N=180)	84.9%	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	
		2003 (N=201)	88.8%	4.7%	2.2%	1.0%	0.3%	0.0%	0.0%	3.0%	
		2004 (N=209)	91.8%	1.4%	1.4%	0.0%	2.5%	0.5%	0.0%	2.5%	
		2005 (N=237)	90.2%	5.6%	0.5%	0.8%	0.8%	0.0%	0.0%	2.1%	
	Smoking is allowed in some places or at some times	2002 (N=98)	12.0%	5.2%	8.1%	0.7%	2.8%	1.4%	0.9%	68.9%	
		2003 (N=136)	11.2%	5.4%	5.6%	2.2%	3.0%	6.5%	0.0%	66.1%	
		2004 (N=160)	11.5%	10.2%	5.7%	1.7%	1.0%	2.9%	0.0%	66.9%	
		2005 (N=144)	14.8%	2.2%	7.5%	2.6%	3.1%	0.9%	1.1%	67.8%	
	Smoking is allowed anywhere/ no rules about smoking in the home	2002 (N=208)	9.2%	2.5%	2.5%	0.4%	0.0%	1.7%	0.3%	83.4%	
		2003 (N=226)	12.1%	1.5%	3.2%	2.2%	1.8%	3.7%	0.0%	75.4%	
		2004 (N=229)	8.4%	4.5%	1.0%	3.0%	0.1%	1.1%	0.5%	81.3%	
		2005 (N=218)	17.0%	6.2%	1.1%	1.5%	1.8%	1.0%	0.2%	71.3%	

Results for the overall population (see **Figure 3-29**) were similar to those for smokers. Specifically, in 2005, households (with and without children) with total bans had significantly less reported secondhand smoke exposure than households with partial bans or no bans, although the difference was not as great for households without children.

Figure 3-29. Average Number of Days Anyone Smoked in the Home in the Past 7 Days Based on Home Smoking Rules (Overall)



^aDifference between total ban and partial ban is statistically significant at the 1% level in 2002, 2003, and 2004.

^bDifference between total ban and no ban is statistically significant at the 1% level in 2002, 2003, and 2004.

^cDifference between total ban and no ban is statistically significant at the 5% level in 2003 and at the 1% level in 2004.

^dDifference between total ban and partial ban is statistically significant at the 1% level in 2002, 2003, and 2004.

^eDifference between partial ban and no ban is statistically significant at the 1% level in 2002 and 2003 and at the 5% level in 2004.

^fDifference between total ban and partial ban is statistically significant at the 1% level in 2005.

^gDifference between total ban and no ban is statistically significant at the 1% level in 2005.

Table 3-2 shows the distribution of exposure to secondhand smoke in households with and without children by home smoking rules. For households with children, exposure to secondhand smoke is higher in households with partial smoking bans. A similar trend is seen among households without children. Note that Vermonters who indicated less than 1 day of exposure to secondhand smoke in their home in the past 7 days were not included in the estimates presented in Figure 3-29.

Table 3-2. Distribution of Number of Days Anyone Smoked in the Home in the Past 7 Days Based on Home Smoking Rules (Overall)

Presence of Children in the Household	Household Smoking Rules	Year	Days of Exposure								
			Less than 1 Day per Week/Rarely/None	1	2	3	4	5	6	7	
Household with children	Smoking is not allowed anywhere inside the home	2002 (N=544)	91.1%	7.1%	0.3%	0.4%	0.0%	0.0%	0.0%	0.0%	1.1%
		2003 (N=560)	97.0%	2.2%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
		2004 (N=529)	98.1%	1.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
		2005 (N=528)	98.9%	1.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Smoking is allowed in some places or at some times	2002 (N=110)	35.9%	9.1%	3.9%	4.0%	0.6%	1.0%	0.8%	44.9%	
		2003 (N=139)	32.7%	3.7%	4.0%	2.0%	1.9%	1.5%	1.3%	52.9%	
		2004 (N=107)	26.3%	2.6%	8.3%	1.2%	0.0%	3.8%	0.0%	57.7%	
		2005 (N=98)	27.6%	6.1%	5.1%	2.7%	0.0%	3.4%	0.0%	55.0%	
	Smoking is allowed anywhere/no rules about smoking in the home	2002 (N=111)	31.3%	6.5%	1.5%	0.0%	0.0%	6.2%	0.0%	54.5%	
		2003 (N=93)	49.3%	1.1%	1.0%	1.8%	0.0%	0.0%	0.0%	46.7%	
		2004 (N=91)	37.6%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	62.1%	
		2005 (N=67)	34.2%	4.6%	0.4%	0.4%	0.8%	0.0%	0.0%	59.7%	
Household without children	Smoking is not allowed anywhere inside the home	2002 (N=767)	91.5%	6.0%	0.5%	0.1%	0.0%	0.0%	0.0%	2.0%	
		2003 (N=895)	95.1%	2.6%	0.6%	0.3%	0.0%	0.2%	0.0%	1.2%	
		2004 (N=760)	98.2%	0.6%	0.3%	0.0%	0.3%	0.1%	0.0%	0.6%	
		2005 (N=875)	97.0%	1.7%	0.8%	0.1%	0.1%	0.0%	0.0%	0.4%	
	Smoking is allowed in some places or at some times	2002 (N=150)	31.1%	11.4%	10.8%	1.2%	6.2%	0.7%	0.5%	38.3%	
		2003 (N=194)	36.6%	6.4%	5.0%	4.4%	2.3%	4.0%	0.0%	41.3%	
		2004 (N=212)	39.8%	9.3%	4.7%	3.7%	1.9%	2.1%	0.0%	38.5%	
		2005 (N=181)	31.5%	3.3%	5.0%	4.1%	3.4%	2.0%	0.7%	50.1%	
	Smoking is allowed anywhere/no rules about smoking in the home	2002 (N=314)	39.7%	3.0%	1.8%	1.5%	0.8%	0.9%	0.1%	52.1%	
		2003 (N=338)	43.8%	3.0%	2.0%	1.9%	1.4%	1.7%	0.0%	46.1%	
		2004 (N=309)	47.1%	5.1%	2.2%	1.3%	0.1%	0.5%	0.2%	43.5%	
		2005 (N=296)	52.4%	3.9%	0.7%	0.7%	0.9%	0.5%	0.1%	40.8%	

d. Exposure to Secondhand Smoke at Home

3.3.3 Secondhand Smoke Exposure at Home in the Past 7 Days

Table 3-3 shows the distribution of exposure to secondhand smoke at home in the past 7 days among smokers. Smokers were asked on how many days during the past week someone smoked cigarettes, cigars, or pipes anywhere in their home. Results are presented separately for households with and without children. In general, a higher percentage of smoker households with children (69.6%) than smoker households without children (47.9%) reported less than 1 day of exposure to secondhand smoke per week.

Table 3-3. Distribution of Number of Days Anyone Smoked in the Home in the Past 7 Days (Smokers)

Presence of Children in the Household	Year	Days of Exposure							
		Less than 1 Day per Week/ Rarely/ None	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days
Household with children	2002 (N=344)	51.6%	7.5%	2.3%	1.9%	0.3%	0.2%	0.3%	36.0%
	2003 (N=359)	58.4%	4.6%	2.2%	1.3%	0.9%	0.4%	0.1%	32.2%
	2004 (N=351)	59.8%	2.0%	2.8%	0.6%	0.0%	1.6%	0.0%	33.1%
	2005 (N=332)	69.6%	1.1%	2.3%	1.1%	0.3%	1.2%	0.0%	24.4%
Household without children	2002 (N=487)	36.4%	5.0%	2.8%	0.3%	0.9%	1.1%	0.3%	53.3%
	2003 (N=563)	43.5%	3.7%	3.3%	1.7%	1.4%	2.8%	0.0%	43.6%
	2004 (N=600)	42.6%	4.7%	2.3%	1.5%	1.3%	1.3%	0.2%	46.1%
	2005 (N=603)	47.9%	4.9%	2.4%	1.4%	1.7%	0.6%	0.3%	40.8%

Table 3-4 shows the distribution of exposure to secondhand smoke in the home among all Vermonters. Vermonters were asked on how many days during the past week someone smoked cigarettes, cigars, or pipes anywhere in their home. Results are presented separately for households with and without children. Overall, for both households with and without children, the percentage of Vermonters who indicated there was no smoking in the home increased from 2001 (75.8% and 74.1%, respectively) to 2005 (86.7% and 83.8%, respectively). In addition, the percentage of Vermonters who indicated there was smoking in their home every day during the past week decreased among households with and without children from 2001 (14.1% and 16.5%, respectively) to 2005 (10.3% and 11.4%, respectively).

Table 3-4. Distribution of Number of Days Anyone Smoked in the Home in the Past 7 Days (Overall)

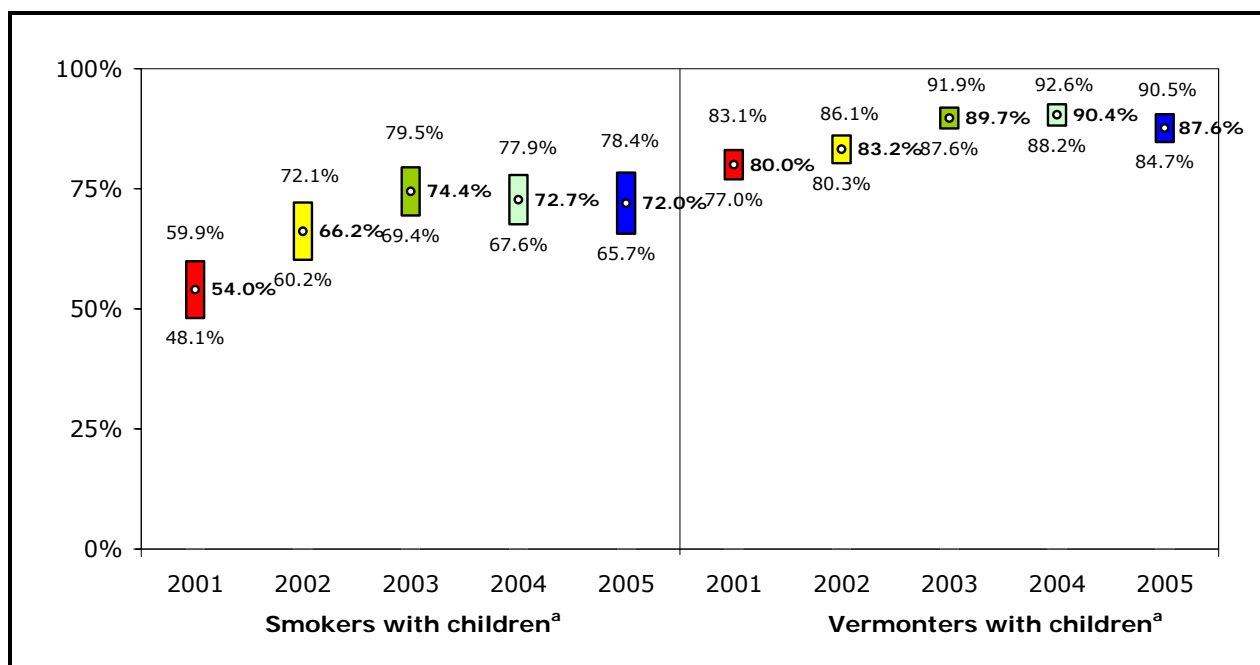
Presence of Children in the Household	Year	Days of Exposure							
		Less than 1 Day per Week/ Rarely/ None	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days
Household with children	2002 (N=766)	75.8%	7.3%	0.9%	0.8%	0.1%	1.0%	0.1%	14.1%
	2003 (N=792)	85.0%	2.3%	0.9%	0.4%	0.2%	0.2%	0.2%	10.9%
	2004 (N=728)	86.1%	1.1%	1.3%	0.1%	0.0%	0.4%	0.0%	11.0%
	2005 (N=693)	86.7%	1.8%	0.6%	0.3%	0.1%	0.3%	0.0%	10.3%
Household without children	2002 (N=1233)	74.1%	5.9%	1.8%	0.5%	0.9%	0.3%	0.1%	16.5%
	2003 (N=1431)	80.0%	3.0%	1.3%	1.0%	0.5%	0.9%	0.0%	13.4%
	2004 (N=1285)	82.2%	2.5%	1.2%	0.7%	0.5%	0.4%	0.0%	12.6%
	2005 (N=1357)	83.8%	2.2%	1.1%	0.6%	0.5%	0.3%	0.1%	11.4%

e. Restrictions on Smoking in the Car

3.3.4 How Many Vermont Smokers and Vermonters With Children Prohibit Smoking in the Car?

The Vermont ATS asks respondents with children whether they prohibit smoking in the car. Because we do not consider respondents without children, we include data for smokers and all respondents in the same graph. As shown in **Figure 3-30**, 72.0% of Vermont smokers with children did not allow smoking in the car during 2005, a statistically significant increase from 2001 (54.0%) ($p < .01$). In addition, 87.6% of all Vermonters with children did not allow smoking in the car during 2005, a statistically significant increase from 2001 (80.0%) ($p < .01$).

Figure 3-30. Smoking is Not Allowed in the Car (Respondents With Children)



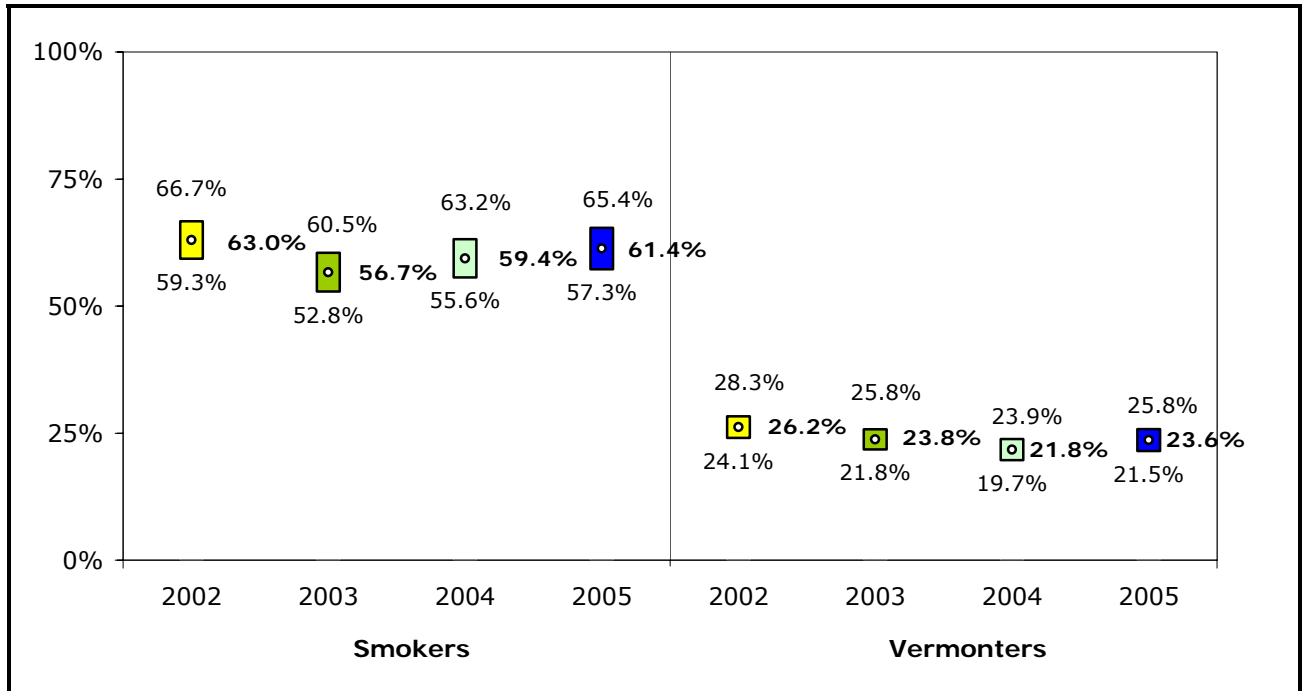
^aChange from 2001 to 2005 is statistically significant at the 1% level.

f. Exposure to Secondhand Smoke in the Car

3.3.5 Secondhand Smoke Exposure in the Car in the Past 7 Days

Figure 3-31 shows the percentage of smokers and Vermonters who have been in a car with someone smoking in the past 7 days. The percentage of smokers who were exposed to secondhand smoke in a car in the past week decreased from 2002 (63.0%) to 2005 (61.4%); however, this difference was not statistically significant. Likewise, the percentage of Vermonters who were exposed to secondhand smoke in a car decreased from 2002 (26.2%) to 2005 (23.6%), but this change was not statistically significant.

Figure 3-31. Exposure to Secondhand Smoke in the Car in the Past 7 Days



4. COMMUNITY PROGRAMS

An important aspect of the Vermont Tobacco Control Program (VTCP) is to focus tobacco control efforts at the community level. As part of this strategy, VTCP (Vermont Department of Health [VDH]) funds community coalitions to organize and implement local tobacco control activities. The Vermont Adult Tobacco Survey (ATS) asks a number of questions about awareness of local programs related to cessation, secondhand smoke, and youth prevention. These questions about awareness of local programs are general measures and do not address specific programs organized and implemented by community coalitions funded by VDH. We presented results for these community-related short-term outcomes for cessation in Section 2.1 and for secondhand smoke in Section 3.1. In this section, we present results for awareness of local programs to prevent youth smoking; intermediate and long-term outcomes are discussed elsewhere in this report.

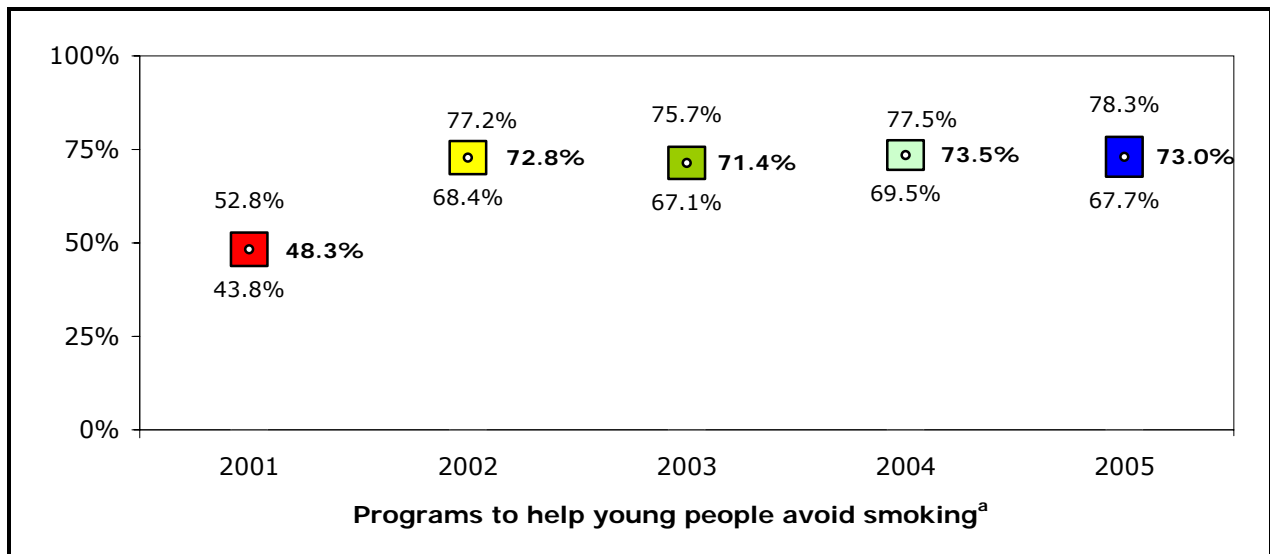
4.1 Short-Term Outcomes

a. Increased Local Awareness of Tobacco Activities

4.1.1 How Many Vermont Smokers Are Aware of Programs That Help Young People Avoid Smoking?

Figure 4-1 shows smokers' awareness of programs that help young people avoid smoking. In 2005, 73.0% of smokers were aware of programs to help young people avoid smoking, a statistically significant increase from 2001 (48.3%) ($p < .01$).

Figure 4-1. Awareness of Programs That Help Young People Avoid Smoking (Smokers)

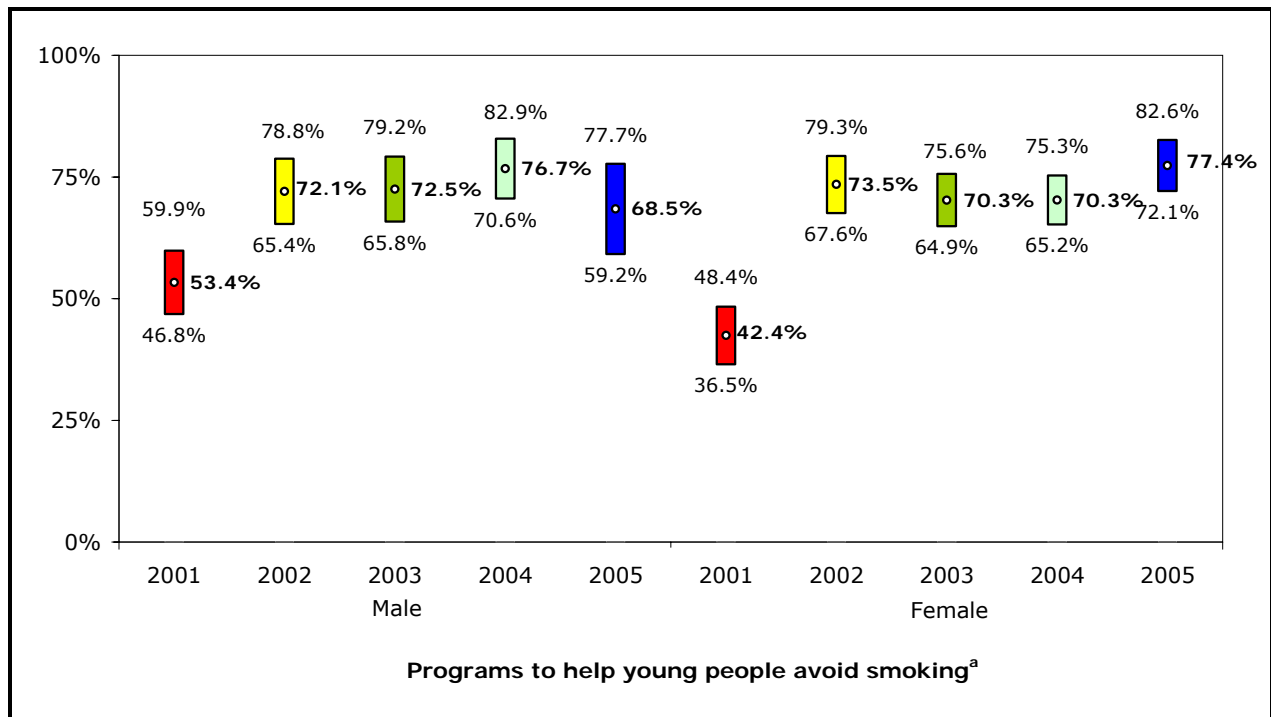


^aChange from 2001 to 2005 is statistically significant at the 1% level.

4.1.2 How Many Vermont Smokers Are Aware of Programs That Help Young People Avoid Smoking, by Gender?

Figure 4-2 shows smokers' awareness of programs that help young people avoid smoking, by gender. In 2001, 53.4% of male smokers were aware of programs that help young people avoid smoking, whereas only 42.4% of female smokers were aware of these programs; this difference is statistically significant ($p < .05$). There are no statistically significant differences reported by gender in 2002, 2003, 2004, or 2005.

Figure 4-2. Awareness of Programs That Help Young People Avoid Smoking, by Gender (Smokers)

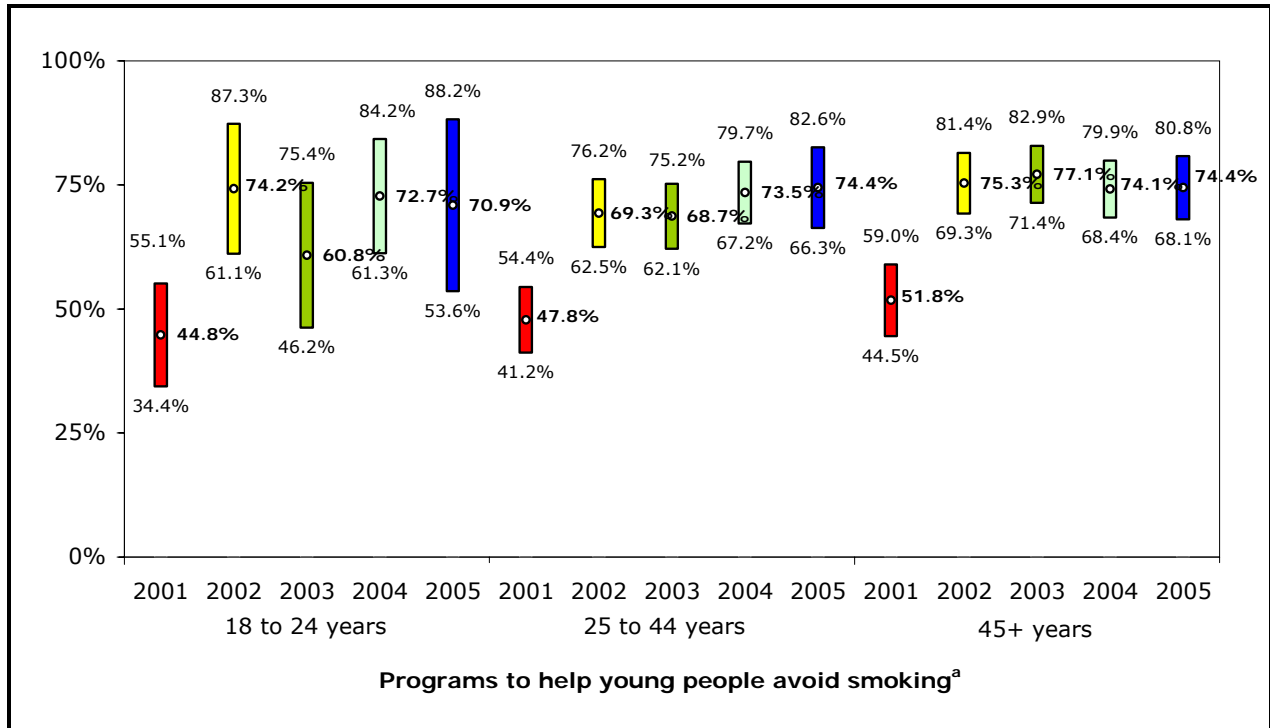


^aDifference between male and female is statistically significant at the 5% level in 2001.

4.1.3 How Many Vermont Smokers Are Aware of Programs That Help Young People Avoid Smoking, by Age Group?

Figure 4-3 shows smokers' awareness of programs that help young people avoid smoking, by age group. The only statistically significant difference in awareness of programs reported by age group is in 2003, where significantly more smokers aged 45 or older (77.1%) reported awareness of programs that help young people avoid smoking than smokers aged 18 to 24 (60.8%) ($p < .05$).

Figure 4-3. Awareness of Programs That Help Young People Avoid Smoking, by Age Group (Smokers)

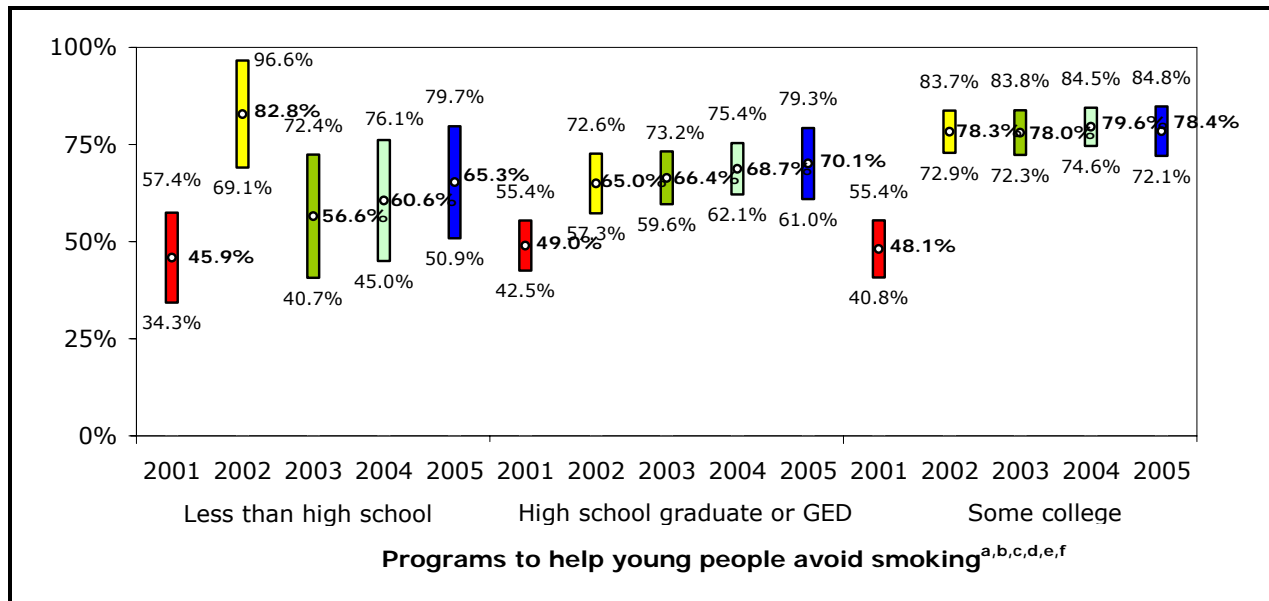


^aDifference between 18–24 years and 45+ years is statistically significant at the 5% level in 2003.

4.1.4 How Many Vermont Smokers are Aware of Programs That Help Young People Avoid Smoking, by Education Level?

Figure 4-4 shows smokers’ awareness of programs that help young people avoid smoking, by education level. In 2002, smokers with less than a high school degree (82.8%) reported significantly higher awareness of programs that help young people avoid smoking than smokers with a high school degree or a GED (65.0%) ($p < .05$) and smokers with at least some college education (78.3%) ($p < .01$). In 2003, smokers with at least some college education (78.0%) reported significantly higher awareness of programs that help young people avoid smoking than smokers with less than a high school degree^a (56.6%) ($p < .05$) and smokers with a high school degree or GED (66.4%) ($p < .01$). In 2004, smokers with at least some college (79.6%) reported significantly higher awareness of programs that help young people avoid smoking than smokers with less than a high school degree (60.6%) ($p < .05$) and smokers with a high school degree or GED (68.7%) ($p < .01$).

Figure 4-4. Awareness of Programs That Help Young People Avoid Smoking, by Education Level (Smokers)



^aDifference between less than a high school degree and high school graduate or GED is statistically significant at the 5% level in 2002.

^bDifference between high school graduate or GED and some college is statistically significant at the 1% level in 2002.

^cDifference between less than a high school degree and some college is statistically significant at the 5% level in 2003.

^dDifference between high school graduate or GED and some college is statistically significant at the 1% level in 2003.

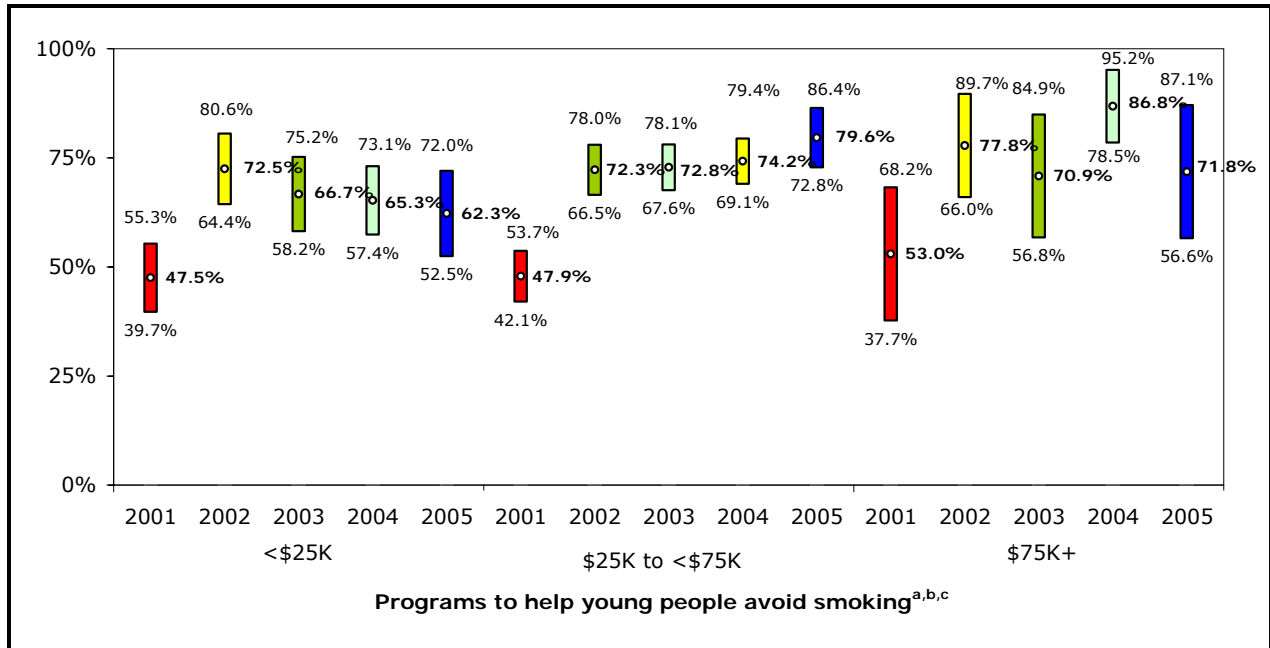
^eDifference between less than a high school degree and some college is statistically significant at the 5% level in 2004.

^fDifference between high school graduate or GED and some college is statistically significant at the 1% level in 2004.

4.1.5 How Many Vermont Smokers Are Aware of Programs That Help Young People Avoid Smoking, by Income Level?

Figure 4-5 shows smokers' awareness of programs that help young people avoid smoking, by income level. In 2004, significantly more Vermont smokers with an annual income of \$75,000 or more (86.8%) reported being aware of programs that help young people avoid smoking than smokers with an income of less than \$25,000 (65.3%) ($p < .01$). Similarly, in 2004, significantly more Vermont smokers with an annual income of \$75,000 or more (86.8%) reported awareness of such programs than smokers with an income of \$25,000 to less than \$75,000 (74.2%) ($p < .05$). In 2005, significantly more smokers with incomes between \$25,000 and \$75,000 (79.6%) reported awareness of programs that help young people avoid smoking than smokers with incomes of less than \$25,000 (62.3%) ($p < .01$).

Figure 4-5. Awareness of Programs That Help Young People Avoid Smoking, by Income Level (Smokers)



^aDifference between <\$25K and \$75K+ is statistically significant at the 1% level in 2004.

^bDifference between \$25K to <\$75K and \$75K+ is statistically significant at the 5% level in 2004.

^cDifference between <\$25K and \$25K to <\$75K is statistically significant at the 1% level in 2005.

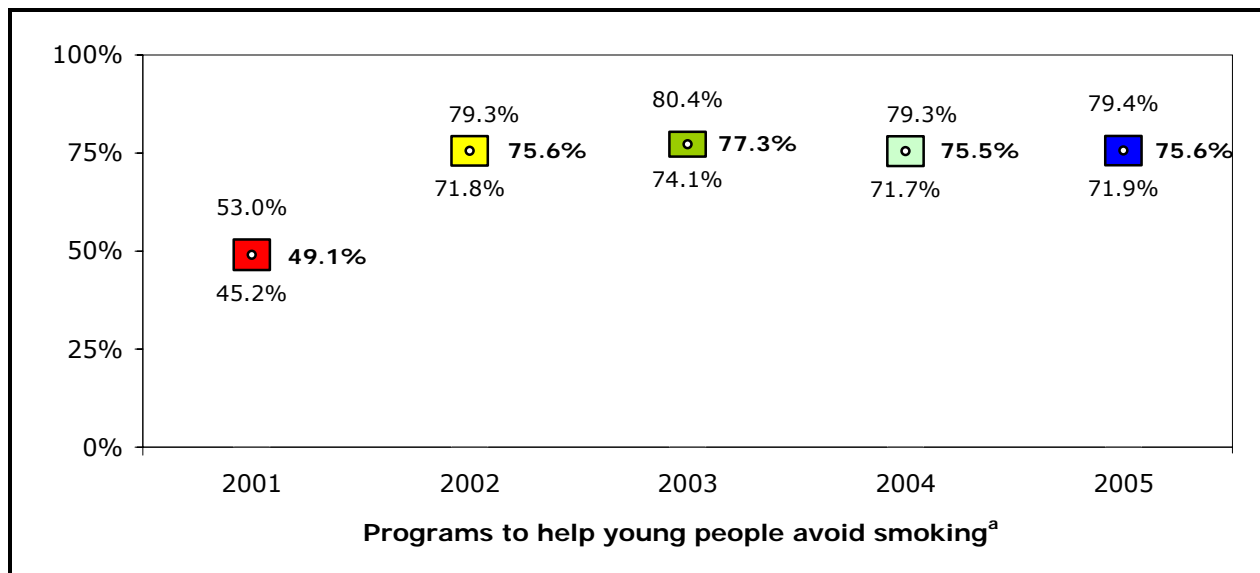
4.1.6 How Many Vermont Nonsmokers Are Aware of Programs That Help Young People Avoid Smoking?

Figure 4-6 shows nonsmokers’ awareness of programs that help young people avoid smoking. In 2005, 75.6% of nonsmokers were aware of programs to help young people avoid smoking, a statistically significant increase from 2001 (49.1%) ($p < .01$).

4.1.7 How Many Vermonters Are Aware of Programs That Help Young People Avoid Smoking?

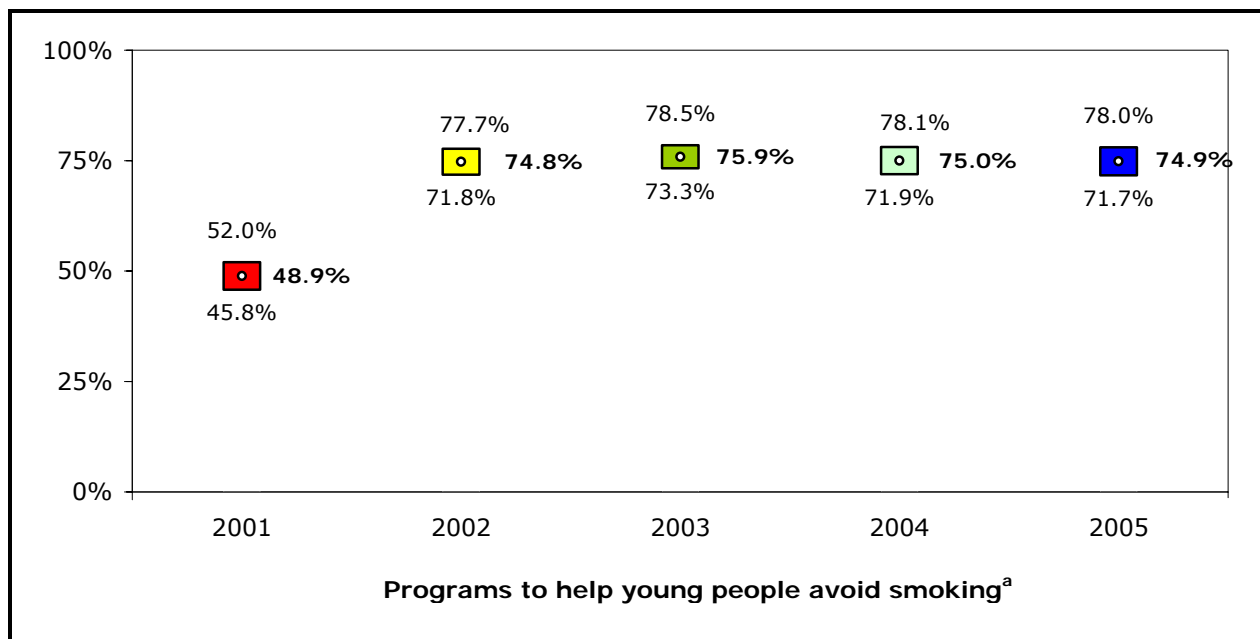
Figure 4-7 shows Vermonters’ awareness of programs that help young people avoid smoking. Vermonters’ reported awareness of programs increased significantly from 2001 (48.9%) to 2005 (74.9%) ($p < .01$).

Figure 4-6. Awareness of Programs That Help Young People Avoid Smoking, by Income Level (Nonsmokers)



^aChange from 2001 to 2005 is statistically significant at the 1% level.

Figure 4-7. Awareness of Programs That Help Young People Avoid Smoking Cigarettes (Overall)

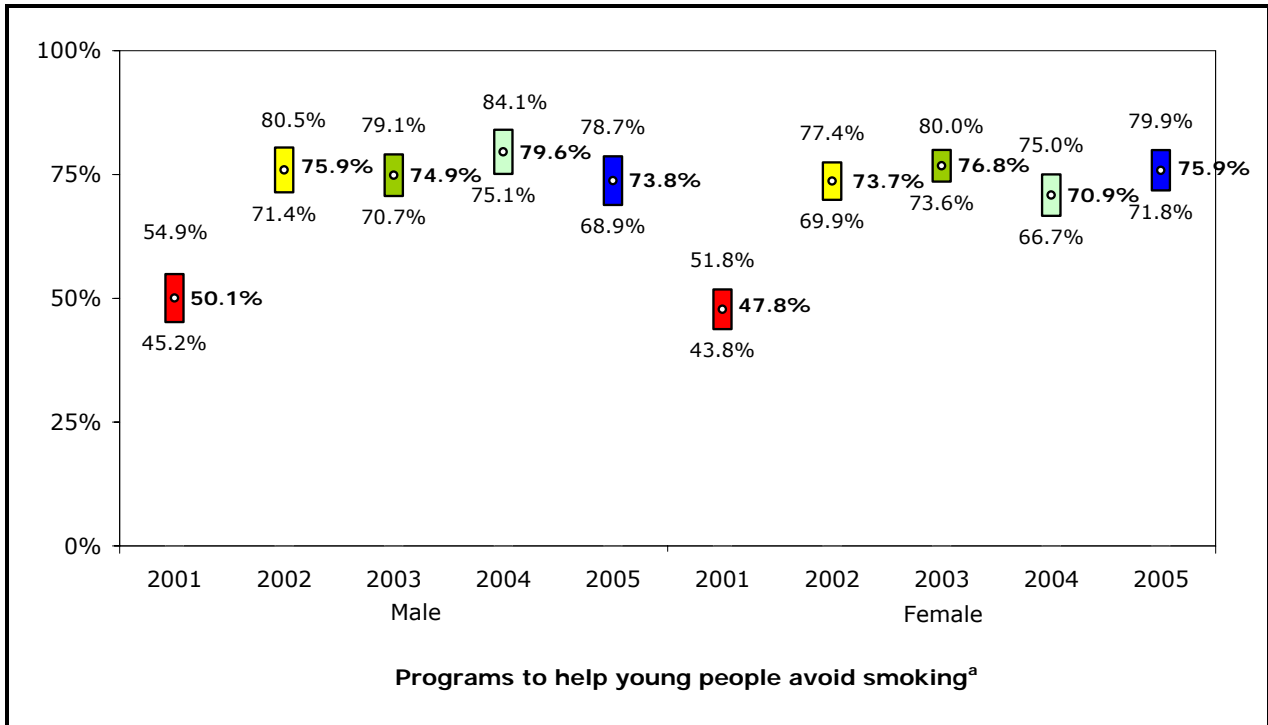


^aChange from 2001 to 2005 is statistically significant at the 1% level.

4.1.8 How Many Vermonters Are Aware of Programs That Help Young People Avoid Smoking, by Gender?

Figure 4-8 shows Vermonters’ awareness of programs that help young people avoid smoking, by gender. In 2004, significantly more Vermont males (79.6%) than Vermont females (70.9%) reported awareness of programs that help young people avoid smoking ($p < .01$). In 2005, there were no significant differences in reported awareness of programs to help young people avoid smoking by gender.

Figure 4-8. Awareness of Programs That Help Young People Avoid Smoking, by Gender (Overall)

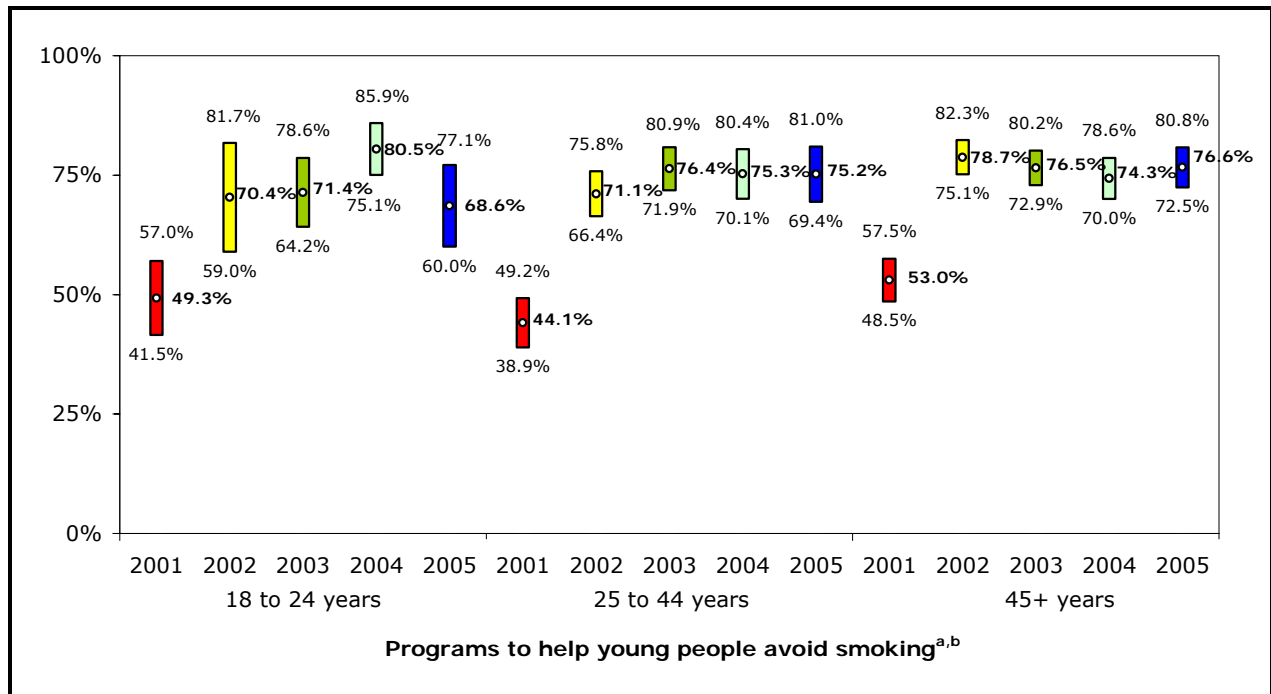


^aDifference between male and female is statistically significant at the 1% level in 2004.

4.1.9 How Many Vermonters Are Aware of Programs That Help Young People Avoid Smoking, by Age Group?

Figure 4-9 shows Vermonters’ awareness of programs that help young people avoid smoking, by age group. In 2001, significantly more Vermonters aged 45 or older (53.0%) reported awareness of programs that help young people avoid smoking than Vermonters aged 25 to 44 (44.1%) ($p < .01$). In 2002, significantly more Vermonters aged 45 or older (78.7%) reported awareness of programs that help young people avoid smoking than Vermonters aged 25 to 44 (71.1%) ($p < .05$).

Figure 4-9. Awareness of Programs That Help Young People Avoid Smoking, by Age Group (Overall)



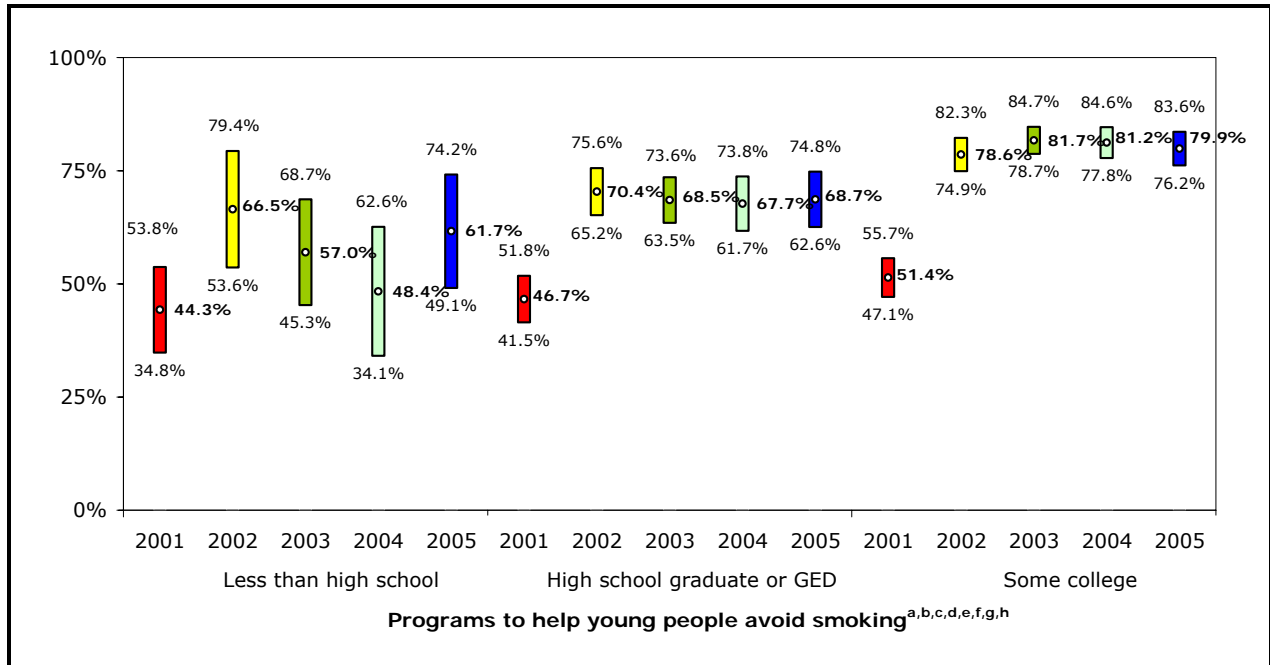
^aDifference between 25 to 44 and 45+ age groups is statistically significant at the 1% level in 2001.

^bDifference between 25 to 44 and 45+ age groups is statistically significant at the 5% level in 2002.

4.1.10 How Many Vermonters are Aware of Programs That Help Young People Avoid Smoking, by Education Level?

Figure 4-10 shows Vermonters' awareness of programs that help young people avoid smoking, by education level. In 2002, Vermonters with at least some college education (78.6%) reported significantly higher awareness of programs that help young people avoid smoking than Vermonters with only a high school degree or a GED (70.4%) ($p < .05$). In 2003, Vermonters with at least some college education (81.7%) reported significantly higher awareness of programs that help young people avoid smoking than Vermonters with less than a high school degree (57.0%) and those with a high school degree or GED (68.5%) ($p < .01$). In 2004, Vermonters with at least some college (81.2%) reported significantly higher awareness of programs that help young people avoid smoking than Vermonters with less than a high school degree (48.4%) and those with a high school degree or GED (67.7%) ($p < .01$). In 2005, Vermonters with at least some college (79.9%) reported significantly higher awareness of programs that help young people avoid smoking than Vermonters with less than a high school degree (61.7%) and those with a high school degree or GED (68.7%) ($p < .01$).

Figure 4-10. Awareness of Programs That Help Young People Avoid Smoking, by Education Level (Overall)



^aDifference between high school graduate or GED and some college is statistically significant at the 5% level in 2002.

^bDifference between less than a high school degree and some college is statistically significant at the 1% level in 2003.

^cDifference between high school graduate or GED and some college is statistically significant at the 1% level in 2003.

^dDifference between less than a high school degree and high school graduate or GED is statistically significant at the 5% level in 2004.

^eDifference between less than a high school degree and some college is statistically significant at the 1% level in 2004.

^fDifference between high school graduate or GED and some college is statistically significant at the 1% level in 2004.

^gDifference between less than a high school degree and some college is statistically significant at the 1% level in 2005.

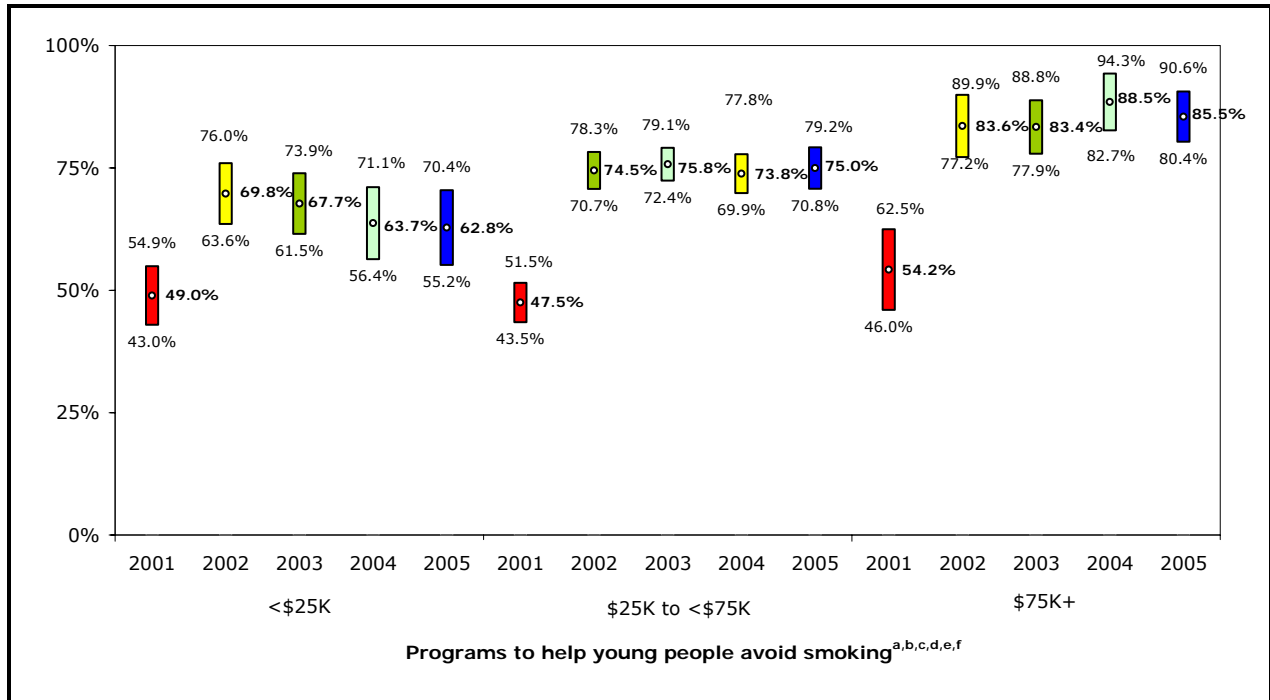
^hDifference between high school graduate or GED and some college is statistically significant at the 1% level in 2005.

4.1.11 How Many Vermonters Are Aware of Programs That Help Young People Avoid Smoking, by Income Level?

Figure 4-11 shows Vermonters' awareness of programs that help young people avoid smoking, by income level. In 2002, Vermonters with an annual income of \$75,000 or more (83.6%) were significantly more aware of programs to help young people avoid smoking than Vermonters with an income of less than \$25,000 (69.8%) ($p < .01$) and \$25,000 to less than \$75,000 (74.8%) ($p < .05$). In 2003, there was a significant difference in awareness between Vermonters with an income less than \$25,000 (67.7%) and those with an income of \$25,000 to less than \$75,000 (75.8%). There was also a significant difference in awareness between Vermonters with an income of \$25,000 to less than \$75,000 and those with an income of \$75,000 or more (83.4%) ($p < .05$). Awareness of programs differed significantly in 2003 between Vermonters with an income of less than \$25,000 and those with an income of \$75,000 or more ($p < .01$). In 2004, Vermonters with an income of \$25,000 to less than \$75,000 (73.8%) and those with an income of \$75,000 or more (88.5%) were significantly more aware of programs that help young people avoid smoking than those with an income of less than \$25,000 (63.7%) ($p < .01$). Awareness also differed significantly in 2004 between Vermonters with an income of \$25,000 to less than \$75,000 and those with an income of \$75,000 or more ($p < .01$). In 2005, Vermonters with an annual income of \$75,000 or more (85.5%) were significantly more aware of programs to help young people avoid smoking than Vermonters with an income of less than \$25,000 (62.8%) ($p < .01$) and Vermonters with an income of \$25,000 to less than \$75,000 (75.0%) ($p < .05$).

Figures 4-12 and **4-13** show how smokers and all Vermonters think most people in the community feel about adults smoking. Response options were "definitely should not smoke," "probably should not smoke," "OK to smoke sometimes," or "OK to smoke as much as you want." As shown in Figure 4-12, the percentage of smokers who perceived that the community feels adults "definitely should not smoke" decreased significantly from 2004 (38.2%) to 2005 (28.7%) ($p < .01$). The percentage of smokers who perceived the community feels adults "probably should not smoke" also decreased significantly from 2004 (38.1%) to 2005 (30.7%) ($p < .01$). The percentage of smokers who perceived the community feels it is "OK to smoke as much as you want" increased significantly from 2004 (10.0%) to 2005 (21.8%) ($p < .01$). Likewise, the percentage of smokers who perceived that the community feels it is "OK to smoke sometimes" increased from 2004 (13.7%) to 2005 (18.8%) ($p < .05$).

Figure 4-11. Awareness of Programs That Help Young People Avoid Smoking, by Income Level (Overall)



^aDifference between <\$25K and \$75K+ is statistically significant at the 1% level and between \$25K to <\$75K and \$75K+ is statistically significant at the 5% level in 2002.

^bDifference between <\$25K and \$25K to <\$75K and between \$25K to <\$75K and \$75K+ in 2003 is statistically significant at the 5% level.

^cDifference between <\$25K and \$75K+ in 2003 is statistically significant at the 1% level.

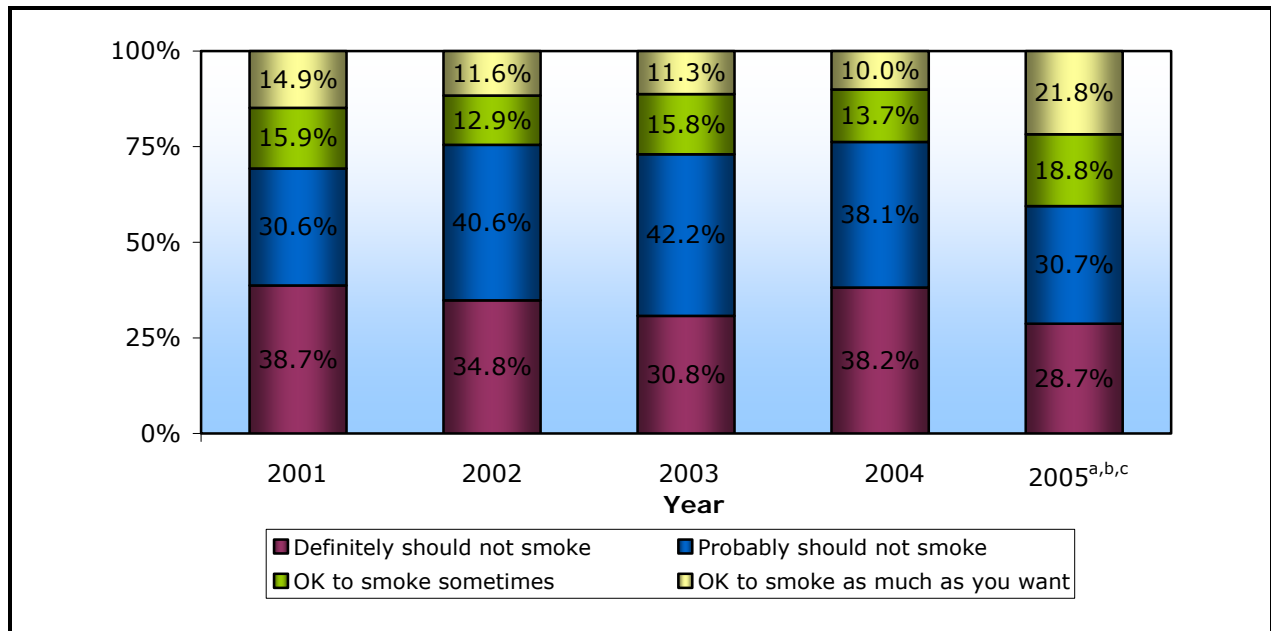
^dDifference between <\$25K and \$75K+ in 2004 is statistically significant at the 1% level.

^eDifference between <\$25K and \$25K to <\$75K, and \$25K to <\$75K and \$75K+ in 2004 is statistically significant at the 1% level.

^fDifference between <\$25K and \$25K to <\$75K, <\$25K to \$75K+, and \$25K to <\$75K and \$75K+ in 2005 is statistically significant at the 1% level.

As shown in Figure 4-13, the percentage of Vermonters who perceived that the community feels adults “definitely should not smoke” increased significantly from 2004 (39.3%) to 2005 (44.7%) ($p < .05$). In contrast, Vermonters’ perception that the community feels adults “probably should not smoke” decreased significantly from 2004 (41.4%) to 2005 (33.6%) ($p < .01$). The percentage of Vermonters who perceived that the community feels it is “OK to smoke sometimes” increased from 2004 (7.3%) to 2005 (11.0%) ($p < .01$).

Figure 4-12. How Smokers Think Most People in the Community Feel About Adults Smoking Cigarettes



Note: Estimated confidence intervals are reported in Table B-15 in Appendix B.

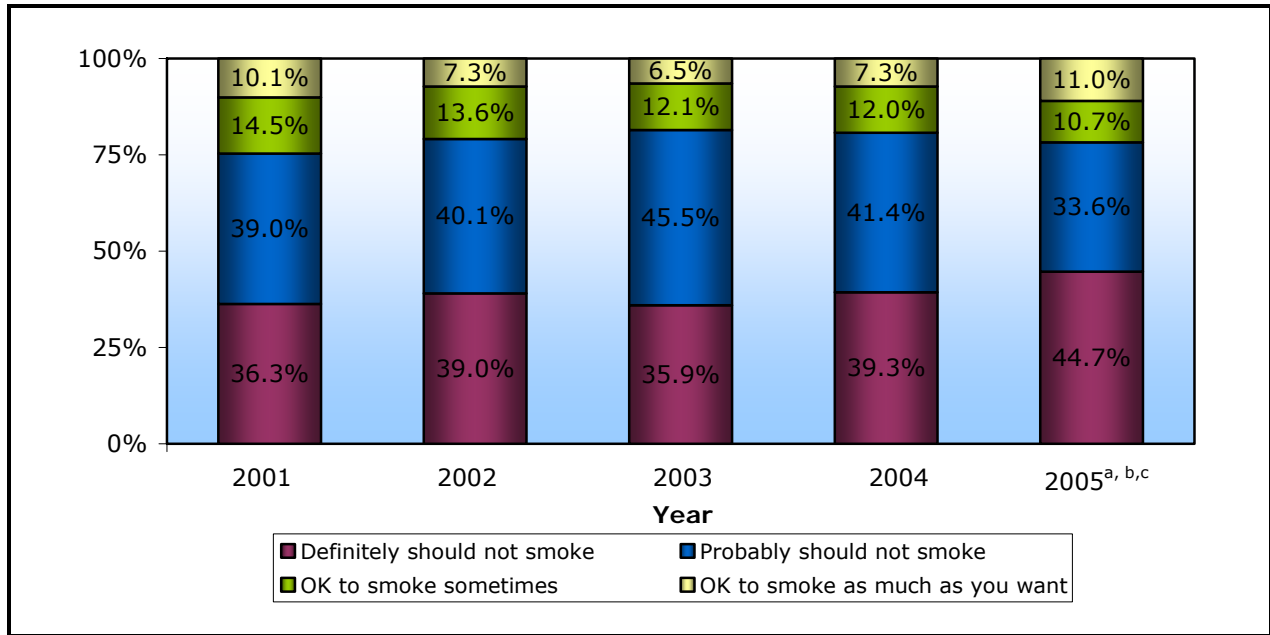
^aChange from 2004 to 2005 for “definitely should not smoke,” “probably should not smoke,” and “OK to smoke as much as you want” is statistically significant at the 1% level.

^bChange from 2001 to 2005 for “definitely should not smoke” and “OK to smoke as much as you want” is statistically significant at the 1% level.

^cChange from 2004 to 2005 for “OK to smoke sometimes” is statistically significant at the 5% level.

Figures 4-14 and **4-15** show how smokers and all Vermonters think that most people in the community feel about adults smoking around children. Response options were “definitely should not smoke around children,” “probably should not smoke around children,” “OK to smoke sometimes around children,” or “OK to smoke as much as you want around children.” This question was asked for the first time in the 2005 Vermont ATS. As shown in Figure 4-14, the majority of smokers (72.8%) and Vermonters (73.9%) thought the community feels smokers “definitely should not smoke around children.”

Figure 4-13. How Vermonters Think Most People in the Community Feel About Adults Smoking Cigarettes



Note: Estimated confidence intervals are reported in Table B-16 in Appendix B.

^aChange from 2004 to 2005 for “definitely should not smoke” is statistically significant at the 5% level.

^bChange from 2001 to 2005 for “definitely should not smoke” and “probably should not smoke” and “OK to smoke sometimes” is statistically significant at the 1% level.

^cChange from 2004 to 2005 for “probably should not smoke” and “OK to smoke as much as you want” is statistically significant at the 1% level.

Figure 4-14. How Smokers Think Most People in the Community Feel About Adults Smoking Around Children

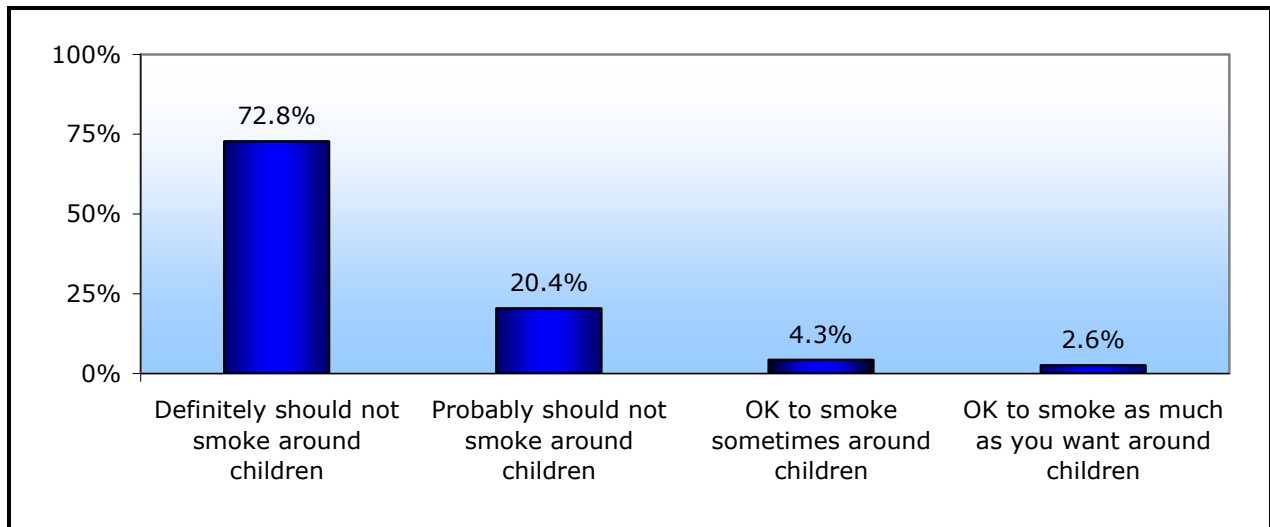
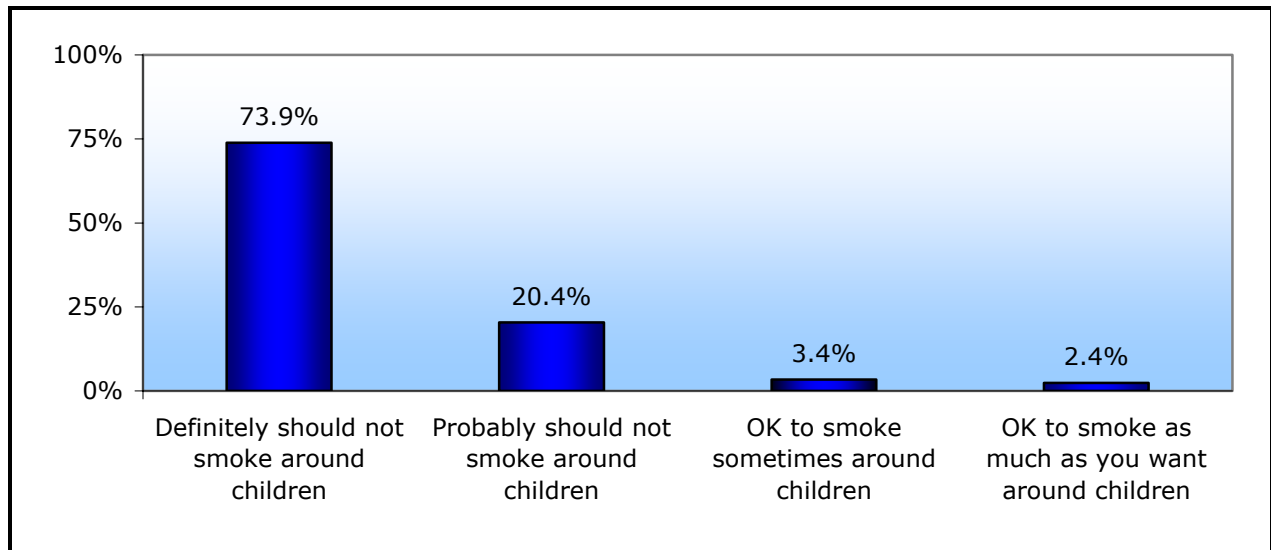
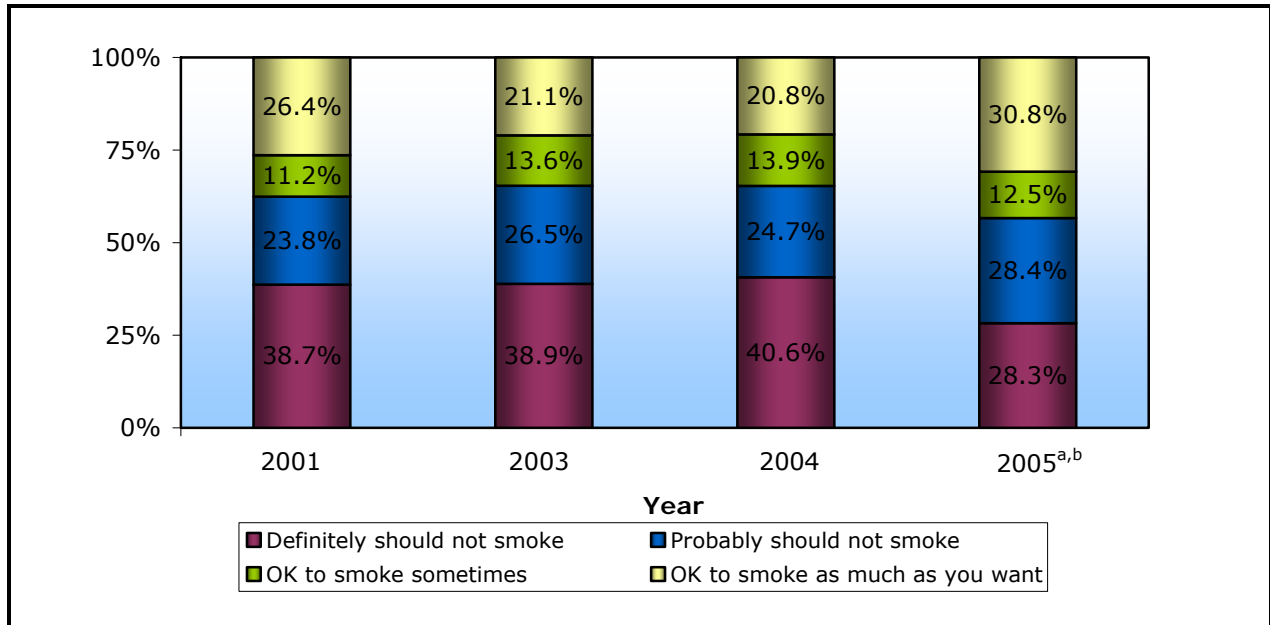


Figure 4-15. How Vermonters Think Most People in the Community Feel About Adults Smoking Around Children



Figures 4-16 and **4-17** show how smokers and Vermonters feel about adults smoking. Response options were “definitely should not smoke,” “probably should not smoke,” “OK to smoke sometimes,” or “OK to smoke as much as you want.” Results show that the majority of smokers and Vermonters have negative attitudes toward tobacco use (i.e., adults “definitely should not smoke” or “probably should not smoke”). However, the percentages of total respondents with negative attitudes toward tobacco have fluctuated from year to year. As shown in Figure 4-16, the percentage of smokers who said that it was okay for adults to smoke “as much as [they] want” increased significantly from 2004 (20.8%) to 2005 (30.8%) ($p < .01$). The percentage of smokers who responded that adults “definitely should not smoke” decreased from 2004 (40.6%) to 2005 (28.3%) ($p < .01$). As shown in Figure 4-17, the percentage of Vermonters who said that adults “definitely should not smoke” decreased significantly from 2004 (72.2%) to 2005 (64.5%) ($p < .01$). The percentage who responded that it was okay for adults to smoke “as much as [they] want” increased significantly from 2004 (7.7%) to 2005 (12.0%) ($p < .01$). Finally, the percentage of Vermonters who responded that adults “probably should not smoke” increased significantly from 2004 (14.3%) to 2005 (17.7%) ($p < .05$).

Figure 4-16. How Smokers Feel About Adults Smoking Cigarettes



Note: Estimated confidence intervals are reported in Table B-17 in Appendix B.

^aChange from 2004 to 2005 for “definitely should not smoke” and “OK to smoke as much as you want” is statistically significant at the 1% level.

^bChange from 2001 to 2005 for “definitely should not smoke” is statistically significant at the 1% level.

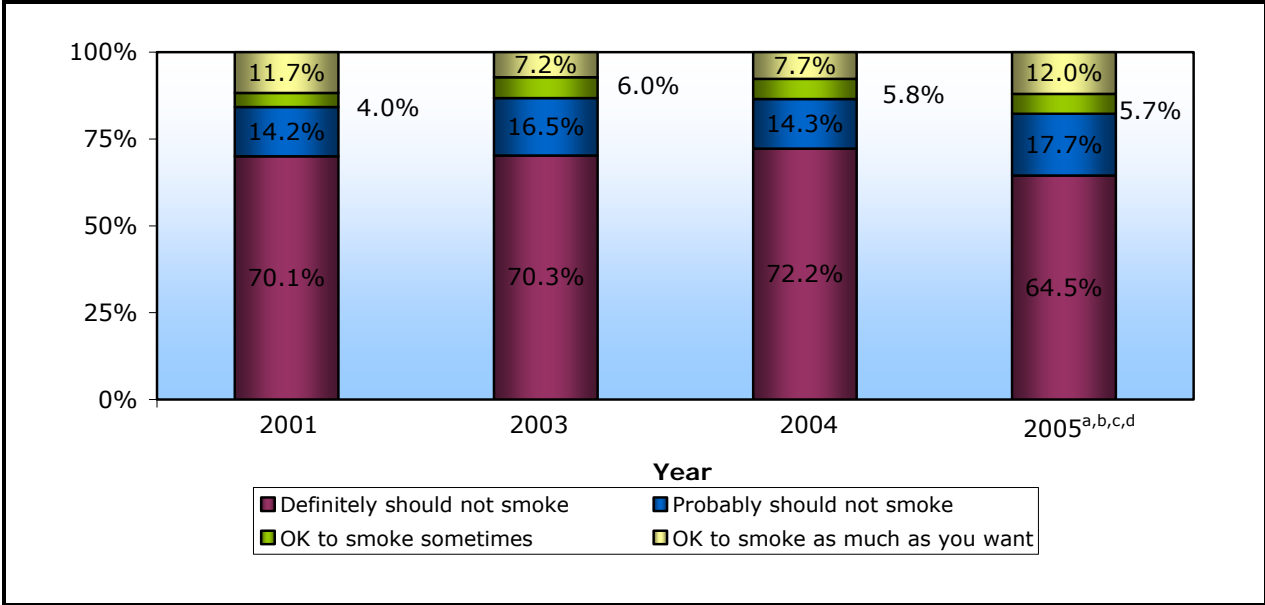
4.2 Intermediate Outcomes

Community programs share intermediate- and longer-term outcomes with cessation and secondhand smoke (see Sections 2 and 3).

4.3 Long-Term Outcomes

Community programs share intermediate- and longer-term outcomes with cessation and secondhand smoke (see Sections 2 and 3).

Figure 4-17. How Vermonters Feel about Adults Smoking Cigarettes



Note: Estimated confidence intervals are reported in Table B-18 in Appendix B.

^aChange from 2001 to 2005 for “definitely should not smoke” and “probably should not smoke” is statistically significant at the 1% level.

^bChange from 2004 to 2005 for “definitely should not smoke ” and “OK to smoke as much as you want” is statistically significant at the 1% level.

^cChange from 2004 to 2005 for “probably should not smoke” is statistically significant at the 5% level.

^dChange from 2001 to 2005 for “OK to smoke sometimes” is statistically significant at the 5% level.

5. AWARENESS OF ANTITOBACCO MEDIA

In this section, we assess levels of awareness of antitobacco media messages and aided awareness of Vermont Quit Line ads among Vermont smokers and all Vermonters. For each medium and year, we report the percentage of Vermont smokers and Vermonters who were aware of at least one quit cigarette smoking message in the past 6 months on radio, on television, or in the newspaper, and the percentage of Vermont smokers and Vermonters who were aware of any antitobacco radio, television, or newspaper ad for the Vermont Quit Line. For the 2005 Adult Tobacco Survey (ATS), we present results for confirmed awareness of and reactions to specific antitobacco messages among Vermont smokers and all Vermonters.

5.1 Short-Term Outcomes

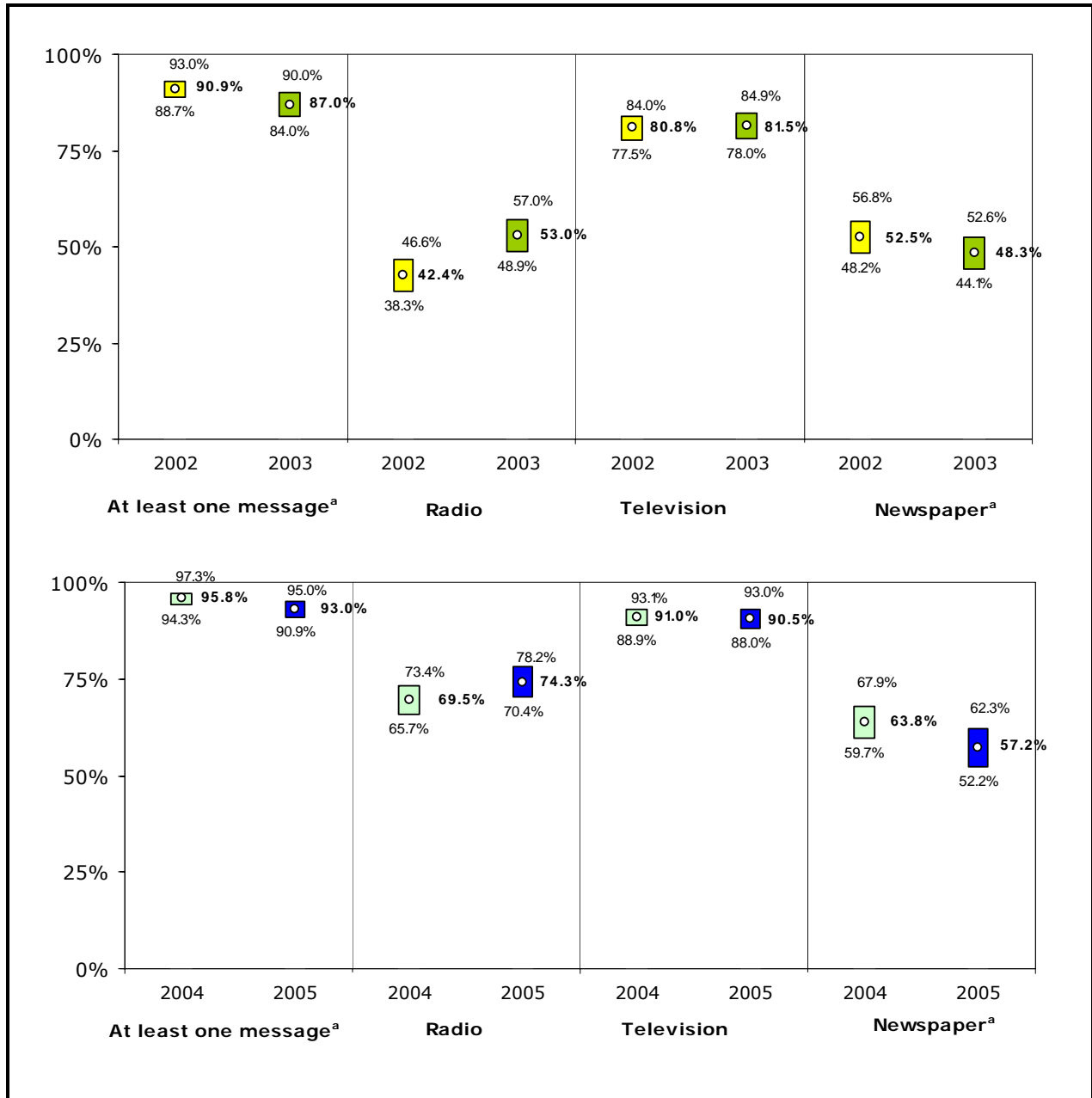
a. Awareness of/Exposure to Media Messages, Quit Line

5.1.1 Simple Awareness of at Least One Quit Cigarette Smoking Ad in the Past 6 Months (Smokers)

Figures 5-1 and 5-2 present simple awareness of at least one quit cigarette smoking message, by medium, among Vermont smokers and all Vermonters, respectively, from 2002 to 2005. In 2001, the ATS asks, "Can you please tell me how many days a week you do the following (listen/watch/read the [medium source])?" In 2002 and 2003, the ATS asks, "During the past 7 days, on average, how many hours a day did you listen/watch/read the (medium source)?" For all years, the Vermont ATS asks "In the past 6 months, that is since [insert date], have you heard/seen anything on the radio/television/newspaper about quitting cigarette smoking?" In 2001, 2002, and 2003, respondents were asked about awareness of quit smoking messages only if they reported using the specified medium (i.e., radio, television, or newspaper) in the past week. In 2004 and 2005, all respondents were asked about awareness of messages about quitting smoking. Because of the differences in question wording and skip patterns mentioned above, we do not report results from the 2001 ATS, and we compare estimates only for simple awareness of quit smoking messages between 2004 and 2005. In 2004 and 2005, ATS added a new response option to the question about awareness of ads in the past 6 months: "Didn't listen/watch/read the (medium) in the past 6 months." Respondents who reported that they "didn't listen/watch/read the (medium) in the past 6 months" in 2004 and 2005 were excluded from the analysis of simple awareness of quit smoking advertisements. Furthermore, respondents who answered with the option "refused" in any of the ATS years were excluded from the analysis of simple awareness of quit smoking ads for the related years.

Figure 5-1 shows awareness of at least one quit smoking ad, by advertising medium in the past 6 months, among Vermont smokers. In 2005, 93.0% of Vermont smokers reported awareness of at least one quit cigarette smoking advertisement, which is a significant change from 2004 (95.8%) ($p < .05$). Likewise, in 2005, 57.2% of Vermont smokers reported awareness of at least one quit cigarette smoking newspaper advertisement, which is a significant decrease from 2004 (63.8%) ($p < .05$). Reported awareness of television advertisements in 2005 was 90.5%, while awareness of radio advertisements was 74.3%. As previously explained, no comparisons can be made between 2002 and 2005 because of differences in skip patterns and question wording. In 2005, of all Vermont smokers who answered the question about awareness of a quit smoking ad, 15.8% reported that they do not listen to radio, 6.2% do not watch television, and 27.0% do not read the newspaper.

Figure 5-1. Simple Awareness of at Least One Quit Cigarette Smoking Ad in the Past 6 Months (Smokers)



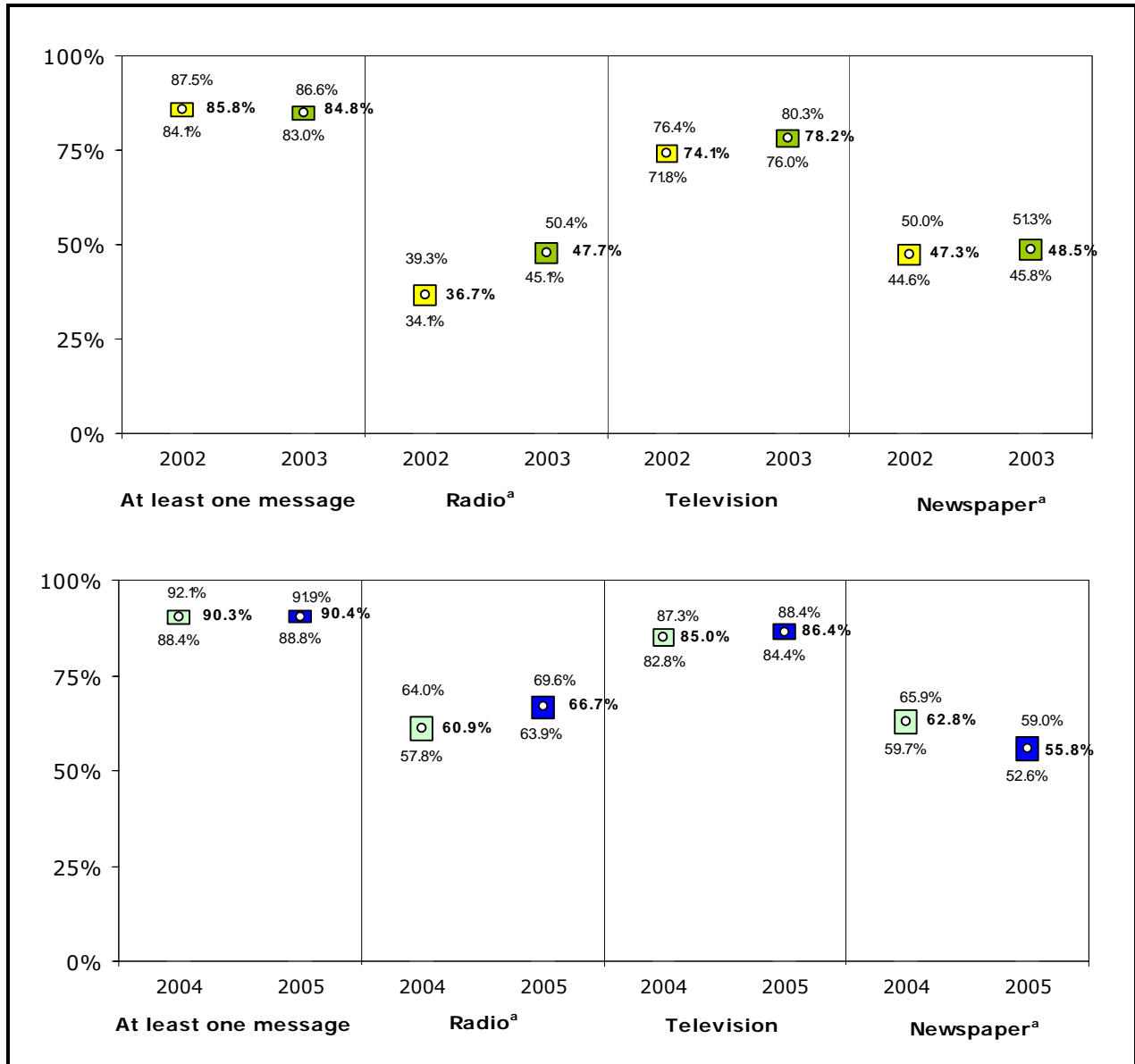
Note: Responses for “refused” option for all ATS years, and for “didn’t listen/, watch, and read the (medium)” option in 2004 and 2005 ATS, were excluded from the simple awareness estimates.

^aChanges from 2004 to 2005 are statistically significant at the 5% level.

5.1.2 Simple Awareness of at Least One Quit Cigarette Smoking Ad in the Past 6 Months (Overall)

Figure 5-2 shows awareness of at least one quit cigarette smoking ad, by medium in the past 6 months, among all respondents. Slightly more than 90% (90.4%) of respondents reported awareness of at least one quit smoking ad in 2005, whereas awareness of television ads in 2005 was 86.4%. Awareness of radio ads increased significantly from 2004 (60.9%) to 2005 (66.7%) ($p < .01$). Awareness of newspaper ads decreased significantly from 2004 (62.8%) to 2005 (55.8%) ($p < .01$). In 2005, of all Vermonters who answered the question about awareness of at least one quit smoking ad, 16.3% of Vermonters reported that they do not listen to radio, 10.5% do not watch television, and 23.5% do not read the newspaper.

Figure 5-2. Simple Awareness of at Least One Quit Cigarette Smoking Ad in the Past 6 Months (Overall)



Note: Responses for "refused" option for all ATS years and for "didn't listen, watch, and read the (medium)" option in 2004 and 2005 ATS were excluded from the simple awareness estimates.

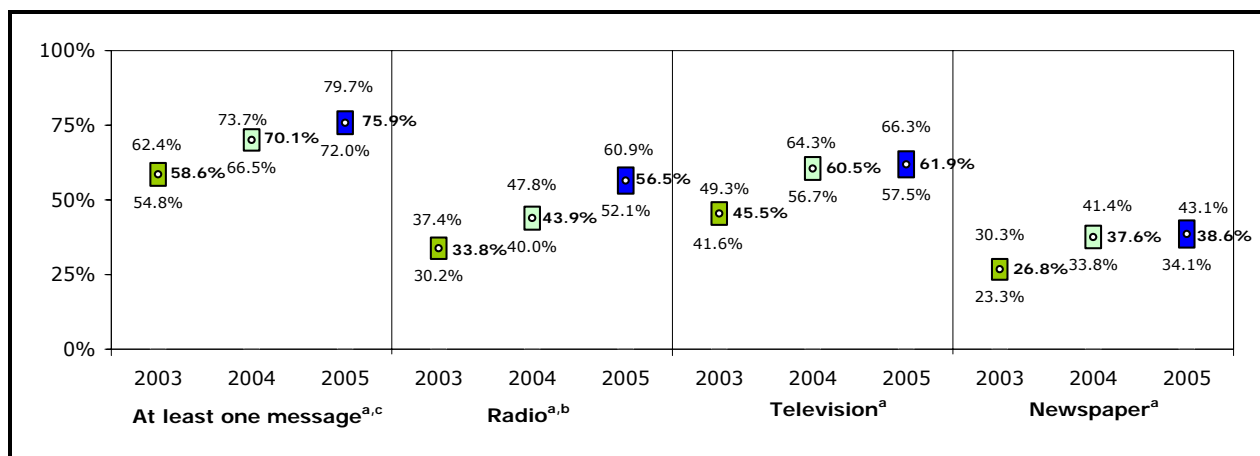
^aChange from 2004 to 2005 is statistically significant at the 1% level.

5.1.3 Aided Awareness of Any Ad for the Vermont Quit Line Among Vermont Smokers and Vermonters

Figures 5-3 and 5-4 show aided awareness of ads for the Vermont Quit Line among Vermont smokers and all Vermonters, respectively. The 2003, 2004, and 2005 ATS ask, “Have you ever seen/heard any [medium] ads for the Vermont Quit Line?” The 2001 and 2002 ATS did not ask this question, and therefore 2001 and 2002 results are not shown in the figures. In 2004 and 2005, a response option was added to indicate those who are not aware of Vermont Quit Line ads because they do not watch/listen to/read the medium. Following the same method used earlier to indicate simple awareness of any antitobacco ads, in both years, “refused” responses were excluded from the analysis, and “don’t know” responses were coded as “no” responses; comparisons are still made between the years.

Figure 5-3 shows aided awareness of ads for the Vermont Quit Line, by medium, among Vermont smokers. The percentage of Vermont smokers who reported awareness of at least one ad for the Vermont Quit Line increased significantly from 2003 (58.6%) and 2004 (70.1%) to 2005 (75.9%) ($p < .01$ and $p < .05$, respectively). The percentage of Vermont smokers who reported awareness of radio ads for the Vermont Quit Line also increased significantly from 2003 (33.8%) and 2004 (43.9%) to 2005 (56.5%) ($p < .01$). Awareness of television ads increased significantly from 2003 (45.5%) to 2005 (61.9%) ($p < .01$). Awareness of newspaper ads also increased significantly from 2003 (26.8%) to 2005 (38.6%) ($p < .01$).

Figure 5-3. Aided Awareness of Any Ads for the Vermont Quit Line (Smokers)



Note: Responses for “refused” option for all ATS years and for “didn’t listen/watch/read the (medium)” option in 2004 and 2005 ATS were excluded from the simple awareness estimates.

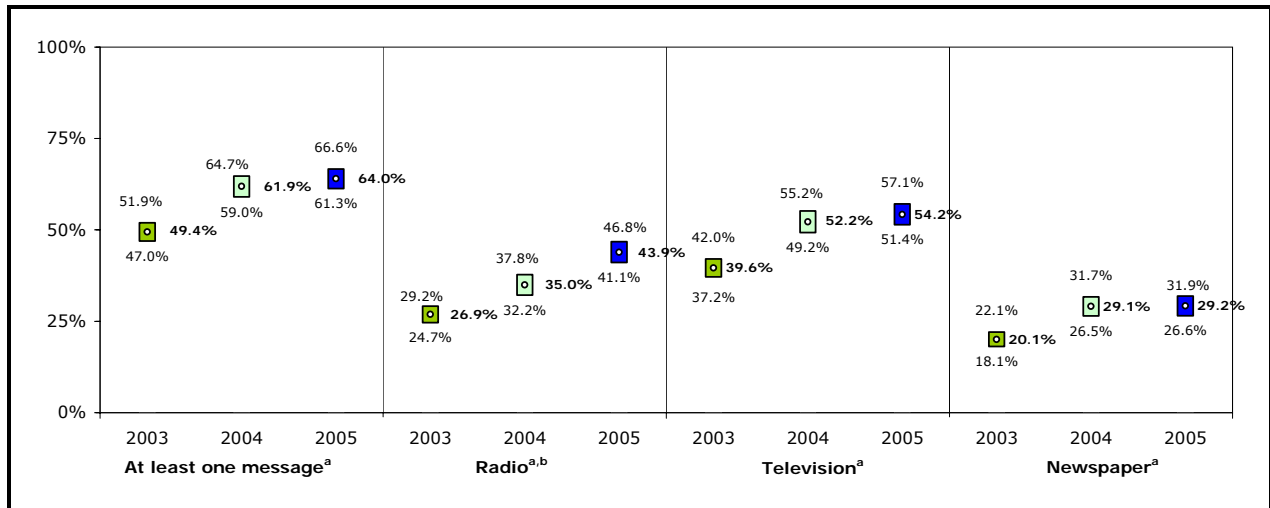
^aChange from 2003 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 1% level.

^cChange from 2004 to 2005 is statistically significant at the 5% level.

Figure 5-4 shows aided awareness of ads for the Vermont Quit Line, by medium, among all Vermonters. The percentage of Vermonters who reported awareness of at least one ad for the Vermont Quit Line increased significantly from 2003 (49.4%) to 2005 (64.0%) ($p < .01$). Awareness of radio, television, and newspaper ads for the Vermont Quit Line are increased significantly from 2003 to 2005 ($p < .01$). Awareness of radio ads for the Quit Line also increased significantly from 2004 (35.0%) to 2005 (43.9%).

Figure 5-4. Aided Awareness of Any Ads for the Vermont Quit Line (Overall)



Note: Responses for “Refused” option for all ATS years, and for “Didn’t listen/watch/read the (medium)” option in 2004, and 2005 ATS, were excluded from the simple awareness estimates.

^aChange from 2003 to 2005 is statistically significant at the 1% level.

^bChange from 2004 to 2005 is statistically significant at the 1% level.

5.1.4 Confirmed Awareness of Specific Media Campaigns Among Vermont Smokers and Vermonters

Figures 5-5 and **5-6** show confirmed awareness of the “Smoke Free Zone” radio campaign and “Quit to Save Money” television campaign among Vermont smokers and all Vermonters. The ATS 2005 asks, “In the past 6 months, have you heard any ads on the radio with children talking to their parents about how secondhand smoke affects them?” Respondents who did not hear of these ads were considered unaware of the “Smoke Free Zone” radio campaign ads, while those who had heard of these ads were considered aware (with aid) of the “Smoke Free Zone” radio campaign ads and were asked to provide a valid description of the ad. All listed descriptions for the radio ads in the 2005 ATS are related to the “Smoke Free Zone” radio campaign. Thus, confirmed awareness of these specific radio messages indicates confirmed awareness of the “Smoke Free Zone” radio campaign.

Likewise, unawareness and aided awareness of the “Quit to Save Money” television campaign ads were determined based on responses to the 2005 ATS question, “In the past 6 months, have you seen any ads on television that show people finding money after they

quit smoking?" Respondents who reported seeing these ads were asked to provide a valid description of the ad. All listed ad descriptions in the 2005 ATS referred to the "Quit to Save Money" television campaign. Thus, confirmed awareness of these specific messages reflects confirmed awareness of the "Quit to Save Money" television campaign. Because the television messages started to run in October, the corresponding awareness questions in the 2005 ATS were only asked of respondents interviewed after October 17, 2005.

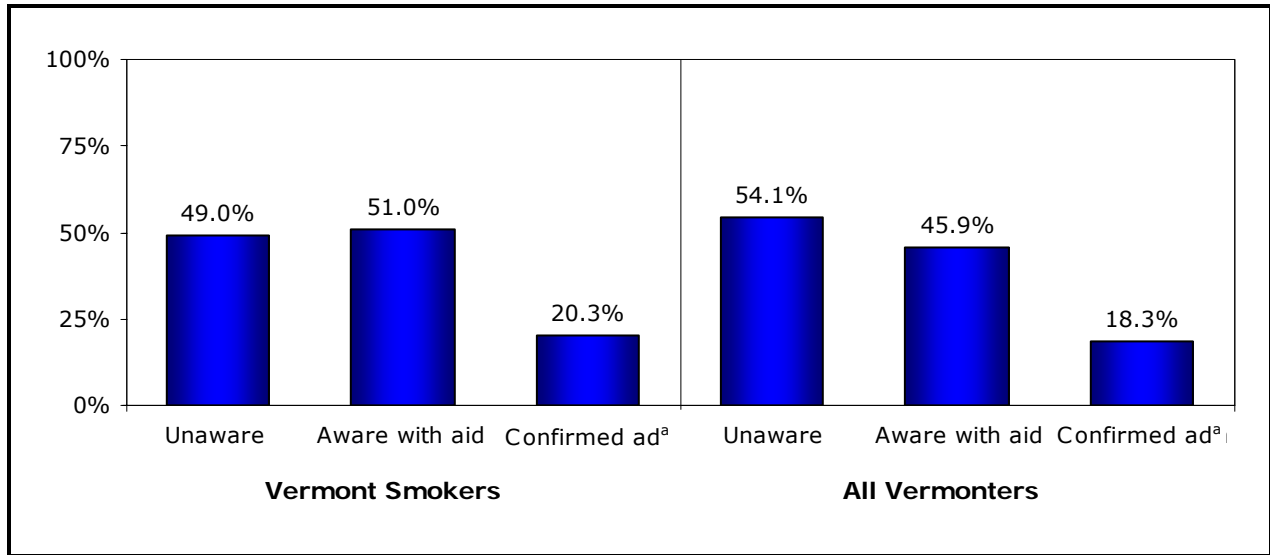
We also monitored whether a respondent had confirmed awareness of at least one of the two media campaigns (i.e., whether the respondent had either heard a radio message as part of the "Smoke Free Zone" radio campaign or had seen a television message as part of the "Quit to Save Money" television campaign). We report in the text only the percentage of confirmed awareness of either campaign only for those who were interviewed after October 17, 2005.

Figure 5-5 presents smokers' confirmed awareness of "Smoke Free Zone" radio campaign ads in the past 6 months for Vermont smokers and all Vermonters. Among Vermont smokers, the percentage of awareness of the "Smoke Free Zone" radio campaign ads (51%) is higher than the percentage of unawareness (49.0%); 20.3% confirmed awareness of the "Smoke Free Zone" radio campaign ads. Among all Vermonters, awareness of the "Smoke Free Zone" radio campaign ads (45.9%) was less than unawareness of the ads (54.1%). Less than 20% of all Vermonters confirmed awareness of the "Smoke Free Zone" radio campaign ads (18.3%).

Figure 5-6 presents confirmed awareness of "Quit to Save Money" television campaign ads in the past 6 months for Vermont smokers and all Vermonters who were interviewed after October 17. Noticeably, more Vermont smokers were aware (55.0%) than unaware (45.0%) of the "Quit to Save Money" television ads, and more than one-third of Vermont smokers have confirmed awareness of at least one ad in the "Quit to Save Money" television campaign (37.7%). Likewise, more Vermonters were aware of the "Quit to Save Money" television ads (50.3%) than were unaware (49.7%), and 36.8% of Vermonters confirmed awareness of the "Quit to Save Money" television campaign.

Among Vermont smokers who were interviewed after October 17, 42.5% have confirmed awareness of either of the two campaigns. Among all Vermonters who were interviewed after October 17, 41.8% have confirmed awareness of either of the two campaigns.

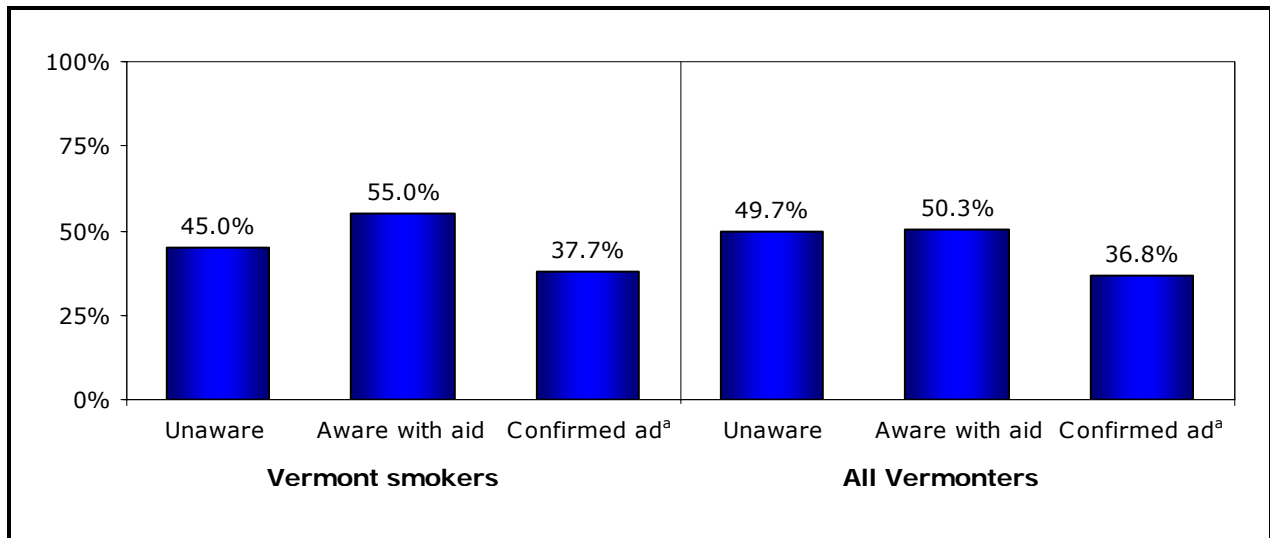
Figure 5-5. Confirmed Awareness of “Smoke Free Zone” Radio Campaign Ads in the Past 6 Months, 2005 (Smokers versus All Vermonters)



Notes: Unaware—Did not hear any radio ad in the past 6 months with children addressing parents regarding SHS; Aware with Aid—Had heard a radio ad in the past 6 months with children addressing parents regarding SHS; Confirmed Ad—Provided a description of one or more of the campaign ads; Among Vermont smokers who were interviewed after October 17, 2005.

^aPercentage of confirmed awareness is among those who reported awareness with aid.

Figure 5-6. Confirmed Awareness of “Quit to Save Money” Television Campaign Ads in the Past 6 Months, 2005 (Smokers versus All Vermonters)



Notes: Unaware—Did not see any television ad in the past 6 months showing people finding money after they quit smoking; Aware with Aid—Had seen a television ad in the past 6 months showing people finding money after they quit smoking; Confirmed Ad—Provided a description of one or more of the campaign ads; Among Vermont smokers who were interviewed after October 17, 2005.

^aPercentage of confirmed awareness is among those who reported awareness with aid.

5.1.5 Reactions to Specific Media Campaigns Among Vermont Smokers and All Vermonters

Figures 5-7 and 5-8 present the reactions of Vermont smokers and all Vermonters to specific media messages included in the “Smoke Free Zone” radio campaign and the “Quit to Save Money” television campaign. For each campaign, adults with confirmed awareness of at least one specific message were then asked a series of questions about what they had heard or seen. We identified respondents who either strongly agreed or agreed that the message they had heard or seen was convincing. We also identified respondents who strongly agreed or agreed that the messages they had heard or seen made them think about whether they should smoke. Respondents were also asked whether they talked to someone about not smoking after they had heard or seen the media message. It is worth noting that the television messages started to run in October, so the corresponding awareness questions in the 2005 ATS were only asked of respondents interviewed after October 17, 2005.

Figure 5-7 presents reactions across all “Smoke Free Zone” radio campaign ads in 2005 for Vermont smokers and all Vermonters with confirmed awareness of the “Smoke Free Zone” radio campaign ads. Approximately 90% of smokers and 96.8% of all Vermonters found the advertisements included in the “Smoke Free Zone” radio campaign convincing. These media messages made 87.2% of Vermont smokers and 77.0% of all Vermonters think about whether they should smoke. Twelve percent of smokers indicated that they talked to someone about not smoking after hearing the radio campaign compared with 17.4% of all Vermonters.

Figure 5-7. Reactions Across All Ads of “Smoke Free Zone” Radio Campaign (Smokers versus All Vermonters with Confirmed Awareness)

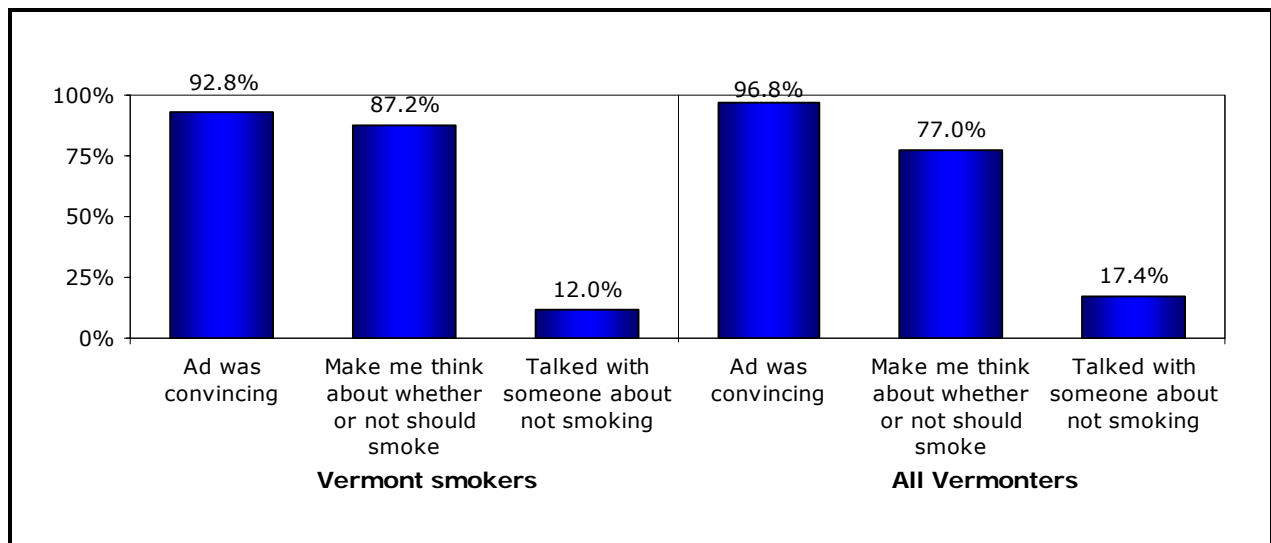
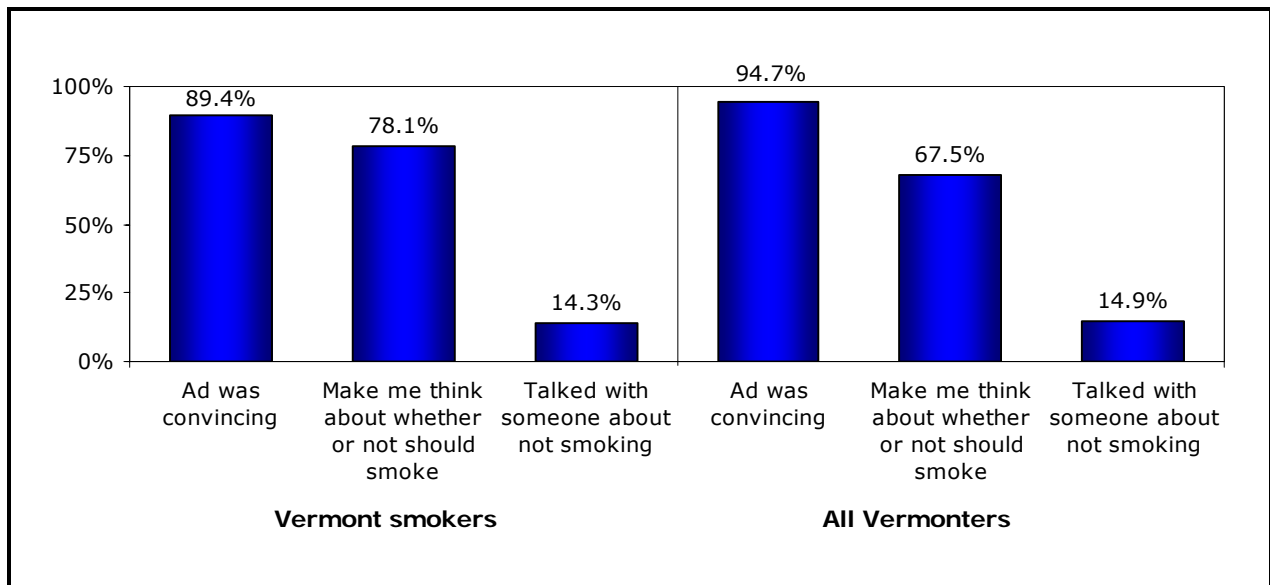


Figure 5-8 presents reactions across all “Quit to Save Money” television campaign ads in 2005 for Vermont smokers and all Vermonters with confirmed awareness of the “Quit to Save Money” television campaign in 2005. For advertisements included in the “Quit to Save Money” television campaign, 98.4% of Vermont smokers and 94.7% of Vermonters found the ads to be convincing. Likewise, these media messages made 78.1% smokers and 67.5% of Vermonters think about whether they should smoke. In addition, 14.3% of smokers indicated that they talked to someone about not smoking after hearing the radio campaign compared with 14.9% of Vermonters.

Figure 5-8. Reactions Across All Ads of “Quit to Save Money” Television Campaign (Smokers versus All Vermonters with Confirmed Awareness)



Note: Among respondents who were interviewed after October 17, 2005.

b. Awareness of Local Programs

See Section 4.

5.2 Intermediate Outcomes

a. Knowledge and Perception of Harmfulness of Secondhand Smoke

See Section 3.2.

b. Increased Use of Quit Line as Cessation Method

See Section 2.2.

c. Increased Use of Other Cessation Methods

See Section 2.2.

d. Changes in Reasons for Quitting

See Section 2.2.

5.3 Long-Term Outcomes

a. Increased Smoking Prohibitions in Home and Car

See Section 3.3.

b. Increased Intentions to Quit

See Section 2.3.

6. MISCELLANEOUS DESCRIPTIVE ANALYSES BY AGE GROUP

In this section, we present results for selected items for adults aged 18 to 24, 25 to 44, and 45 and older. Statistical comparisons are made across age groups for each year.

6.1 What Percentage of Vermont Current Smokers Purchased at Least 25% of Their Cigarettes in Neighboring States, on Indian Reservations, or on the Internet in the Past 12 Months?

Figures 6-1 through 6-4 show the percentage of Vermont current smokers who purchased at least 25% of their cigarettes from neighboring states, on Indian reservations, or on the Internet. Because these analyses have not been previously introduced in this report, results among all current smokers are presented to provide a context for results by age group.

Figure 6-1 shows the percentage of Vermont current smokers who purchased at least 25% of their cigarettes in neighboring states, on Indian reservations, or on the Internet during the past 12 months. In addition to being asked whether they bought cigarettes from one of the three locations identified above, starting in 2003, current smokers were asked what percentage of their cigarette purchases were made at these locations. (This question was not asked in the 2001 or 2002 Vermont Adult Tobacco Survey [ATS].) In 2005, 21.1% of Vermont current smokers purchased at least 25% of their cigarettes in neighboring states, whereas 2.3% and 1.1% bought at least 25% of their cigarettes on Indian reservations and on the Internet, respectively. There were no statistically significant differences in the percentage of current smokers who purchased at least 25% of their cigarettes from any of these sources from 2003 to 2005.

Figures 6-2 through *6-5* show the percentage of Vermont current smokers who purchased at least 25% of their cigarettes in neighboring states, on Indian reservations, or on the Internet during the past 12 months, respectively, by age group. In 2005, significantly more current smokers aged 45 and older (3.6%) purchased at least 25% of their cigarettes from an Indian reservation than current smokers aged 25 to 44 (0.7%) and smokers aged 18 to 24 (0.6%) ($p < .01$). Also, in 2005, more current smokers aged 45 and older (2.2%) purchased at least 25% of their cigarettes from the Internet than current smokers aged 18 to 24 (0%) ($p < .05$). The percentage of smokers who reported purchasing at least 25% of their cigarettes from neighboring states did not differ significantly by age group.

Figure 6-1. Percentage of Current Smokers Who Purchased at Least 25% of Their Cigarettes in Neighboring States, on Indian Reservations, or on the Internet in the Past 12 Months

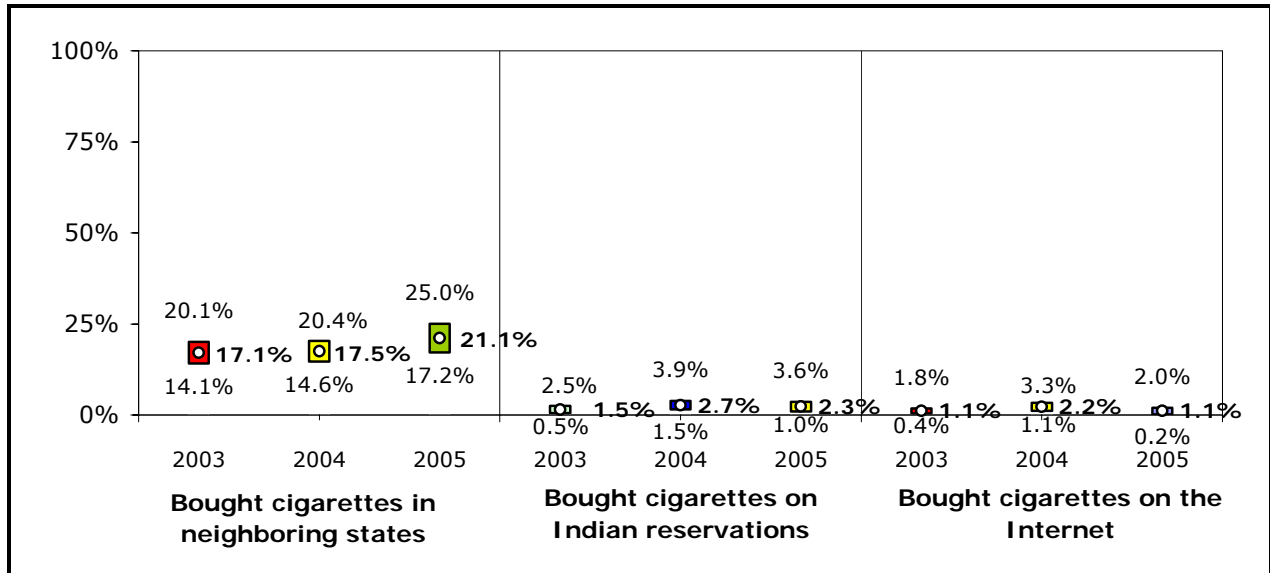
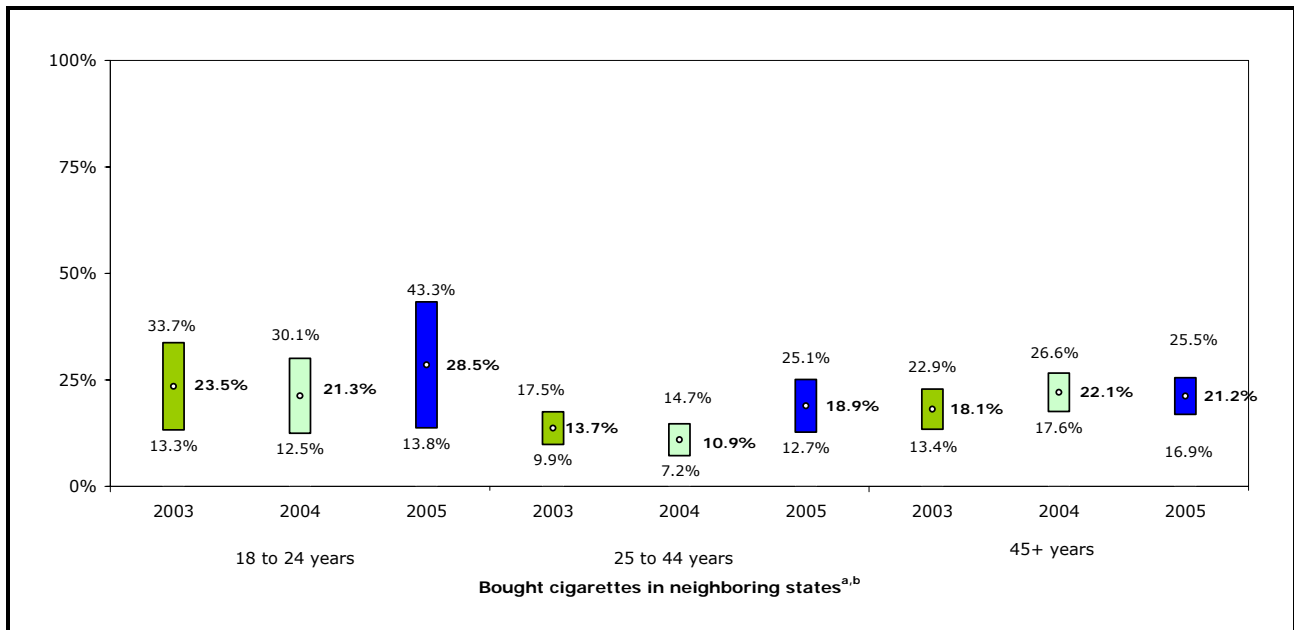


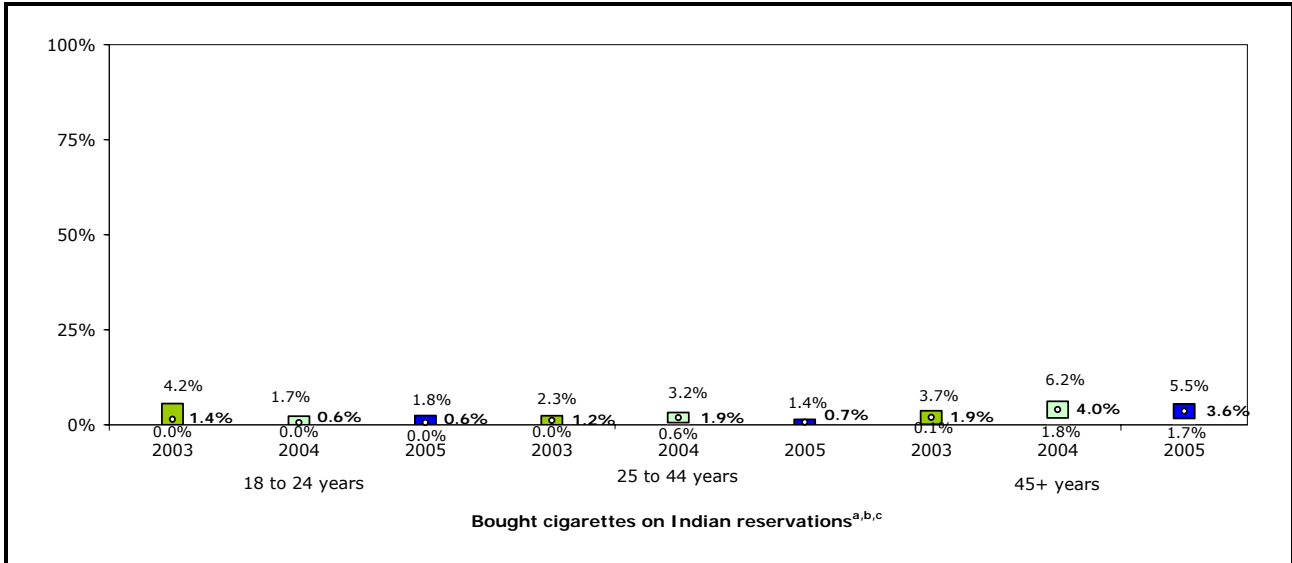
Figure 6-2. Percentage of Current Smokers Who Purchased at Least 25% of Their Cigarettes in Neighboring States in the Past 12 Months, by Age Group



^aDifference between 18–24 and 25–44 years is statistically significant at the 5% level in 2004.

^bDifference between 18–24 and 45+ years is statistically significant at the 1% level in 2004.

Figure 6-3. Percentage of Current Smokers Who Purchased at Least 25% of Their Cigarettes on Indian Reservations in the Past 12 Months, by Age Group

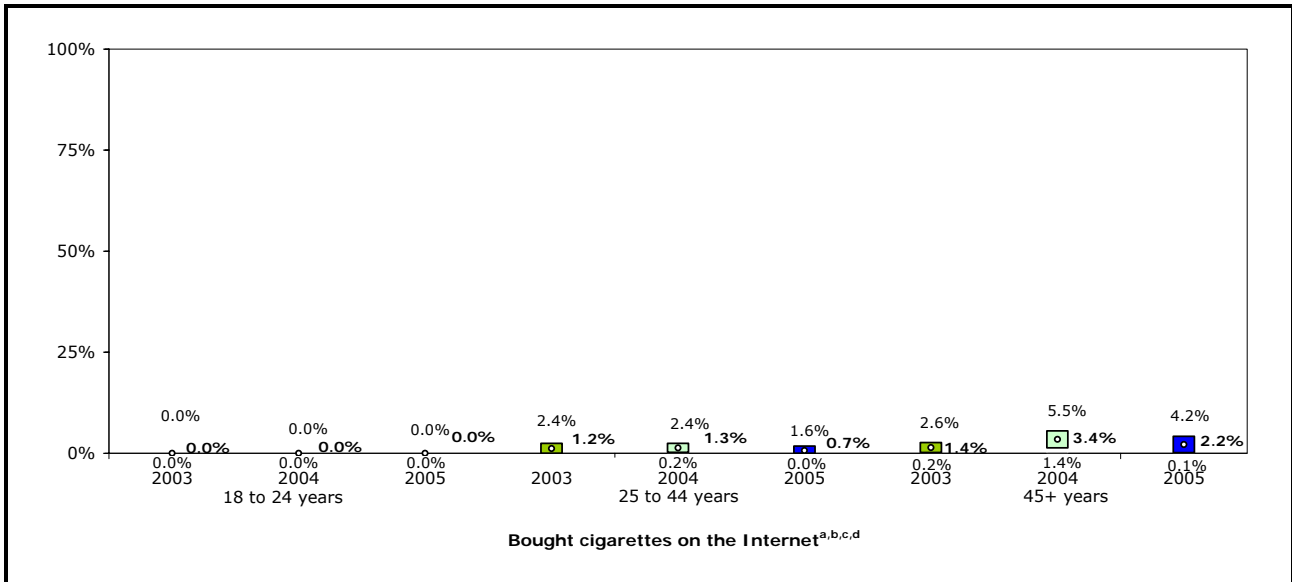


^aDifference between 18–24 and 45+ years is statistically significant at the 1% level in 2004.

^bDifference between 18–24 and 45+ years is statistically significant at the 1% level in 2005.

^cDifference between 25–44 and 45+ years is statistically significant at the 1% level in 2005.

Figure 6-4. Percentage of Current Smokers Who Purchased at Least 25% of Their Cigarettes on the Internet in the Past 12 Months, by Age Group



^aDifference between 18–24 and 45+ years is statistically significant at the 5% level in 2003.

^bDifference between 18–24 and 25 to 44 years is statistically significant at the 5% level in 2004.

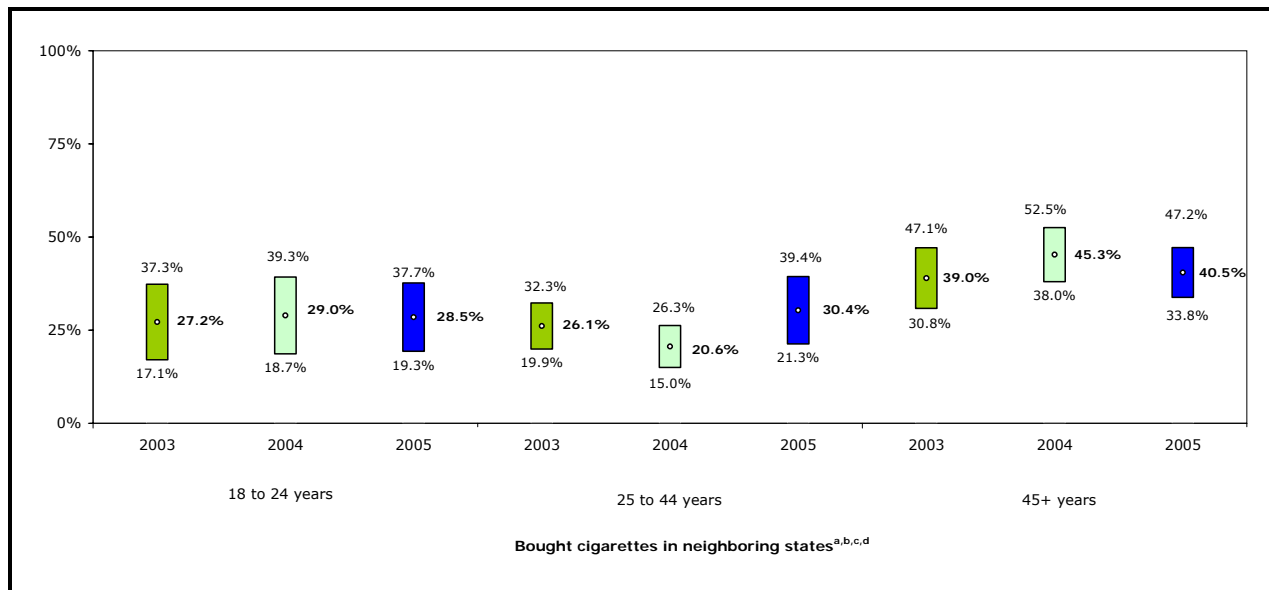
^cDifference between 18–24 and 45+ years is statistically significant at the 1% level in 2004.

^dDifference between 18–24 and 45+ years is statistically significant at the 5% level in 2005.

6.2 What Percentage of Cigarettes Were Purchased in Neighboring States, on Indian Reservations, or on the Internet by Vermont Current Smokers in 2003, 2004, and 2005?

Figures 6-5 through 6-7 show the average percentage of cigarettes purchased by age group in neighboring states, on reservations, and on the Internet by Vermont current smokers who reported buying cigarettes from those sources in the past year for 2003, 2004, and 2005. (The 2001 and 2002 ATS did not ask for this information, and therefore 2001 and 2002 results are not reported in this figure.) In 2005, current smokers aged 45 and older (40.5%) purchased a significantly larger percentage of their cigarettes from neighboring states than current smokers aged 18 to 24 (28.5%) ($p < .05$). In 2005, current smokers aged 45 and older (47.2%) purchased a significantly larger percentage of their cigarettes from the Internet than current smokers aged 18 to 24 (3.4%) ($p < .01$). There were no statistically significant differences in the percentage of cigarettes bought at Indian reservations by age group in 2005.

Figure 6-5. Percentage of Cigarettes Purchased in Neighboring States in the Past 12 Months, by Age Group (Current Smokers)



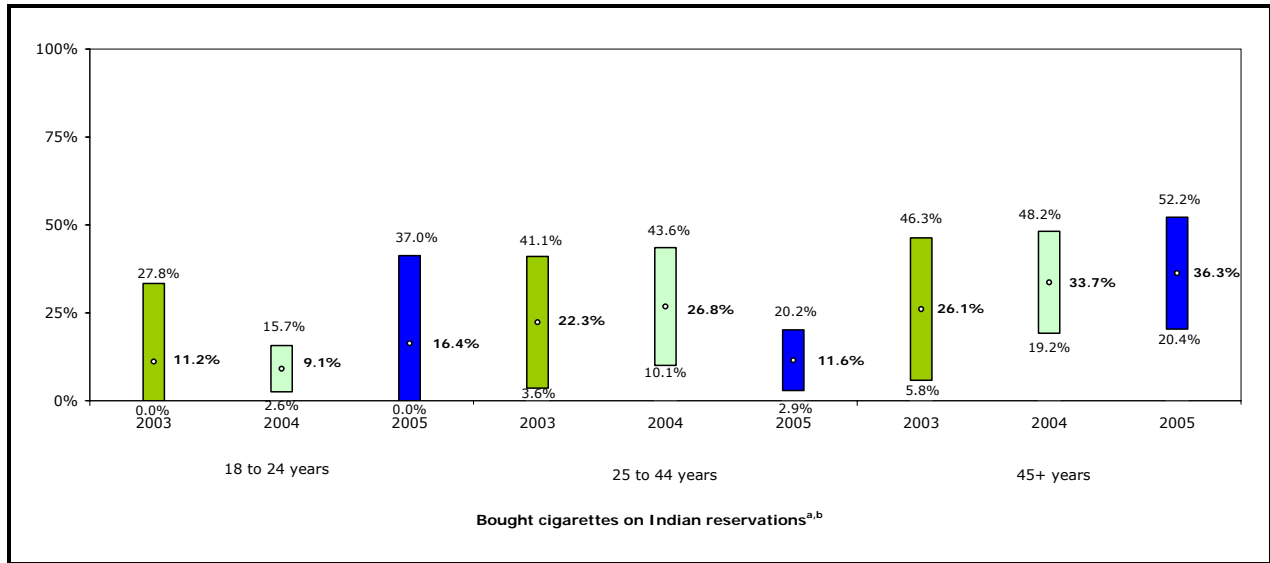
^aDifference between 25–44 and 45+ years is statistically significant at the 5% level in 2003.

^bDifference between 18–24 and 45+ years is statistically significant at the 5% level in 2004.

^cDifference between 25–44 and 45+ years is statistically significant at the 1% level in 2004.

^dDifference between 18–24 and 45+ years is statistically significant at the 5% level in 2005.

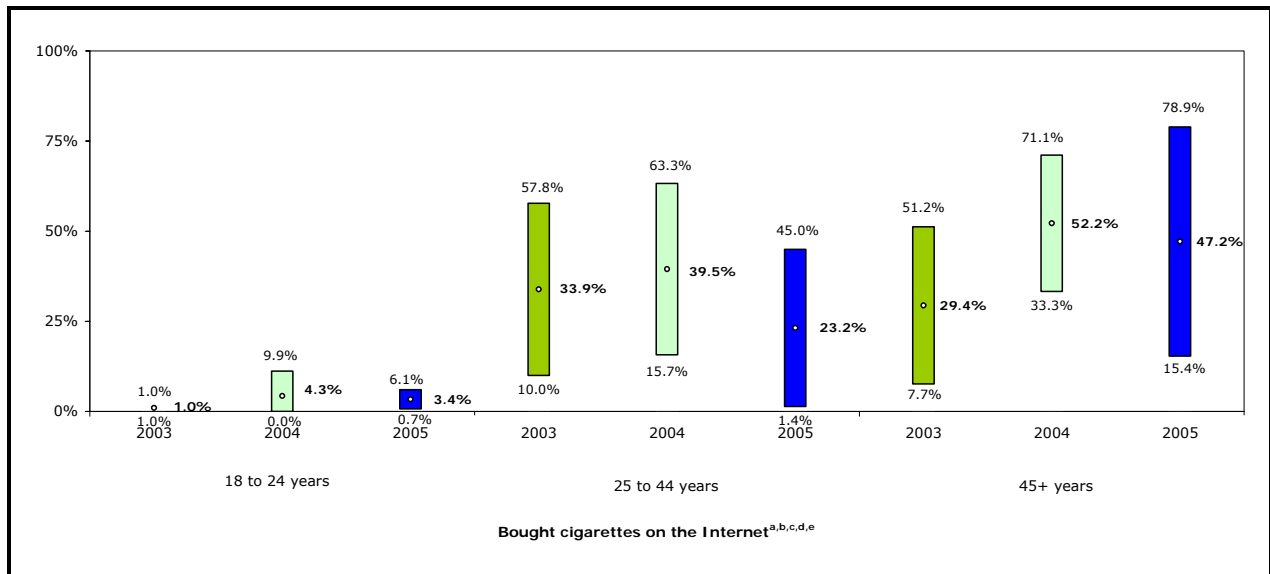
Figure 6-6. Percentage of Cigarettes Purchased on Indian Reservations in the Past 12 Months, by Age Group (Current Smokers)



^aDifference between 18–24 and 45+ years is statistically significant at the 1% level in 2004.

^bDifference between 25–44 and 45+ years is statistically significant at the 1% level in 2004.

Figure 6-7. Percentage of Cigarettes Purchased on the Internet in the Past 12 Months, by Age Group (Current Smokers)



^aDifference between 18–24 and 25–44 years is statistically significant at the 1% level in 2003.

^bDifference between 18–24 and 45+ years is statistically significant at the 5% level in 2003.

^cDifference between 18–24 and 25 to 44 years is statistically significant at the 1% level in 2004.

^dDifference between 18–24 and 45+ years is statistically significant at the 1% level in 2004.

^eDifference between 18–24 and 45+ years is statistically significant at the 1% level in 2005.

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APPENDIX A: VERMONT DEPARTMENT OF HEALTH ADULT TOBACCO SURVEY, 2005

VERMONT DEPARTMENT OF HEALTH ADULT TOBACCO SURVEY 2005 Survey

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Introduction

INTRO: 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.

Is this /insert telephone number/?

01	{GO TO INTROA}	YES
02		NO

TERM1: 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. /TERMINATE/

INTROA: Is this a private residence?

01	{GO TO NOTE BEFORE PRES1_1}	YES
02		NO

TERM2: Thank you very much, but we are only interviewing private residences. Thank you for your time. /TERMINATE/

Screener 1

/Use until non/ex smoker quota met/

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

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

/IF S1_1=1, ask S1_2, otherwise go to S1_3/

S1_2. Are you the adult?

01		YES, MALE
02		YES, FEMALE
03	{GO TO S1_2b}	NO

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

/If S1_2 = 03, ask S1_2b, otherwise go to “you’re the one”/

S1_2b. Is the adult a man or a woman?

01	{ AUTOCODE S1_3}	MAN
02	(AUTOCODE S1_3)	WOMAN
77		DON'T KNOW
99		REFUSED

S1_2c. May I speak with /fill in (him/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 S1_1>1/

S1_3A. How many of these adults are men?

0	NONE
1	ONE
2	TWO
3	THREE
4	FOUR
5	FIVE
6	SIX
7	SEVEN
8	EIGHT
9	NINE

S1_3B. How many of these adults are women?

0	NONE
1	ONE
2	TWO
3	THREE
4	FOUR
5	FIVE
6	SIX
7	SEVEN
8	EIGHT
9	NINE

//need selected variable from screener saved//

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	{ GO TO CALLBACK}	DON'T KNOW
99	{ TERMINATE}	REFUSED

S1_4a. May I speak with /insert selected respondent/?

01	{GO TO “CORRECT RESPONDENT”}	YES
02	{GO TO CALLBACK}	NO
77	{GO TO CALLBACK}	DON’T KNOW
99	{GO TO TERMINATE}	REFUSED

Screener 2

/Use until current smoker quota met/

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

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>1, go to S2_4/

S2_2. Are you the adult?

01	{GO TO S2_3} YES
02	NO

S2_2a. May I speak with the adult?

01	YES
02	{GO TO CALLBACK} NO
77	{GO TO CALLBACK} DON’T KNOW
99	{TERMINATE} REFUSED

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.

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

01	{GO TO YOU’RE THE ONE}	EVERY DAY OR SOME DAYS, MALE
02	{GO TO YOU’RE THE ONE}	EVERY DAY OR SOME DAYS, FEMALE
03	{GO TO instructions before TERM3}	NOT AT ALL, MALE
04	{GO TO instructions before TERM3}	NOT AT ALL, FEMALE

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?

-- NUMBER OF ADULTS WHO SMOKE EVERY DAY OR SOME DAYS
-- NUMBER OF ADULTS WHO DO NOT SMOKE AT ALL

/If S2_4 is not equal to S2_1, ask S2_4CHECK, otherwise go to instructions before S2_5/
 S2_4CHECK. 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 and Quota for 18–24 year old is full, go to TERM3, otherwise continue/

/IF S2_3 = 03 or 04, go to S2_13/

/If S2_4 Number of adults who do not smoke at all > 0, go to S2_8/

TERM3. Thank you, those are all the questions I have for you. Thank you very much for your time.
 /TERMINATE/

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

- 01 {GO TO YOU'RE THE ONE} YES, FEMALE
- 02 {GO TO YOU'RE THE ONE} YES, MALE
- 03 NO

/If S2_5 = 03/

S2_5a. Is the adult a man or a woman?

- 01 MAN
- 02 WOMAN
- 77 DON'T KNOW
- 99 REFUSED

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

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

-- NUMBER OF MEN SMOKERS
-- NUMBER OF WOMEN SMOKERS

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 {GO TO CALLBACK} DON'T KNOW
99 {TERMINATE} REFUSED

S2_7a. May I speak with the /insert selected respondent/?

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

S2_8. Including yourself, can you please tell me how many of the nonsmoking adults in your household are between the ages of 18 and 24 (*pause*),

-- NUMBER OF NONSMOKING ADULTS 18–24 YEARS OF AGE

how many are between the ages of 25 and 49 (*pause*),

-- NUMBER OF NONSMOKING ADULTS 25-49 YEARS OF AGE

and how many are 50 years of age or older?

-- NUMBER OF NONSMOKING ADULTS 50 YEARS OF AGE OR OLDER

/If S2_1 = 1 and S2_8 does not equal 1, go to S2_8CHECKa. If S2_1 > 1 and total of S2_8 does not equal S2_4 number of adults who do not smoke at all, ask S2_8CHECKb, otherwise go to instructions before S-10/

S2_8CHECKa. 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_8/ adults in the household. Is this correct?

01 {RESET S2_1} NO, NUMBER OF ADULTS IN HOUSEHOLD IS WRONG
02 {RESET S2_8} NO, NUMBER OF NONSMOKING ADULTS IN HOUSEHOLD IS WRONG
03 CORRECT, NO CHANGE
77 DON'T KNOW
99 REFUSED

S2_8CHECKb. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in answer from S2_4/ adults in the household who do not smoke at all, now I have that there are /fill in answer from S2_8/ adults in the household that do not smoke at all. Is this correct?

- 01 {RESET S2_4} NO, NUMBER OF ADULTS WHO DO NOT SMOKE IN THE HOUSEHOLD IS WRONG
- 02 {RESET S2_8} NO, NUMBER OF ADULTS WHO DO NOT SMOKE IN PREVIOUS QUESTION IS WRONG
- 03 CORRECT, NO CHANGE
- 77 DON'T KNOW
- 99 REFUSED

/If S2_8 number of 18–24 year olds= 0, go to TERM3/

/If S2_8 number of 18–24 year olds= 1, go to S2_10/

/If S2_8 number of 18–24 year olds> 1, go to S2_11/

S2_10. Are you the 18 to 24 year old adult?

- 01 {GO TO YOU'RE THE ONE} YES, MALE
- 02 {GO TO YOU'RE THE ONE} YES, FEMALE
- 03 NO

S2_10a. May I speak with him or her?

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

S2_11. How many of the nonsmoking adults who are 18–24 years old are men, and how many are women?

- NUMBER OF 18–24 YEAR OLD MEN
- NUMBER OF 18–24 YEAR OLD WOMEN

/If total in S2_11 is not equal to S2_8 number nonsmoking adults who are 18–24 years of age, ask S2_11CHECK, otherwise go to S2_12/

S2_11CHECK. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in from S2_8/ nonsmoking adults age 18–24 in the household, now I have that there are /fill in answer from S2_11/ nonsmoking adults age 18–24 in the household. Is this correct?

- 01 {RESET S2_8} NO, NUMBER OF NON_SMOKING ADULTS AGE 18–24 IS WRONG
- 02 {RESET S2_11} NO, NUMBER OF MEN OR WOMEN IS WRONG
- 03 CORRECT, NO CHANGE
- 77 DON'T KNOW
- 99 REFUSED

S2_12. The person in your household that I need to speak with is /fill in selected respondent/. Would that be you?

- | | | |
|----|------------------------|-------------|
| 01 | {GO TO YOU'RE THE ONE} | YES, MALE |
| 02 | {GO TO YOU'RE THE ONE} | YES, FEMALE |
| 03 | | NO |

S2_12a. 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 |

S2_13. Can you please tell me, are you between the ages of 18 and 24, 25 to 49, or are you 50 years of age or older?

- | | | |
|----|------------------------|------------|
| 01 | {GO TO YOU'RE THE ONE} | 18-24 |
| 02 | {GO TO TERM 3} | 25-49 |
| 03 | {GO TO TERM 3} | 50+ |
| 77 | {GO TO TERM 3} | DON'T KNOW |
| 99 | {GO TO TERM 3} | REFUSED |

Screener 3

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

S3_1. In order to make this random selection, can you please tell me how many members of your household, including yourself are 25 years of age or older?

-- NUMBER OF ADULTS 25 YEARS OF AGE OR OLDER

S3_2. How many are 18 to 24 years of age?

-- NUMBER OF ADULTS AGE 18-24

/If S3_2 = 0 go to TERM5, if S3_2 = 1 go to S3_5, if S3_2 > 1 go to S3_6/

TERM5. Thank you very much, but we are only interviewing persons age 18-24 at this time. Thank you for your time. /TERMINATE/

S3_5. Are you the adult age 18-24?

01 {GO TO YOU'RE THE ONE} YES, MALE
 02 {GO TO YOU'RE THE ONE} YES, FEMALE
 03 NO

S3_5a. May I speak with him or her?

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

S3_6. How many of these adults who are 18-24 years old are men and how many are women?

-- NUMBER OF MEN
 -- NUMBER OF WOMEN

/If S3_6 = S3_2, go to S3_7, otherwise continue/

S3_6CHECK. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in answer from S3_2/ adults age 18-24 in the household, now I have that there are /fill in answer from S3_6/ adults in the household. Is this correct?

01 {RESET S3_2} NO, NUMBER OF ADULTS AGE 18-24 IS WRONG
 02 {RESET S3_6} NO, NUMBER OF MEN OR WOMEN IS WRONG
 03 CORRECT, NO CHANGE
 77 DON'T KNOW
 99 REFUSED

S3_7. The person in your household that I need to speak with is /fill in selected respondent/. Would that be you?

- | | | |
|----|------------------------|-------------|
| 01 | {GO TO YOU'RE THE ONE} | YES, MALE |
| 02 | {GO TO YOU'RE THE ONE} | YES, FEMALE |
| 03 | | NO |

S3_7a. 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 |

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.

You're the one:

[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. I will not ask for your name, address, or other personal information that can identify you. The information you give me will be confidential. The interview takes about 20 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 for quality assurance purposes.

VT DEPT OF HEALTH: 1-800-869-2871 (Business hours only)
(ONLY IF REQUESTED): general verification: 1-800-277-1357

Section 1: SMOKING STATUS

Q1_1. Have you smoked at least 100 cigarettes in your entire life?

01	YES	
02	{GO TO "SECTION 4"} {SET SMOKER=NO (22)}	NO
77	{GO TO "SECTION 4"} {SET SMOKER= NO (22)}	DON'T KNOW/NOT SURE
99	{GO TO "SECTION 4"} {SET SMOKER= NO (22)}	REFUSED

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

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	{GO TO "SECTION 3"} {SET SMOKER=EX (33)}	NOT AT ALL
77	{GO TO "SECTION 3"} {SET SMOKER=EX (33)}	DON'T KNOW
99	{GO TO "SECTION 3"} {SET SMOKER=EX (33)}	REFUSED

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	{GO TO "SECTION 2"}	NONE
77	{GO TO "SECTION 2"}	DON'T KNOW/NOT SURE
99	{GO TO "SECTION 2"}	REFUSED

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

//GO TO SECTION 2//

Section 2: CIGARETTE SMOKING PRACTICES: CURRENT SMOKERS

Q2_6. How old were you when you first started smoking cigarettes regularly?

--	{RANGE 01-96}	[ENTER RESPONSE]
97		DON'T KNOW/NOT SURE
99		REFUSED

/If Q2_6 is, <05 ask Q2_6CHECK, otherwise, go to Q2_7/

Q2_6CHECK I just want to make sure that I recorded this information correctly. You indicated you started smoking at //insert answer from Q2_6// years of age. Is this correct?

01		YES, CORRECT
02	{RESET Q2_6}	INCORRECT

Q2_7. How soon after you awake in the morning do you usually smoke your first cigarette?

[EXAMPLE: 30 minutes is coded as 30]
[60 minutes is coded as 100]
[1 hour is coded as 100]
[2 hours and 30 minutes is coded as 230]

____ RECORD HOURS AND MINUTES

888 8 HOURS OR MORE
777 DON'T KNOW/NOT SURE
999 REFUSED

NQ2_1: Do you smoke more frequently during the first hours after awakening than during the rest of the day?

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

NQ2_2: Which cigarette would you hate most to give up?

[DO NOT READ RESPONSES—code any response other than 'the first of the day', don't know, or refused as '02']

01	THE FIRST IN THE MORNING
02	ANY OTHER
77	DON'T KNOW/NOT SURE
99	REFUSED

NQ2_3: Do you smoke even if you are so ill that you are in bed most of the day?

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

NQ2_4: Do you find it difficult to refrain from smoking in places where it is forbidden?

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

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

[OVER 95 =95]

- __ {RANGE 00-95} [ENTER RESPONSE]
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/If Q2_8 = 0, go to Q2_14A; if Q2_8 = 1 ask Q2_9A; if Q2_8 > 1 go to Q2_9B/

Q2_9a. When you made a serious attempt to quit smoking cigarettes in the past 12 months, how long did you stay off cigarettes completely?

- 1__ HOURS
- 2__ DAYS
- 3__ WEEKS
- 4__ MONTHS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

Q2_9ACHK. Just to make sure I've entered the information correctly, when you made a serious quit attempt in the last 12 months you said you stayed of cigarettes completely for XX minutes/hours/days/weeks/months?

- 01 YES, CORRECT
- 02 {RESET Q2_9A} INCORRECT

/Ask if Q2_8 > 1; any response in Q2_9A go to NQ2_6/

Q2_9B. Of all the times you made a serious attempt to quit smoking cigarettes in the past 12 months, what was the longest period you stayed off cigarettes completely?

- 1__ HOURS
- 2__ DAYS
- 3__ WEEKS
- 4__ MONTHS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

Q2_9BCHK. Just to make sure I've entered the information correctly, during your longest attempt to quit cigarettes in the last 12 months, you said you stayed of cigarettes completely for XX minutes/hours/days/weeks/months?

- 01 YES, CORRECT
- 02 {RESET Q2_9B} INCORRECT

NQ2_6: In your most recent attempt to quit smoking cigarettes, did you quit smoking abruptly or gradually?

- 01 Abruptly
- 02 Gradually
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

NQ2_7: In your most recent attempt to quit smoking cigarettes, how difficult was it to stay off cigarettes? Would you say it was not at all difficult, somewhat difficult, moderately difficult, very difficult or extremely difficult?

- 01 Not At All Difficult
- 02 Somewhat Difficult
- 03 Moderately Difficult
- 04 Very Difficult
- 05 Extremely Difficult
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q2_10. 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.

[PLEASE READ]

- a. Concern about health effects of smoking
- b. Concern about the cost of smoking
- c. Encouragement to quit from other people
- d. Restrictions on smoking at home or at work
- e. Advice from doctor or other health professional
- f. Pregnancy or partner is pregnant
- g. Because of a specific health problem
- h. Because of smoke effects on your child/children
- i. Concern that my child will become a smoker

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

j. Is there another reason I didn't read?

- 01 YES, SPECIFY: _____
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

Q2_11. Please tell me if you used any of the following methods in your attempts to quit smoking cigarettes.

[PLEASE READ]

- a. Quit on your own, with no help
- b. Found information about a treatment for smoking
- c. Read books, brochures, or pamphlets to prepare for quitting
- d. Called a smokers' quit line for help
- e. Talked with a doctor or other health professional
- f. Attended group sessions or classes
- g. Received individual counseling
- h. Used nicotine patch
- i. Used nicotine gum
- j. Used a nicotine inhaler
- k. Used nicotine nasal spray
- l. Used nicotine lozenges or tablets
- m. Used Zyban or Wellbutrin

01 YES

02 NO

77 DON'T KNOW

99 REFUSED

n. Are there any other methods I didn't mention?

01 YES, SPECIFY: _____

02 NO

77 DON'T KNOW

99 REFUSED

Q2_13. I am going to read you a list of people or places where you may have acquired quit-smoking cigarette information. Did you get information from a...

[PLEASE READ]

- A. Doctor
- B. Dentist
- C. Other health professional
- D. Hospital or clinic
- E. Health department
- F. Telephone quit line
- G. Your workplace
- H. Newspaper
- I. Television
- J. Radio
- K. Brochures or pamphlets
- L. Magazines
- M. Family or friends

YES

NO

77 DON'T KNOW

99 REFUSED

N. Are there other sources i didn't mention?

01 YES SPECIFY: _____

02 NO

77 DON'T KNOW

99 REFUSED

Q2_14A. Are you seriously thinking of quitting smoking cigarettes in the next six months?

01 YES

02 {GO TO Q2_14C} NO

77 DON'T KNOW

99 REFUSED

/if Q14A = 01, 77, or 99 continue, otherwise go to Q2_14C/

Q2_14B. Are you seriously thinking of quitting smoking cigarettes in the next 30 days?

01 {GO TO Q2_15} YES

02 NO

77 {GO TO Q2_15} DON'T KNOW

99 {GO TO Q2_15} REFUSED

Q2_14C. What is the main reason why you are not ready to quit cigarettes?

[PLEASE DO NOT READ LIST, SELECT CLOSEST CATEGORY]

01 LIFE IS TOO STRESSFUL NOW TO QUIT

02 DON'T THINK I CAN DO IT

03 OTHER PEOPLE SMOKE IN MY HOUSEHOLD

04 MY FRIENDS SMOKE

05 I DON'T WANT TO QUIT

66 OTHER: SPECIFY _____

88 NONE OF THE ABOVE

77 DON'T KNOW/NOT SURE

99 REFUSED

Q2_15. If you decided to quit smoking cigarettes completely during the next month, how confident are you that you could do it?

[PLEASE READ LIST]

- 01 Not At All Confident
- 02 Not Very Confident
- 03 Somewhat Confident
- 04 Very Confident

[PLEASE DO NOT READ]

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

Q2_16. I will read you a list of methods people use to quit smoking cigarettes. If you decided to quit smoking cigarettes completely in the next month, what methods would you use?

[PLEASE READ]

- a. Quit on your own, with no help
- b. Find information about a treatment for smoking
- c. Read books, brochures, or pamphlets to prepare for quitting
- d. Call a smokers' quit line for help
- e. Talk with a doctor or other health professional
- f. Attend group sessions or classes
- g. Receive individual counseling
- h. Use nicotine patch
- i. Use nicotine gum
- j. Use a nicotine inhaler
- k. Use nicotine nasal spray
- l. Use nicotine lozenges or tablets
- m. Use zyban or wellbutrin

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

n. Are there any other methods i didn't mention?

- 01 YES, SPECIFY: _____
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

NQ2_8: In the last 12 months, have you used nicotine gum, patch, inhaler, or lozenge, not to quit smoking, but when you are in places where smoking is prohibited?

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

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

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

NQ2_9. Are you eligible to get free or reduced cost nicotine patches, gum or lozenges? Would you say yes, no or don't know?

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

NQ2_10A: Have you heard of the Vermont Smoker's Quit Line?

- 01 YES → GO TO NQ2_10B
- 02 NO → GO TO NQ2_11A
- 77 DON'T KNOW/NOT SURE → GO TO NQ2_11A
- 99 REFUSED → GO TO NQ2_11A

/Ask IF NQ2_10A = 1, 77, OR 99/ AND Q2_8 >=1, otherwise, skip to NQ2_11A

NQ2_10B: In your most recent quit attempt, did you call the Vermont Smoker's Quit Line?

- 01 YES → GO TO NQ2_11A
- 02 NO → GO TO NQ2_10C
- 77 DON'T KNOW/NOT SURE → GO TO NQ2_11A
- 99 REFUSED → GO TO NQ2_11A

/Ask if NQ2_10B = 2/

NQ2_10C: What were the reasons you did not call the Vermont Smoker's Quit Line in your most recent quit attempt? Is it because...

[PLEASE READ RESPONSES– MULTIPLE RESPONSES]

[ROTATE A-I]

- A. You wanted to quit on your own, without help
- B. You didn't think telephone counseling would help
- C. You didn't think a counselor could understand your problems with quitting
- D. You didn't want to give personal information over the telephone
- E. You only wanted to talk to someone once or only wanted one session
- F. You had used quitlines before and didn't want to do it again
- G. You thought it cost too much
- H. You didn't like to or couldn't talk on the telephone for long amounts of time
- I. You thought you could quit without telephone counseling

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

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

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

NQ2_11A: Does your local hospital offer services to help smokers quit?

- 01 YES → GO TO NQ2_11B
- 02 NO → GO TO NQ2_12
- 77 DON'T KNOW/NOT SURE → GO TO NQ2_11B
- 99 REFUSED → GO TO NQ2_11B

NQ2_11B: Does the quit smoking program at your local hospital offer

- 01 Group classes or counseling
- 02 In person, one-to-one counseling
- 03 One-to-one counseling over the telephone
- 04 Email counseling
 - 01 YES
 - 02 NO
 - 77 DON'T KNOW/NOT SURE
- 05 Are there other quit smoking services offered by your local hospital that I didn't mention?
 - 01 YES, Specify _____
 - 02 NO
 - 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

/Ask if NQ2_11A = 1/ AND Q2_8 >=1

NQ2_11C: 'In your most recent quit attempt, did you use the quit smoking program at your local hospital?

- 01 YES → GO TO NQ2_12
- 02 NO → GO TO NQ2_11D
- 77 DON'T KNOW/NOT SURE → GO TO NQ2_12
- 99 REFUSED → GO TO NQ2_12

/Ask if NQ2_11C = 2/ AND Q2_8 >=1

NQ2_11D: During your most recent quit smoking attempt, what were the reasons you did not use the quit smoking program at your local hospital? Was it because....

[PLEASE READ RESPONSES—MULTIPLE RESPONSES]

[ROTATE CATEGORIES A-M]

- A. You wanted to quit on your own, without help
- B. You didn't think this kind of program is what you needed to quit
- C. You didn't think a counselor could understand your problems with quitting
- D. You didn't think group or one-to-one counseling would help
- E. You didn't want to give personal information to a group or counselor
- F. You didn't think the amount of counseling would be enough to help
- G. You only wanted to talk to someone once or only wanted one session
- H. You had used groups or counseling before and didn't want to do it again
- I. You thought it cost too much
- J. You needed child care
- K. You needed transportation
- L. You couldn't go during the time of day the program was offered
- M. Your local hospital was too far away
 - 01 YES
 - 02 NO
 - 77 DON'T KNOW
 - 99 REFUSED
- N. Was there any other reason I didn't read?
 - 01 YES, Specify _____
 - 02 NO
 - 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

The next series of questions asks about the cost of buying cigarettes and different places where cigarettes can be bought.

/Ask NQ2_12—Q2_26A of all current smokers/

NQ2_12: How concerned are you about the cost of cigarettes?

[PLEASE READ LIST]

- 01 Not At All Concerned
- 02 Slightly Concerned
- 03 Moderately Concerned
- 04 Very Concerned
- 05 Extremely Concerned

[PLEASE DO NOT READ]

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

NQ2_13: If you quit smoking completely for 30 days, about how much money would you save?

\$____.____ [Range \$1- \$150]

- 7777 DON'T KNOW/NOT SURE
- 9999 REFUSED

Q2_26A. In the last 12 months have you ever bought cigarettes in neighboring states, not including Indian Reservations?

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

/Ask if Q2_26A = 1, otherwise go to Q2_27A/

Q2_26B. About what% of the cigarettes you bought in the last year did you buy in neighboring states?

- ___ {RANGE 001 –100} [ENTER RESPONSE]
- 888 NONE
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

/Ask if Q2_26A = 1, otherwise go to Q2_27A/

Q2_26C. In which neighboring state did you most frequently buy cigarettes when you bought cigarettes in the last year?

- 01 MASSACHUSETTS
- 02 NEW HAMPSHIRE
- 03 NEW YORK
- 66 OTHER, SPECIFY _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q2_27A. In the last 12 months have you ever bought cigarettes on Indian Reservations?

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

/Ask if Q2_27A = 1, otherwise go to Q2_28A/

Q2_27B. About what% of the cigarettes you bought in the last year did you buy on Indian Reservations?

___ {range 001 –100} [ENTER RESPONSE]
888 NONE
777 DON'T KNOW/NOT SURE
999 REFUSED

Q2_28A. In the last 12 months have you ever bought cigarettes on the Internet?

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

/Ask if Q2_28A = 1, otherwise go to Section 4/

Q2_28B. About what% of the cigarettes you bought in the last year did you buy on the Internet?

___ {range 001 –100} [ENTER RESPONSE]
888 NONE
777 DON'T KNOW/NOT SURE
999 REFUSED

/GO TO Section 4/

Section 3. CIGARETTE SMOKING PRACTICES: FORMER SMOKERS

/If former smoker, continue, otherwise go to Section 4/

Q3_29. How old were you when you first started smoking cigarettes regularly?

- {RANGE 02-95} [ENTER RESPONSE]
- 96 {GO TO Section 4, SET SMOKER=NO} NEVER SMOKED REGULARLY
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/If Q3_29 is, <05 ask Q3_29CHECK, otherwise, go to Q3_30A/

Q3_29CHECK: I just want to make sure that I recorded this information correctly. You indicated you started smoking at //insert answer from Q3_29/ years of age. Is this correct?

- 01 YES
- 02 {RESET Q3_29} NO
- 97 DON'T KNOW
- 99 REFUSED

Q3_30A. Have you had a cigarette in the last 12 months?

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

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

- 1__ HOURS
- 2__ DAYS
- 3__ WEEKS
- 4__ MONTHS
- 5__ YEARS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

Q3_30BCHK. 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, 60 months, 260 weeks, 1825 days or 43,800 hours) GO TO Section 4 and SET SMOKER= NO/

/IF Q3_30B < OR = (5 Years, 60 months, 260 weeks, 1825 days or 43,800 hours) SET SMOKER=EX /

Q3_31. In the last 12 months that you smoked cigarettes, on the average, about how many cigarettes did you smoke per day? [Less than 1 = 1] [More than 100 = 100]

- {RANGE 001-100} [ENTER RESPONSE] DON'T KNOW
- 999 REFUSED

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.

[PLEASE READ]

- A. Concern about health effects of smoking
- B. Concern about the cost of smoking
- C. Encouragement to quit from other people
- D. Restriction on smoking at home or at work
- E. Advice from doctor or other health professional
- F. Pregnancy or partner is pregnant
- G. Because of a specific health problem
- H. Because of smoke effects on my child/children
- I. Concern that my child will become a smoker
 - 01 YES
 - 02 NO
 - 77 DON'T KNOW
 - 99 REFUSED
- J. Is there another reason i didn't read?
 - 01 YES, SPECIFY _____
 - 02 NO
 - 77 DON'T KNOW
 - 99 REFUSED

Q3_33. Please tell me if you used any of the following methods in your attempts to quit smoking cigarettes. Just say "yes" if you used any of these methods.

[PLEASE READ]

- A. Quit on your own, with no help
- B. Found information about a treatment for smoking
- C. Read books, brochures or pamphlets to prepare for quitting
- D. Called a smokers' quit line for help
- E. Talked with a doctor or other health professional
- F. Attended group sessions or classes
- G. Received individual counseling
- H. Used nicotine patch
- I. Used nicotine gum
- J. Used a nicotine inhaler
- K. Used nicotine nasal spray
- L. Used nicotine lozenges or tablets
- M. Used Zyban or Wellbutrin
 - 01 YES
 - 02 NO
 - 77 DON'T KNOW
 - 99 REFUSED
- N. Are there any other methods i didn't mention?
 - 01 YES, SPECIFY: _____
 - 02 NO
 - 77 DON'T KNOW
 - 99 REFUSED

Q3_35. I am going to read you a list of people or places where you may have acquired quit-smoking cigarette information. Did you get information from a...

[PLEASE READ]

- A. Doctor
- B. Dentist
- C. Other Health Professional
- D. Hospital Or Clinic
- E. Health Department
- F. Telephone Quit Line
- G. Your Work Place
- H. Newspaper
- I. Television
- J. Radio
- K. Brochures Or Pamphlets
- L. Magazines
- M. Family Or Friends

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

N. Are There Other Sources I Didn't Mention?

- 01 YES, Specify: _____
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/Go to Section 4/

Section 4: HEALTH CARE VISITS IN THE PAST 12 MONTHS

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.

/Ask Q4_39A of all respondents:/

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

- 01 YES
- 02 NO -- {GO TO Q4_40A}
- 77 DON'T KNOW/NOT SURE -- {GO TO Q4_40A}
- 99 REFUSED --{GO TO Q4_40A}

/Ask if Q4_39A = 1, otherwise go to Q4_40A/

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

/IF SMOKER = NO GO TO Q4_40A; if SMOKER = YES or SMOKERS = EX continue otherwise go to Q4_40 A/

Q4_39C. Thinking about your last visit, did your health care professional talk with you about cigarette smoking?

- 01 {IF SMOKER=EX, GO TO Q4_39G} YES
- 02 {IF SMOKER=EX, GO TO Q4_39G} NO
- 77 {IF SMOKER=EX, GO TO Q4_39G} DON'T KNOW/NOT SURE
- 99 {IF SMOKER=EX, GO TO Q4_39G} REFUSED

Q4_39D. Did your health care professional advise you to stop smoking cigarettes?

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

Q4_39E. Did your health care professional recommend any specific program or medicine to help you quit cigarettes?

- 01 YES
- 02 {GO TO Q4_39F} NO
- 77 {GO TO Q4_39F} DON'T KNOW/ NOT SURE
- 99 {GO TO Q4_39F} REFUSED

/Ask if Q4_39E = 1/

Q4_39E1. What program did your health care professional recommend to help you quit cigarettes?

[PLEASE DO NOT READ]

{MUL=9}

- 01 NICOTINE PATCH
- 02 NICOTINE GUM
- 03 NICOTINE INHALER
- 04 NICOTINE NASAL SPRAY
- 05 NICOTINE LOZENGES OR TABLETS
- 06 ZYBAN OR WELLBUTRIN
- 07 TOLL FREE TELEPHONE SMOKER'S QUIT LINE
- 08 INDIVIDUAL COUNSELING
- 09 GROUP SESSIONS OR CLASSES
- 88 NONE OF THE ABOVE
- 77 DON'T KNOW
- 99 REFUSED

Q4_39F. Did your health care professional ask you to set a date to quit smoking cigarettes?

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

Q4_39G. How concerned was your health care professional about your cigarette smoking? Would you say they were...

- 01 Not At All Concerned
- 02 Slightly Concerned
- 03 Moderately Concerned
- 04 Very Concerned
- 05 Extremely Concerned
- 77 DON'T KNOW
- 99 REFUSED

/Ask Q4_40A of all respondents/

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

- 01 YES
- 02 NO -- {GO TO SKIP BEFORE Q5_42B}
- 77 DON'T KNOW/NOT SURE -- {GO TO SKIP BEFORE Q5_42B}
- 99 REFUSED -- {GO TO SKIP BEFORE Q5_42B}

/Ask if 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

/IF SMOKER = NO GO TO Section 5/

Q4_40C. Thinking about your last visit, did your dentist or dental hygienist talk with you about cigarette smoking?

- 01 {IF SMOKER=EX GO TO Q4_40G} YES
- 02 {IF SMOKER=EX GO TO Q4_40G} NO
- 77 {IF SMOKER=EX GO TO Q4_40G} DON'T KNOW
- 99 {IF SMOKER=EX GO TO Q4_40G} REFUSED

Q4_40D. Did your dentist or dental hygienist advise you to stop smoking cigarettes?

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

Q4_40E. Did your dentist or dental hygienist recommend any specific program or medicine to help you quit cigarettes?

- 01 YES
- 02 {GO TO Q4_40F} NO
- 77 {GO TO Q4_40F} DON'T KNOW
- 99 {GO TO Q4_40F} REFUSED

/Ask if Q4_40E = 1/

Q4_40E1. What program did your [dentist or dental hygienist] recommend to help you quit cigarettes?

- {MUL=9}
- [DO NOT READ]
- 01 NICOTINE PATCH
- 02 NICOTINE GUM
- 03 NICOTINE INHALER
- 04 NICOTINE NASAL SPRAY
- 05 NICOTINE LOZENGES OR TABLETS
- 06 ZYBAN OR WELLBUTRIN
- 07 TOLL FREE TELEPHONE SMOKER'S QUIT LINE
- 08 INDIVIDUAL COUNSELING
- 09 GROUP SESSIONS OR CLASSES
- 88 NONE OF THE ABOVE
- 77 DON'T KNOW
- 99 REFUSED

Q4_40F. Did your dentist or dental hygienist ask you to set a date to quit smoking cigarettes?

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

Q4_40G. How concerned was your dentist or dental hygienist about your cigarette smoking? Would you say...

- 01 Not At All Concerned
- 02 Slightly Concerned
- 03 Moderately Concerned
- 04 Very Concerned
- 05 Extremely Concerned
- [PLEASE DO NOT READ]
- 77 DON'T KNOW
- 99 REFUSED

Section 5: RISK PERCEPTION AND SOCIAL INFLUENCES

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

Q5_42B. In your opinion, how do most people in your community feel about adults smoking cigarettes?

- 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

NQ5_42A. In your opinion, how do most people in your community feel about adults smoking when young children are nearby?

- 01 Definitely Should Not Smoke Around Children
- 02 Probably Should Not Smoke Around Children
- 03 Ok To Smoke Sometimes Around Children
- 04 Ok To Smoke As Much As You Want Around Children
- [PLEASE DO NOT READ]
- 77 DON'T KNOW
- 99 REFUSED

Q5_42C. How do you feel about adults smoking cigarettes?

- 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

Q5_44. Which statement best describes the rules about smoking cigarettes 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

Q5_45. During the past 7 days, how many days did anyone smoke 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

Q5_46. Which statement best describes the rules about smoking cigarettes 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

Q5_47. In the past seven days, have you been in a car with someone who was smoking?

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

/Ask of households with more than one adult {S1_1, S2_1, S3_1, and S3_2 in screeners}/

Q5_48. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars, or pipes?

- {RANGE 01-18} [ENTER RESPONSE]
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/Ask of all respondents/

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 Q5_50 if Q1_3 = 01 or 02 and Q5_49 >= 1/

Q5_50. During the past 12 months, did any doctor, or other health professional ask if you smoke around your children?

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

/Ask of all respondents/

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statement:

Q5_52. The health effects of secondhand smoke on the health of workers and patrons of bars is of serious concern.

[NOTE: IF RESPONDENT MENTIONS RECENT SMOKING BANS: “Consider this question generally speaking”]

[READ LIST IF NECESSARY]

01 Strongly Agree

02 Agree

03 Disagree

04 Strongly Disagree

[PLEASE DO NOT READ]

77 NO OPINION/DON'T KNOW

99 REFUSED

Q5_53. Do you think that smoking in bars should be allowed in all areas, some areas, or not allowed at all?

[NOTE: IF RESPONDENT MENTIONS RECENT SMOKING BAN: “Consider this question generally speaking”]

01 Allowed In All Areas

02 Allowed In Some Areas

03 Not Allowed At All

77 DON'T KNOW/NOT SURE

99 REFUSED

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

Q5_54. Do you think that breathing smoke from other people's cigarettes 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

Q5_55 Would you say that breathing smoke from other people's cigarettes causes:

/BEGIN ROTATE/

- Q5_56a. Lung Cancer In Adults?
- Q5_56b. Heart Disease In Adults?
- Q5_56c. Colon Cancer In Adults?
- Q5_56d. Respiratory Problems In Children?
- Q5_56e. Sudden Infant Death Syndrome?
- Q5_56f. Ear Infections In Children?
- Q5_56g. Children To Miss More School Days?
- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/END ROTATE/

Q5_57A. The following questions are about the kinds of help for quitting smoking cigarettes that could be available in your area to someone interested in quitting cigarette smoking.

In your area, how hard or easy is it for a person interested in quitting cigarettes to get information about ways to quit smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57B. In your area, how hard or easy is it for a person interested in quitting to get booklets or pamphlets on quitting smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57C. In your area, how hard or easy is it for a person interested in quitting to get in touch with group programs for people who want to quit cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57D. In your area, how hard or easy is it for a person interested in quitting cigarettes to get in touch with a toll-free telephone help line for people who want to quit?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57E. In your area, how easy is it for a person interested in quitting to get advice from doctors about quitting smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57F. In your area, how hard or easy is it for a person interested in quitting cigarettes to get advice from other health care professionals about quitting smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57G. In your area, how hard or easy is it for a person interested in quitting cigarettes to get a prescription for a medication to help you quit smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57H. In your area, how hard or easy is it for a person interested in quitting cigarettes to get reimbursement to help pay for quit smoking cigarette medications?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_58A. Is there a program in your area to help adults quit smoking cigarettes?

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

Q5_58B. Have you heard of any events in your area to help adults quit smoking cigarettes?

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

NQ5_58A1. Have you seen or heard any messages that showed how quitting smoking saves money?

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

/Ask if NQ5_58A1 = 'YES'/

NQ5_58A2. Where did you see or hear the “quitting saves money” message?

[PLEASE DO NOT READ LIST—MULTIPLE RESPONSE]

- 01 RADIO
- 02 NEWSPAPER
- 03 TELEVISION
- 04 NEWSLETTER
- 05 PAMPHLET/BOOKLET
- 06 MESSAGE ON GROCERY BAGS
- 07 DECK OF CARDS WITH MESSAGE LIKE ‘MONEY SUCKERS’
- 08 DRINK COASTER THAT LOOKS LIKE FIVE DOLLAR BILL ON ONE SIDE
- 09 SCHOOL
- 10 DOCTOR’S OFFICE
- 11 WORKPLACE
- 12 STORE, MALL, SHOPPING AREA
- 13 OTHER: _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_58C. Is there a program in your area to help young people avoid smoking cigarettes?

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

Q5_58D. Have you heard of any events in your area to help young people avoid smoking cigarettes?

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

Q5_58E. Are there any programs in your area that have encouraged people not to smoke cigarettes around children?

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

Q5_58F. Have you heard of events in your area that have encouraged people not to smoke cigarettes around children?

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

NQ5_58B1. Have you seen or heard any messages that encouraged people to create a “Smoke-Free Zone” around children?

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

/Ask if NQ5_58B1 = 'YES'/

NQ5_58B2. Where did you see or hear the “Smoke Free Zone” message?

[PLEASE DO NOT READ RESPONSES—MULTIPLE RESPONSE]

- 01 RADIO
- 02 NEWSPAPER
- 03 NEWSLETTER
- 04 PAMPHLET/BOOKLET
- 05 STICKERS
- 06 MAGNETIC FRAME FOR CHILD'S PICTURE
- 07 BABY BIB
- 08 SMOKE-FREE PLEDGE
- 09 CHILD CARE CENTER
- 10 SCHOOL
- 11 DOCTOR'S OFFICE
- 12 WORKPLACE
- 13 STORE, MALL, SHOPPING AREA
- 14 OTHER: _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

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

- | | | |
|----|---------------|----------------------------------|
| 01 | | EMPLOYED FOR WAGES |
| 02 | | SELF-EMPLOYED |
| 03 | {GO TO Q5_78} | OUT OF WORK FOR MORE THAN 1 YEAR |
| 04 | {GO TO Q5_78} | OUT OF WORK FOR LESS THAN 1 YEAR |
| 05 | {GO TO Q5_78} | A HOMEMAKER |
| 06 | {GO TO Q5_78} | A STUDENT |
| 07 | {GO TO Q5_78} | RETIRED, OR |
| 08 | {GO TO Q5_78} | UNABLE TO WORK |
| 77 | {GO TO Q5_78} | DON'T KNOW |
| 99 | {GO TO Q5_78} | REFUSED |

/Ask Q5_60 and Q5_66 if Q5_59 = 01 or 02/

Q5_60. About how many people are employed where you work?

Are there...

[IF NECESSARY: Please include employees at your location only, not the entire company]

[READ LIST]

- | | |
|----|---------------------|
| 01 | 10 Or Fewer People |
| 02 | Between 11 And 25 |
| 03 | Between 26 And 100 |
| 04 | Between 101 And 500 |
| 05 | More Than 500 |

[PLEASE DO NOT READ]

- | | |
|----|------------|
| 77 | DON'T KNOW |
| 99 | REFUSED |

Q5_66. During the past twelve months, that is since /insert (today's date), 2004/ has your workplace offered any lectures, classes, materials, or other programs to help or encourage employees to quit smoking cigarettes?

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

The following questions are about things you may have heard or seen about quitting or not smoking in the media.

/Ask Q5_78 of all respondents/

Q5_78. In the past six months, that is since [today-6 months] have you seen anything on television about quitting cigarette smoking?

- | | | |
|----|------------------|----------------|
| 01 | {GO TO Q5_80} | YES |
| 02 | {GO TO Q5_78CHK} | NO |
| 03 | {GO TO Q5_80} | DON'T WATCH TV |
| 77 | {GO TO Q5_80} | DON'T KNOW |
| 99 | {GO TO Q5_80} | REFUSED |

/Ask Q5_78CHK if Q5_78=02/

Q5_78CHK. Just to clarify, do you mean you did not see anything on television about quitting cigarette smoking or that you did not watch TV in the past 6 months?

Did not see anything on TV about quitting cigarette smoking

Did not watch TV in past 6 months

/If Q5_78CHK=02 recode: Q5_78=03/

/Ask Q5_80 of all respondents/

Q5_80. Have you ever seen any television ads for the Vermont Quit Line?

01	{GO TO Q5_82}	YES
02	{GO TO Q5_82}	NO
03	{GO TO Q5_82}	DON'T WATCH TV
77	{GO TO Q5_82}	DON'T KNOW/NOT SURE
99	{GO TO Q5_82}	REFUSED

/ASK Q5_82 of all respondents/

Q5_82. In the past six months, that is since [insert date] have you heard anything on the radio about quitting cigarette smoking?

01	{GO TO Q5_84}	YES
02	{GO TO Q5_82CHK}	NO
03	{GO TO Q5_84}	DIDN'T LISTEN TO THE RADIO IN PAST 6 MONTHS
77	{GO TO Q5_84}	DON'T KNOW
99	{GO TO Q5_84}	REFUSED

/Ask Q5_82CHK if Q5_82=02/

Q5_82CHK. Just to clarify, do you mean you did not hear anything on the radio about quitting cigarette smoking or that you did not listen to the radio in the past 6 months?

Did not hear anything on the radio about quitting cigarette smoking

Did not listen to the radio in the past 6 months

/If Q5_82CHK=02 recode: Q5_82=03/

/Ask Q5_84 of all respondents/

Q5_84. Have you ever heard any radio ads for the Vermont Quit Line?

01	{GO TO Q5_87}	YES
02	{GO TO Q5_87}	NO
03	{GO TO Q5_87}	DON'T LISTEN TO THE RADIO
77	{GO TO Q5_87}	DON'T KNOW
99	{GO TO Q5_87}	REFUSED

/Ask Q5_87 of all respondents/

Q5_87. In the past six months, that is since [today—6 months] have you seen anything in the newspaper about quitting cigarette smoking?

01	{GO TO Q5_89}	YES
02	{GO TO Q5_87CHK}	NO
03	{GO TO Q5_89}	DIDN'T READ THE NEWSPAPER IN PAST 6 MONTHS
77	{GO TO Q5_89}	DON'T KNOW
99	{GO TO Q5_89}	REFUSED

/Ask Q5_87CHK if Q5_87=02/

Q5_87CHK. Just to clarify, do you mean you did not see anything in the newspaper about quitting cigarette smoking or that you did not read the newspaper in the past 6 months?

Did not see anything in the newspaper about quitting cigarette smoking

Did not read the newspaper in past 6 months

/If Q5_87CHK=02 recode: Q5_87=03/

/Ask Q5_89 of all respondents/

Q5_89. Have you ever seen any newspaper ads for the Vermont Quit Line?

01	{GO TO NQ5_2}	YES
02	{GO TO NQ5_2}	NO
03	{GO TO NQ5_2}	DON'T READ THE NEWSPAPER
77	{GO TO NQ5_2}	DON'T KNOW
99	{GO TO NQ5_2}	REFUSED

Confirmed Awareness of Specific Ads:

/Ask NQ5_2 of all respondents/

NQ5_2. In the past six months, that is since [insert date] have you heard any ads on the radio with children talking to their parents about how secondhand smoke affects them?

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

/Ask NQ5_3 if NQ5_2 = 1, otherwise go to NQ5_4/

NQ5_3. Please describe the radio message(s) you heard.

[DO NOT READ]

[INTERVIEWER: CODE ALL THAT APPLY]

/MUL 07/

01	CHILD TALKS ABOUT ADULTS' SMOKE CAUSING EAR INFECTIONS
02	CHILD TALKS ABOUT ADULTS' SMOKE MAKING ASTHMA WORSE
03	CHILD TALKS ABOUT ADULTS' SMOKE MAKING KIDS MISS MORE SCHOOL DAYS
04	CHILD TALKS ABOUT KEEPING SMOKE FAR AWAY FROM HIM/HER
05	CHILD TALKS ABOUT A SMOKE-FREE ZONE
06	CHILD TALKS ABOUT HOW ADULTS' SMOKE HARMS CHILDREN
66	OTHER, SPECIFY _____
77	DON'T KNOW/ NOT SURE
99	REFUSED

Q5_92. Tell me how much you agree or disagree with the following statements.....

Q5_92A. This ad was convincing.

[READ LIST]

- 01 Strongly agree
- 02 Agree
- 03 Disagree
- 04 Strongly disagree

[PLEASE DO NOT READ]

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

Q5_92B. This advertisement makes me think about whether or not I should smoke.

[READ LIST]

- 01 Strongly agree
- 02 Agree
- 03 Disagree
- 04 Strongly disagree

[PLEASE DO NOT READ]

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

NQ5_7. After hearing this advertisement, did you talk to anyone about not smoking?

- 01 Yes
- 02 No

[PLEASE DO NOT READ]

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

/Ask NQ5_4 of all respondents—**Beginning 10/18/05/**

NQ5_4. In the past six months, that is since [insert date] have you seen any ads on television that show people finding money after they quit smoking?

- 01 YES
- 02 NO
- 08 QUESTION NOT ASKED (interview date is before 10/18/05)

/Ask NQ5_5 if NQ5_4=01, otherwise go to Q6_93—**Beginning 10/18/05/**

NQ5_5. Please describe the TV ad(s) you saw.

[DO NOT READ]

[INTERVIEWER: CODE ALL THAT APPLY]

/MUL 08/

- 01 WOMAN FINDS MONEY IN CLOTHES
- 02 WOMAN FINDS MONEY IN CAR
- 03 MAN FINDS MONEY IN COUCH
- 04 WOMAN IN PARKING GARAGE LOOKS FOR MONEY
- 05 WOMAN IN LAUNDROMAT LOOKS FOR MONEY
- 06 MAN ON COUCH WITH WOMAN; MAN LOOKS FOR MONEY
- 07 PEOPLE ARE LOOKING FOR/FINDING MONEY
- 08 OTHER, SPECIFY _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

NQ5_6. Tell me how much you agree or disagree with the following statements.....—**Beginning 10/18/05**

NQ5_6A. This ad was convincing.
[READ LIST]
01 Strongly agree
02 Agree
03 Disagree
04 Strongly disagree
[PLEASE DO NOT READ]
77 DON'T KNOW/NOT SURE
99 REFUSED

NQ5_6B. This advertisement makes me think about whether or not I should smoke.—**Beginning 10/18/05**

[READ LIST]
01 Strongly agree
02 Agree
03 Disagree
04 Strongly disagree
[PLEASE DO NOT READ]
77 DON'T KNOW/NOT SURE
99 REFUSED

NQ5_8. After seeing this advertisement did you talk with someone about not smoking?—**Beginning 10/18/05**

01 YES
02 NO
[PLEASE DO NOT READ]
77 DON'T KNOW/NOT SURE
99 REFUSED

Section 6: DEMOGRAPHICS

/Ask Q6_93– Q6_104 of all respondents/

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

Q6_93. What is your age?

___ {RANGE 018-099}[ENTER RESPONSE] [099 = 100 AND OLDER]
777 DON'T KNOW
999 REFUSED

Q6_94. Are you Hispanic or Latino?

01 YES
02 NO
77 DON'T KNOW
99 REFUSED

Q6_95. Which one or more of the following would you say is your race?

{MUL=6}
[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: [Enter Response]
[PLEASE DO NOT READ]
77 DON'T KNOW
99 REFUSED

/IF ONLY ONE RESPONSE IN Q6_95, SKIP TO Q6_97/

Q6_96. Which one of these groups would you say best represents your race?

[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: [Enter Response]
[PLEASE DO NOT READ]
77 DON'T KNOW
99 REFUSED

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

- 11 MALE
- 22 FEMALE

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

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.

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

- 01 YES
- 02 NO (GO TO Q6_99)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

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....

[PLEASE READ LIST—MULTIPLE RESPONSE]

- A. Medicaid Or PC Plus Medicaid
- B. Medicare
- C. VHAP (Vermont Health Access Plan) Or PC Plus VHAP
- D. Ladies First
- E. Veterans Administration
- F. Blue Cross Blue Shield
- G. MVP
- H. Cigna
- I. Other Private Insurance

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

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

- 01 YES, SPECIFY _____
- 02 NO
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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

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 {GO TO Q6_103} NO
- 77 {GO TO Q6_103} DON'T KNOW/NOT SURE
- 99 {GO TO Q6_103} REFUSED

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

Q6_103. What town do you live in?

- TOWN CODE
- 88888 OTHER_____ [SPECIFY, LENGTH = 70]
- 77777 DON'T KNOW
- 99999 REFUSED

Q6_104. How long have you lived in [/FILL IN FROM PREVIOUS QUESTION, IF 77 OR 99, FILL IN "your current town of residence"/]?

- [DO NOT READ]
- 01 LESS THAN ONE YEAR
- 02 ONE TO LESS THAN TWO YEARS
- 03 TWO TO LESS THAN THREE YEARS
- 04 THREE TO LESS THAN FOUR YEARS
- 05 FOUR TO LESS THAN FIVE YEARS
- 06 FIVE OR MORE YEARS
- 77 DON'T KNOW
- 99 REFUSED

Q6_102. Is your annual household income from all sources.....

[Read as appropriate...]

- 01 less than \$25,000 [IF “NO” ASK 05; IF “YES” ASK 03
(\$20,000 to less than \$25,000)]
- 02 less than \$20,000 [IF “NO” ASK 04; IF “YES” ASK 02
(\$15,000 to less than \$20,000)]
- 03 less than \$15,000 [IF “NO” ASK 03; IF “YES” ASK 01
(\$10,000 to less than \$15,000)]
- 04 less than \$10,000 [IF “NO” CODE 02]
- 05 less than \$35,000 [IF “NO” ASK 06
(\$25,000 to less than \$35,000)]
- 06 less than \$50,000 [IF “NO” ASK 07
(\$35,000 to less than \$50,000)]
- 07 less than \$75,000 [IF “NO” CODE 08
(\$50,000 to less than \$75,000)]
- 08 \$75,000 OR MORE
- 77 DON’T KNOW
- 99 REFUSED

CLOSING

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.

APPENDIX B: CONFIDENCE INTERVALS

B.1 Confidence Intervals for Section 2 (Cessation)

Table B-1. Confidence Intervals for Estimates in Figure 2-16 for Programs Recommended by Health Care Professional to Quit Smoking (Current Smokers Who Visited a Health Care Professional in the Past 12 Months)

Recommendation	Year	CI
Zyban	2001	[9.0–14.3]
	2003	[8.8–14.4]
	2004	[7.3–12.3]
	2005	[6.4–11.8]
NRT	2001	[6.9–11.5]
	2003	[5.7–10.5]
	2004	[6.4–11.3]
	2005	[8.8–14.9]
Counseling	2001	[0.7–3.0]
	2003	[1.8–5.1]
	2004	[2.3–5.5]
	2005	[2.3–5.5]
Quit Line	2001	[0.0–0.7]
	2003	[1.4–4.8]
	2004	[1.3–3.6]
	2005	[3.3–7.4]
Other	2001	[1.3–4.0]
	2003	[2.6–6.0]
	2004	[1.4–4.4]
	2005	[3.0–7.1]
No recommendation/dk/ref	2001	[76.2–82.7]
	2003	[75.3–82.5]
	2004	[74.3–81.4]
	2005	[68.8–77.2]

Table B-2. Confidence Intervals for Estimates in Figure 2-20 for Programs Recommended by Dentist to Quit Smoking (Current Smokers Who Visited a Dentist in the Past 12 Months)

Recommendation	Year	CI
Zyban	2001	[0.0–0.3]
	2003	[0.0–1.5]
	2004	[0.0–0.2]
	2005	[0.0–0.9]
NRT	2001	[0.6–3.1]
	2003	[0.5–3.2]
	2004	[0.6–3.3]
	2005	[0.3–3.1]
Counseling	2001	[0.0–0.6]
	2003	[0.0–1.0]
	2004	[0.0–2.0]
	2005	[0.0–0.0]
Quit Line	2001	[0.0–0.0]
	2003	[0.1–1.8]
	2004	[0.1–1.2]
	2005	[0.8–3.8]
Other	2001	[0.0–0.5]
	2003	[0.1–1.8]
	2004	[0.0–0.2]
	2005	[0.1–1.6]
No recommendation/ dk/ ref	2001	[96.4–99.0]
	2003	[96.6–99.4]
	2004	[95.0–98.4]
	2005	[93.2–97.5]

^aNegative confidence intervals were adjusted to be greater than zero.

Table B-3. Confidence Intervals for Estimates in Figure 2-22 for Reasons for Trying to Quit Given by Vermont Smokers Who Seriously Tried to Quit or Recently Quit Smoking During the Past 12 Months

Reason	Year	CI
Concern about health	2001	[73.1–83.4]
	2003	[81.7–89.4]
	2004	[87.8–94.4]
	2005	[76.1–87.4]
Encouragement from others	2001	[40.2–51.5]
	2003	[51.2–62.6]
	2004	[55.9–67.2]
	2005	[53.4–65.5]
Concern about smoking cost	2001	[39.9–51.1]
	2003	[52.8–64.0]
	2004	[55.8–67.2]
	2005	[50.8–63.2]
Smoke effects on children	2001	[27.9–38.6]
	2003	[31.8–42.8]
	2004	[34.8–46.1]
	2005	[30.4–41.8]
Advice from doctor	2001	[23.7–33.2]
	2003	[33.2–44.1]
	2004	[45.0–56.4]
	2005	[32.0–43.5]
Child will become smoker	2001	[21.8–31.8]
	2003	[25.0–35.5]
	2004	[27.6–38.1]
	2005	[24.8–35.9]
Specific health problems	2001	[14.8–22.8]
	2003	[18.0–27.7]
	2004	[26.1–37.2]
	2005	[18.8–28.5]
Restrictions at home or work	2001	[14.1–23.1]
	2003	[15.6–24.5]
	2004	[20.4–30.6]
	2005	[12.5–20.7]
Other reasons	2001	[9.0–17.7]
	2003	[17.8–27.0]
	2004	[6.6–13.7]
	2005	[13.1–22.1]
Pregnancy	2001	[6.4–13.1]
	2003	[6.2–12.6]
	2004	[3.7–9.5]
	2005	[6–12.6]

Table B-4. Confidence Intervals for Estimates in Figure 2-28 for Cessation Methods Used by Vermont Smokers Who Tried to Quit or Recently Quit Smoking During the Past 12 Months

Cessation Method	Year	CI
Nicotine patch, gum, lozenges	2001	[27.9–37.8]
	2003	[31.8–42.6]
	2004	[38.6–49.9]
	2005	[34.0–45.4]
Talking with doctor/health professional	2001	[25.1–34.9]
	2003	[29.5–40.2]
	2004	[35.5–46.7]
	2005	[31.0–42.4]
Found quitting information/read books	2001	[18.9–27.6]
	2003	[34.6–45.9]
	2004	[34.3–45.3]
	2005	[31.9–43.4]
Zyban	2001	[12.8–21.2]
	2003	[14.1–23.0]
	2004	[17.3–26.7]
	2005	[17.3–27.1]
Other methods	2001	[4.5–10.2]
	2003	[9.7–16.7]
	2004	[12.4–20.6]
	2005	[9.7–17.0]
Counseling	2001	[2.6–6.1]
	2003	[7.2–13.4]
	2004	[7.6–13.8]
	2005	[7.3–14.7]
Quit Line	2001	[0.0–0.7]
	2003	[5.0–11.3]
	2004	[6.4–12.9]
	2005	[8.6–15.6]

Table B-5. Confidence Intervals for Estimates Used in Figure 2-45 for Medications Used by Vermont Smokers Who Tried to Quit or Recently Quit Smoking During the Past 12 Months

Cessation Method	Year	CI
Medications	2001	[35.7–46.5]
	2003	[37.4–48.4]
	2004	[46.6–58.0]
	2005	[43.0–55.3]
NRT	2001	[28.0–37.9]
	2003	[32.8–43.7]
	2004	[40.0–51.2]
	2005	[34.9–46.3]
Over-the-counter NRT	2001	[27.9–37.8]
	2003	[31.8–42.6]
	2004	[38.6–49.9]
	2005	[34.0–45.4]

Table B-6. Confidence Intervals for Estimates in Figure 2-51 for Use of the Quit Line by Vermont Current Smokers

Reason	Year	CI
Have used Quit Line	2003	[6.2–13.5]
	2004	[6.7–13.0]
	2005	[8.6–15.7]
Have not used Quit Line	2003	[86.5–93.8]
	2004	[87.0–93.3]
	2005	[84.3–91.4]

Table B-7. Confidence Intervals for Estimates in Figure 2-52 for Use of Group Sessions by Vermont Current Smokers

Reason	Year	CI
Have used group sessions	2003	[6.0–12.6]
	2004	[4.1–9.1]
	2005	[3.2–7.4]
Have not used group sessions	2003	[87.4–94.0]
	2004	[90.9–95.9]
	2005	[92.6–96.8]

Table B-8. Confidence Intervals for Estimates in Figures 2-59, 2-60, 2-61, 2-62, and 2-63 for Reasons for Not Being Able to Quit Smoking (Current Smokers)

Reason	Year	CI
Don't want to quit	2001	[29.3–38.2]
	2002	[25.0–4.9]
	2003	[28.4–4.3]
	2004	[37.0–4.6]
	2005	[36.9–5.3]
Other reasons	2001	[16.4–23.7]
	2002	[37.1–5.7]
	2003	[23.0–4.1]
	2004	[22.3–4.0]
	2005	[20.2–3.9]
Life is too stressful	2001	[15.8–23.2]
	2002	[21.6–4.8]
	2003	[20.5–3.8]
	2004	[21.9–3.7]
	2005	[25.6–4.7]
DK/RF	2001	[5.8–10.5]
	2002	[12.2–2.9]
	2003	[12.2–3.1]
	2004	[6.5–2.2]
	2005	[9.4–3.6]
None of the above	2001	[5.7–10.2]
	2002	[4.4–2.7]
	2003	[3.2–1.6]
	2004	[2.0–1.1]
	2005	[1.8–1.2]
Don't think I can do it	2001	[5.4–10]
	2002	[2.6–1.7]
	2003	[11–2.8]
	2004	[8.4–2.6]
	2005	[4.7–2.4]
Friends smoke	2001	[0.2–3.5]
	2002	[0.7–1.4]
	2003	[1.2–0.9]
	2004	[0.9–0.9]
	2005	[0.3–0.3]
Other people smoke in the house	2001	[0.0–2.1]
	2002	[1.5–1.6]
	2003	[0.7–0.8]
	2004	[0.8–0.7]
	2005	[1.2–0.9]

^aNegative confidence intervals were adjusted to be greater than zero.

B.2 Confidence Intervals for Section 3 (Secondhand Smoke)

Table B-9. Confidence Intervals for Estimates in Figures 3-12 and 3-13 for Health Professionals Asking If Smoke Around Children

	Year	CI
Among current smokers with children in the home	2003	[24.5–35.6]
	2004	[24.1–34.7]
	2005	[30.2–44.1]
Among current smokers who visited health care professional in past 12 months with children in the home	2002	[32.5–48.6]
	2003	[24.5–35.6]
	2004	[24.1–34.7]
	2005	[30.2–44.1]

Table B-10. Confidence Intervals for Estimates in Figure 3-14 for Believes Breathing Smoke from Other People’s Cigarettes is Harmful (Smokers)

Believes Breathing Smoke Is ...	Year	CI
Very harmful	2002	[51.3–59.3]
	2003	[40.7–48.5]
	2004	[41.4–49.2]
	2005	[42.6–51.4]
Somewhat harmful	2002	[33.4–41.1]
	2003	[41.2–49.1]
	2004	[40.8–48.5]
	2005	[36.8–45.4]
Not very harmful	2002	[4.0–7.2]
	2003	[4.7–8.6]
	2004	[4.1–8.2]
	2005	[4.5–9.9]
Not at all harmful	2002	[0.9–2.7]
	2003	[2.2–5.0]
	2004	[2.4–5.5]
	2005	[2.9–6.3]

Table B-11. Confidence Intervals for Estimates in Figure 3-15 for Believes Breathing Smoke from Other People’s Cigarettes is Harmful (Overall)

Believes Breathing Smoke Is ...	Year	CI
Very harmful	2002	[66.1–70.7]
	2003	[61.3–66.1]
	2004	[61.8–67.3]
	2005	[62.2–67.5]
Somewhat harmful	2002	[25.5–29.9]
	2003	[29.1–33.7]
	2004	[28.6–34.0]
	2005	[28.1–33.3]
Not very harmful	2002	[2.3–3.8]
	2003	[2.6–4.2]
	2004	[1.6–3.2]
	2005	[1.9–3.7]
Not at all harmful	2002	[0.4–1.3]
	2003	[1.0–2.0]
	2004	[1.1–2.4]
	2005	[1.1–2.1]

Table B-12. Confidence Intervals for Estimates in Figures 3-16 and 3-17 About Knowledge of Secondhand Smoke Health Risks (Smokers)

	Year	CI
Lung cancer in adults	2002	[84.4–89.6]
	2003	[85.7–90.5]
	2004	[81.7–87.9]
	2005	[85.4–91.3]
Heart disease in adults	2002	[80.8–86.7]
	2003	[79.2–85.6]
	2004	[79.9–86.2]
	2005	[80.9–87.8]
Colon cancer in adults	2002	[44.1–55.3]
	2003	[41.0–51.7]
	2004	[42.0–52.1]
	2005	[43.3–55.0]
Respiratory problems in children	2002	[93.7–96.7]
	2003	[91.7–95.1]
	2004	[88.6–93.3]
	2005	[89.7–94.5]
SIDS	2002	[44.8–55.9]
	2003	[36.4–47.1]
	2004	[35.5–45.4]
	2005	[42.6–55.1]
Ear infections in children	2003	[67.0–75.3]
	2004	[62.2–70.9]
	2005	[69.8–79.0]
Children miss more school days	2003	[59.2–67.4]
	2004	[58.9–67.3]
	2005	[64.4–73.2]

^a2002 ATS did not include this response option.

Table B-13. Confidence Intervals for Estimates in Figures 3-18 and 3-19 About Knowledge of Secondhand Smoke Health Risks (Overall)

	Year	CI
Lung cancer in adults	2002	[92.3–94.7]
	2003	[93.0–95.3]
	2004	[91.8–94.7]
	2005	[93.4–95.8]
Heart disease in adults	2002	[88.4–91.5]
	2003	[88.4–91.5]
	2004	[88.6–92.1]
	2005	[90.3–93.4]
Colon cancer in adults	2002	[54.2–61.5]
	2003	[57.2–64.2]
	2004	[56.8–64.8]
	2005	[55.7–63.5]
Respiratory problems in children	2002	[96.7–98.1]
	2003	[95.2–97.1]
	2004	[95.5–97.4]
	2005	[95.3–97.3]
SIDS	2002	[60.2–67.0]
	2003	[54.4–61.7]
	2004	[57.5–65.5]
	2005	[56.0–64.0]
Ear infections in children	2003	[75.5–80.7]
	2004	[72.7–79.0]
	2005	[77.4–82.8]
Children miss more school days	2003	[77.9–82.2]
	2004	[79.5–84.2]
	2005	[79.5–84.3]

Table B-14. Confidence Intervals for Estimates in Figure 3-22 for Beliefs About Smoking in Bars (Smokers)

	Year	CI
Allowed in all areas	2002	[30.6–38.6]
	2003	[22.2–29.4]
	2004	[18.9–25.3]
	2005	[19.8–27.6]
Allowed in some areas	2002	[45.3–53.5]
	2003	[54.1–62.0]
	2004	[52.5–60.3]
	2005	[47.2–55.8]
Not allowed in any areas	2002	[13.2–18.8]
	2003	[13.3–19.1]
	2004	[18.2–24.9]
	2005	[21.2–28.3]

Table B-15. Confidence Intervals for Estimates in Figure 3-23 for Beliefs About Smoking in Bars (Overall)

	Year	CI
Allowed in all areas	2002	[14.9–18.8]
	2003	[9.6–12.6]
	2004	[7.6–10.5]
	2005	[8.2–11.6]
Allowed in some areas	2002	[39.5–44.7]
	2003	[41.5–46.6]
	2004	[37.5–43.2]
	2005	[34.2–39.6]
Not allowed in any areas	2002	[38.4–43.6]
	2003	[42.3–47.4]
	2004	[47.7–53.6]
	2005	[50.4–56.0]

B.3 Confidence Intervals for Section 4 (Community Programs)

Table B-16. Confidence Intervals for Estimates in Figure 4-12 for How Smokers Think Most People in Community Feel About Adult Smoking Cigarettes (Smokers)

	Year	CI
Definitely should not smoke	2001	[34.6–42.8]
	2002	[30.6–39.1]
	2003	[26.8–34.7]
	2004	[34.3–42.1]
	2005	[24.7–32.7]
Probably should not smoke	2001	[26.9–34.3]
	2002	[36.2–45.1]
	2003	[38.1–46.4]
	2004	[34.1–42.0]
	2005	[26.5–35.0]
OK to smoke sometimes	2001	[12.7–19.0]
	2002	[9.9–15.9]
	2003	[12.8–18.7]
	2004	[11.1–16.3]
	2005	[15.5–22.1]
OK to smoke as much as you want	2001	[11.7–18.0]
	2002	[8.6–14.6]
	2003	[8.6–13.9]
	2004	[7.6–12.5]
	2005	[17.5–26.0]

Table B-17. Confidence Intervals for Estimates in Figure 4-13 for How Vermonters Think Most People in Community Feel About Adults Smoking Cigarettes (Overall)

	Year	CI
Definitely should not smoke	2001	[33.5–39.0]
	2002	[36.3–41.8]
	2003	[33.4–38.5]
	2004	[36.3–42.3]
	2005	[41.8–47.6]
Probably should not smoke	2001	[36.2–41.9]
	2002	[37.3–42.8]
	2003	[42.8–48.2]
	2004	[38.3–44.4]
	2005	[30.8–36.3]
OK to smoke sometimes	2001	[12.5–16.6]
	2002	[11.6–15.7]
	2003	[10.3–13.8]
	2004	[10.0–13.9]
	2005	[9.1–12.4]
OK to smoke as much as you want	2001	[8.3–12.0]
	2002	[5.9–8.7]
	2003	[5.2–7.8]
	2004	[5.9–8.8]
	2005	[9.1–13.0]

Table B-18. Confidence Intervals for Estimates in Figure 4-14 for How Smokers Feel About Adults Smoking Cigarettes (Smokers)

	Year	CI
Definitely should not smoke	2001	[34.9–42.4]
	2003	[35.0–42.8]
	2004	[36.8–44.5]
	2005	[24.5–32]
Probably should not smoke	2001	[20.6–26.9]
	2003	[23.1–29.9]
	2004	[21.5–27.9]
	2005	[24.4–32.3]
OK to smoke sometimes	2001	[8.8–13.5]
	2003	[10.9–16.3]
	2004	[11.2–16.7]
	2005	[9.9–15.2]
OK to smoke as much as you want	2001	[23.2–29.6]
	2003	[17.8–24.3]
	2004	[17.6–24.0]
	2005	[26.5–35.2]

Table B-19. Confidence Intervals for Estimates in Figure 4-15 for How Vermonters Feel About Adults Smoking Cigarettes (Overall)

	Year	CI
Definitely should not smoke	2001	[67.8–72.3]
	2003	[68.1–72.5]
	2004	[69.8–74.7]
	2005	[61.9–67.1]
Probably should not smoke	2001	[12.4–16.0]
	2003	[14.7–18.3]
	2004	[12.3–16.2]
	2005	[15.7–19.8]
OK to smoke sometimes	2001	[3.2–4.9]
	2003	[4.9–7.2]
	2004	[4.6–7.1]
	2005	[4.5–7.0]
OK to smoke as much as you want	2001	[10.2–13.2]
	2003	[6.0–8.3]
	2004	[6.3–9.0]
	2005	[10.3–13.7]