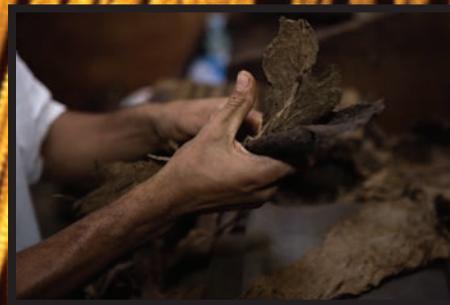


American Indian Adult Tobacco Survey Implementation Manual



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Editors:

Janis Weber, PhD

Stacy Thorne, MPH, CHES

American Indian Adult Tobacco Survey Work Group:

Karen Schmidt, MPH, Northwest Portland

Alyssa Easton, PhD, Centers for Disease Control and Prevention

Dawson Frank, Muscogee Creek Nation

Nicole Hildebrandt, MPH, Northwest Portland

Favian Kennedy, MSW, Aberdeen Area Health Board

Lisa Kerfoot, MPH, Inter-Tribal Council of Michigan

Jay Macedo, MA, California Rural Indian Health Board¹

Sara Mirza, MPH, Centers for Disease Control and Prevention

Marcus Proctor, Muscogee Creek Nation

Lorene Reano, MPA, Centers for Disease Control and Prevention²

Cynthia Tainpeah, RN, Muscogee Creek Nation

Stacy Thorne, MPH, CHES; Centers for Disease Control and Prevention

Janis Weber, PhD, JCW Research & Evaluation Group, Inc.

Doug White, MS, California Rural Indian Health Board

¹Formerly of California Rural Indian Health Board

²Formerly of Centers for Disease Control and Prevention

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Corinne Husten

Ralph Caraballo

Brick Lancaster

Barbara Parks

Kurt Schweigman

Rebecca Garrow

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EXECUTIVE SUMMARY

The American Indian Adult Tobacco Survey (AI ATS) is designed to be a guidance tool for American Indian tribes, tribal organizations, and other organizations that want to implement the AI ATS. The methods and strategies contained within provide organizations with the materials needed to conduct a scientifically rigorous survey. These materials include step-by-step guidance on how to conduct the AI ATS, as well as technical information and resources (see Appendices A–E).

The core component of the AI ATS provides tribe-specific information and prevalence rates on the following:

- Commercial cigarette smoking use by members of the community.
- Use of other tobacco products.
- Quit efforts.
- Methods used in quit efforts.
- Workplace policies on smoking.
- Secondhand smoke exposure.
- Opinions about harm caused by tobacco smoking.

The AI ATS enables tribes, tribal organizations, and other organizations to assess the knowledge, beliefs, and attitudes of tribal members with regard to commercial tobacco use. Once the data are collected, it is important to analyze the data and then to develop and implement the appropriate interventions according to the findings.

We hope you find the information and resources in this manual helpful.



Chapter 1: The American Indian Adult Tobacco Survey

The Need

Healthy People 2010 is a comprehensive set of disease prevention and health objectives for the U.S. population to achieve over the first 10 years of the twenty-first century. The second overarching goal of *Healthy People 2010* is to eliminate health disparities in several focus areas—primarily commercial tobacco use. Scientific studies have proven the link between commercial tobacco use and multiple cancers, respiratory and cardiovascular diseases, adverse pregnancy outcomes, and many other diseases. Thus, a direct relationship exists between the health of a population and the population's use of commercial tobacco products.¹

Estimates on prevalence of tobacco use are typically gathered through national surveys, such as the National Health Interview Survey and the National Survey on Drug Use and Health, or state surveys, such as the Behavioral Risk Factor Surveillance System (BRFSS). Because of the proportionately low percentage of American Indians in the United States, data on commercial tobacco use among American Indians or Alaska Natives is either not collected or not precise because of the small number of survey participants who identify themselves as American Indian or Alaska Native in national surveys. These national surveys also do not provide commercial tobacco use data within any specific American Indian tribe. Some surveys, such as the BRFSS, provide American Indian cigarette smoking data by U.S. region, but not by tribe.



The national surveillance data that are available suggest that American Indians and Alaska Natives have the highest commercial tobacco use prevalence among the major U.S. racial and ethnic groups, which include African Americans, Hispanics, Asians, American Indians or Alaska Natives, and whites (35.6%).² In fact, data from the few tribe-specific commercial tobacco surveys that have been conducted suggest that commercial tobacco use could be as high as 63% among some American Indian tribes and/or Alaska Natives.³

Although data on American Indian/Alaska Native populations and tobacco use are incomplete, the data that exist suggest the presence of significant disparity in terms of commercial tobacco use when compared with the general U.S. population or other minority populations. To achieve the goal of eliminating health disparities among minority populations in the United States, tribes must have access to valid and reliable health

¹ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. 2 vols. Washington, D.C.: U.S. Government Printing Office; 2000.

² Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 2006. *MMWR*. 2007;56(44):1157–1161.

³ The Great Lakes Intertribal Council, Inc. (GLITC). *Great lakes intertribal council youth tobacco survey 2000: prevalence of tobacco use*. Lac du Flambeau, WI: Great Lakes EpiCenter; 2000.

indicators data, including commercial tobacco use data for specific tribes. These data can help guide local tobacco control program development, grant writing, and program evaluation.

To that end, the Office on Smoking and Health (OSH) at the Centers for Disease Control and Prevention (CDC) funded a project in 2000 to develop a culturally competent, adult tobacco questionnaire for American Indians and Alaska Natives. Because of the cultural differences in these two populations, CDC decided that two instruments would have to be developed (American Indian Adult Tobacco Survey and Alaska Native Adult Tobacco Survey). The AI ATS was developed specifically to collect tribe-specific and community-specific data on tobacco use for American Indian populations; it may not be relevant, culturally appropriate, or applicable to other population groups, including Alaska Natives. The following five Tribal Support Centers for Tobacco Control Programs (SCTCP) served as partners in this project:

- Aberdeen Area Tribal Chairmen’s Health Board (AATCHB), which represents 19 tribes in North Dakota, South Dakota, Iowa, and Nebraska.
- California Rural Indian Health Board (CRIHB), which represents 36 tribes in northern California.
- Muscogee Creek Nation (MCN), which serves the Creek Nation in Oklahoma.
- Inter-Tribal Council of Michigan, Inc. (ITCMI), which serves 12 federally recognized tribes in Michigan.
- Northwest Portland Area Indian Health Board (NPAIHB), which serves more than 40 tribes in Oregon, Washington, and Idaho.

Tribal SCTCP staff, tribal leaders and organizations, tribal community members, and CDC staff worked together to develop and field the first AI ATS that combined accepted scientific practice with culturally appropriate strategies. As a result, the experiences and successes shared in this collaboration are now available to all tribes, tribal organizations, and other organizations. We encourage the widespread use of the AI ATS to assess commercial tobacco use in U.S. tribes and communities.

The Purpose

The AI ATS is a culturally appropriate survey that was designed as a surveillance and evaluation tool that can be used by tribes, tribal organizations, and other organizations, and National Tobacco Control Program Partners to provide tribal-specific information on tobacco use. This survey can be used to collect tribal-specific data about trends in tobacco use, cessation efforts, exposure to environmental tobacco smoke, workplace policies, and tobacco-related knowledge and practices among American Indian adults aged 18 years or older. This survey was developed with a face-to-face methodology in mind, in keeping with culturally competent methods of communications preferred by American Indian populations. However, telephone interviews are acceptable when an in-person interview is not possible.



The Questionnaire

The AI ATS uses a combination of standard core questions and a set of optional supplemental questions. The AI ATS also allows tribes to add their own questions. The questionnaire is divided into topical sections, with each section containing a set of questions relevant to that topic. We recommend that supplemental questions be added after the last question of the core questionnaire. Dividing the questionnaire into different sections by topic enhances data collection by creating a flow to the questions that eases the interview process for the interviewer and the respondent.

We used the state-based Adult Tobacco Survey (from June 2003) for the general U.S. population as a template for the AI ATS. Tribal SCTCP and CDC staff collected extensive input and conducted testing to create this new adapted survey. They also used scientifically accepted methods and culturally appropriate strategies to ensure that the AI ATS would resonate with American Indian populations. A series of focus groups, talking circles, and cognitive interviews followed every iteration of the AI ATS in order to test it for scientific reliability and validity and cultural appropriateness.

Survey Uses and Limitations

The AI ATS was designed for use as a face-to-face survey to provide tribal or village-specific information on the prevalence of commercial tobacco use and commercial tobacco use behaviors, knowledge, attitudes, and beliefs. It has not been tested as a telephone survey tool. The AI ATS was developed specifically for American Indian populations; it may not be relevant, culturally appropriate, or applicable to other population groups, including Alaska Natives. CDC has developed a separate survey for Alaska Natives.

The AI ATS enables tribes, tribal organizations, and other organizations to evaluate the knowledge, beliefs, and attitudes of tribal members with regard to commercial tobacco use. This manual is designed to help program managers, researchers, statisticians, and epidemiologists implement the AI ATS. It is divided into six chapters, which cover topics such as implementation, interviewer training, data collection, and budgetary requirements. Chapter 2 presents an overview and explanation of the AI ATS questionnaire. Supplementary resources, such as worksheets, the complete questionnaire, scripts and consent forms, and statistical details are provided in Appendices A–E.

Chapter 2: The Questionnaire

The AI ATS is divided into 10 sections, nine of which contain core questions. The last section contains a list of possible site-specific supplemental questions. Tribes, tribal organizations, and other organizations implementing the AI ATS can choose any, all, or none of the supplemental questions. Additionally, tribes, tribal organizations, and other organizations implementing the AI ATS are free to include questions of their own at the end of the core survey.

This chapter includes an overview of the sections and questions in the survey. Note that “R” in this manual refers to Respondent (the person being surveyed), and Q refers to a question. See Appendix B for the actual questionnaire and script for the interviewer.

SECTION 1. The **General Health** section is an “ice breaker” and consists of just one question. It asks R to provide a general assessment of her/his health.

1. **General Health Status.** In field testing, particularly among more traditional tribes, the concept of “health” encompassed more than just physical health. There was also hesitancy among Rs to choose one response. Interviewer should repeat responses until R chooses one.

SECTION 2. Section 2 contains **commercial cigarette use** questions and are designed to gather information on prevalence, stages of change, quit attempts, and quit assistance. There is a clear distinction made between commercial tobacco use and sacred or ceremonial and Rs are asked only about commercial tobacco use in the Core Questions section.

2. **Has R ever smoked a cigarette (excluding sacred or ceremonial use)?** This question refers to either commercially rolled cigarettes (such as Marlboro) containing commercial tobacco or hand-rolled cigarettes (commonly called “roll your own”) which contain commercial tobacco.
3. **Age at which R first smoked a cigarette (excluding sacred or ceremonial use)?** This question should be asked only of all Rs who answered “yes” to Q2. R must provide an actual numerical age.
4. **Has R smoked 100 cigarettes or more in her/his lifetime?** In testing, this question caused some confusion among respondents, particularly among elders. The period of time in question is a lifetime, not a single day or a week. The interviewer should be aware of the possibility of confusion and should stress “in your entire life.”
5. **R’s age at regular use of commercial tobacco?** This question is intended to determine the age at which R began using commercial tobacco regularly, not age of initiation. Interviewer should stress the word regularly. No definition of what regularly means is provided to R. Also, interviewer must ensure that R provides an actual number for the age, rather than a description such as “in high school.”

6. **R's current smoking status?** This question is used to categorize R as a current, former or "never" (<100 cigarette in lifetime) smoker.
7. **Number of days R smoked in past 30?** This question is asked only to those who answered in the previous questions that they smoke some days. Answers must be quantitative (e.g., 1 day, 4 days) rather than "a couple of days a week." Cognitive testing suggested that this question was confusing. To eliminate confusion, interviewer should provide specific dates, e.g., "in the last 30 days, that is, since August 10."
8. **Number of cigarettes R smoked per day in the past 30 days?** This question is designed to determine the average number of cigarettes R smokes per day. Testing of this question suggested that smokers tend to respond (and think) in packs rather than number of cigarettes. If R responds in number of packs, interviewer must probe R until number of cigarettes per day is provided. Cognitive testing suggested that this question was confusing as Rs tended to provide an aggregate number for 30 days. Interviewer should stress average per day on days they smoked.
9. **How soon after awakening does R smoke first cigarette of the day?** This question is related to addiction. Interviewer must read all of the responses to R. If R responds qualitatively (e.g., "with my first cup of coffee"), interviewer should probe (i.e., "would that be [READ RESPONSES AGAIN]?").
10. **How long since R last smoked a cigarette?** This provides additional information about the category of smoker that best fits R, current, former, or never smoker.
11. **Did R quit for 1 day or more during past 12 months?** Testing suggested that this question was confusing to respondents. Many initially answered "yes," but then would qualify the response to indicate that the quitting was related to illness. Interviewer should stress because you were trying to quit smoking.
12. a–d **Did R use Nicotine Replacement Therapys or any other medication to assist her/him in quitting? Did R use the "cold turkey" method of quitting?** These questions are asked only of current smokers or former smokers who quit in the last 5 years.
13. **Did R use any native or traditional methods to assist her/him in quitting?** This question is asked only of current smokers or former smokers who quit in the last 5 years. Testing suggested that there may be some hesitancy in responding to this question, particularly among elders. Interviewer should not probe. Simply allow R to respond or refuse to respond.
14. **Did R use smoking cessation classes or counseling to quit?** This question is asked only of current smokers or former smokers who quit in the last 5 years.

- 15–17. Readiness of R to quit smoking?** These three questions are asked only of current smokers to determine willingness to quit.
- Does R want to quit?**
Is R seriously thinking about quitting in the next 6 months?
Is R planning to quit in next 30 days?
- 18. Health care R received in the past 12 months?** This question is asked of everybody.
- 19. Health care professional asked R if she/he smokes?**
- 20. Health care professional advised R not to smoke?**
- 21. a–h Health care professional recommended aids to quit?** This series of questions are asked of all Rs who answered “yes” to Q20. Cognitive testing revealed that Q21c was confusing—many American Indians suffer from asthma and so many respondents thought the “nasal spray” referred to asthma inhalers. Interviewers may have to differentiate asthma inhalers from NRT nasal sprays.
- 22. a–c & 23. a–b Health care professional recommended other quit assistance, such as cessation classes, cessation programs, quitline, booklets, prayer and traditional methods?** This series of questions are asked of all Rs who answered “yes” to Q20.
- 24. Services of traditional or native healer?** All Rs are asked whether they have seen a traditional or native healer for any kind of care. Rs may exhibit hesitancy about responding to this question. Interviewers should not probe.
- 25. Traditional healer has asked R about smoking?** All Rs who answered “yes” to Q24 are asked Q25.
- 26. Traditional healer advises R not to smoke?** All Rs who answered “yes” to Q24 are asked Q26.
- 27. Traditional healer recommended use of traditional methods to quit?** Rs who answered “yes” to Q26 are asked the 27 and 28 series of questions.

SECTION 3. Similar to the previous section, this section contains **cigar use** questions that are designed to gather information on prevalence, stages of change, quit attempts, and quit assistance. There is a clear distinction made between commercial cigar use and sacred or ceremonial cigar use, and Rs are asked only about commercial cigar use in the Core Questions section.

28. **Has R ever smoked a cigar (excluding sacred or ceremonial use)?** This question refers to either commercially rolled cigars containing commercial tobacco or hand-rolled cigars that contain commercial tobacco.
29. **Age at which R first smoked a cigar (excluding sacred or ceremonial use)?** This question should be asked only of Rs who answered “yes” to Q28. R must provide an actual numerical age.
30. **Has R smoked 100 cigars in her/his lifetime?** In testing, this question caused some confusion among respondents, particularly among elders. The period of time in question is a lifetime, not a single day or a week. The interviewer should be aware of the possibility of confusion and should stress “in your entire life.”
31. **R’s age at regular use of cigars?** This question is intended to determine the age at which R began using cigars regularly, not age of initiation. Interviewer should stress the word regularly. No definition of what regularly means is provided to R. Also, interviewer must ensure that R provides an actual number for the age, rather than a description such as “in high school.”
32. **R’s current smoking status?** This question is used to categorize R as a current smoker, former smoker, or “never” smoker (<20 cigars in lifetime).
33. **Number of days R smoked cigars in past 30?** This question is added only to those who answered in the previous questions that they smoke on some days. Answers must be quantitative (e.g., 1 day, 4 days) rather than “every day,” or “a couple of days a week.” Cognitive testing suggested that this question was confusing. To eliminate confusion, interviewer should provide specific dates (e.g., in the last 30 days, that is, since August 10).
34. **Number of cigars R smoked per day in the past 30 days?** This question is designed to determine the average number of cigars R smokes per day. Cognitive testing suggested that this question was confusing as Rs tended to provide an aggregate number for 30 days. Interviewer should stress average per day on days they smoked.
35. **How soon after awakening does R smoke first cigar of the day?** This question is related to addiction. Interviewer must read all of the responses to R. If R responds qualitatively (e.g., “with my first cup of coffee”), interviewer should probe (i.e., “would that be [READ RESPONSES AGAIN]?”).
36. **How long since R last smoked a cigar?** This provides additional information about the category of smoker that best fits R, current, former or never smoker.
37. **Did R quit for 1 day or more during past 12 months?** Testing suggested that this question was confusing to respondents. Many initially answered “Yes,” but then would qualify the response to indicate that the quitting was related to illness. Interviewer should stress because you were trying to quit smoking.
38. a–d **Did R use NRTs or any other medication to assist her/him in quitting? Did R use the “cold turkey” method of quitting?** These questions are asked only of current smokers or former smokers who quit in the last 5 years.

- 39. Did R use any native or traditional methods to assist her/him in quitting?**
This question is asked only of current smokers or former smokers who quit in the last 5 years. Testing suggested that there may be some hesitancy in responding to this question, particularly among elders. Interviewer should not probe. Simply allow R to respond or refuse to respond.
- 40. Did R use smoking cessation classes or counseling to quit?** This question is asked only of current smokers or former smokers who quit in the last 5 years.
- 41–43. R’s readiness to quit smoking?** These three questions are asked only of Current Smokers.
Does R want to quit?
Is R seriously thinking about quitting in the next 6 months?
Is R planning to quit in next 30 days?
- 44. Health care professionals asked R if she/he smokes cigars?**
- 45. Health care professionals advised R not to smoke cigars?**
- 46. a–h Health care professionals recommended aids to quit?** This series of questions are asked of all Rs who answered “yes” to Q18. Cognitive testing revealed that Q46c was confusing—many American Indians suffer from asthma and so many respondents thought the “nasal spray” referred to asthma inhalers. Interviewers may have to differentiate asthma inhalers from NRT nasal sprays.
- 47. a–c &
48. a–b Health care professionals recommended other quit assistance (cessation classes, cessation programs, quitline, booklets, prayer, or traditional methods)?** This series of questions are asked of all R who answered “yes” to Q45.
- 49. Traditional healer asks R about smoking cigars?**
- 50. Traditional healer advises R not to smoke cigars?**
- 51. Traditional healer recommends quit aids and/or programs?**

SECTION 4. Similar to the previous sections, Section 4 contains **commercial pipe use** questions and is designed to gather information on prevalence, stages of change, quit attempts, and quit assistance. As pipe ceremonies are very important to many tribes, there is a clear distinction made between commercial pipe use and sacred or ceremonial use. Rs are asked only about commercial pipe use in the Core Questions section.

52. **Has R ever smoked a pipe (excluding sacred or ceremonial use)?** This question refers to smoking tobacco through the use of a pipe, but only when the use is not in connection with sacred or ceremonial use such as in a pipe ceremony.
53. **Age at which R first smoked a pipe (excluding sacred or ceremonial use)?** This question should be asked only of all Rs who answered "yes" to Q52. R must provide an actual numerical age.
54. **Has R smoked a pipe at least 20 times in her/his lifetime?** In testing, this question caused some confusion among respondents, particularly among elders. The period of time in question is a lifetime, not a single day or a week. The interviewer should be aware of the possibility of confusion and should stress "in your entire life."
55. **R's age at regular use of pipes?** This question is intended to determine the age at which R began smoking a pipe regularly, not age of initiation. Interviewer should stress the word regularly. No definition of what regularly means is provided to R. Also, interviewer must ensure that R provides an actual number for the age, rather than a description such as "in high school."
56. **R's current smoking status.** This question is used to categorize R as an everyday pipe smoker, a current pipe smoker, former pipe smoker, or never pipe smoker (<20 pipes in lifetime).
57. **Number of days R smoked a pipe in past 30?** This question is asked only to those who answered in the previous questions that they smoke pipes some days. Answers must be quantitative (e.g., 1 day, 4 days) rather than "a couple of days a week." Cognitive testing suggested that this question was confusing. To eliminate confusion, interviewer should provide specific dates (e.g., in the last 30 days, that is, since August 10).
58. **Number of times daily that R smoked a pipe in the past 30 days?** This question is designed to determine the average number of times that R smokes a pipe per day. Cognitive testing suggested that this question was confusing as Rs tended to provide an aggregate number for 30 days. Interviewer should stress times per day.
59. **How soon after awakening does R first smoke a pipe?** This question is related to addiction. Interviewer must read all of the responses to R. If R responds qualitatively (e.g., "with my first cup of coffee"), interviewer should probe (i.e., "would that be [READ RESPONSES AGAIN]?").
60. **How long since R last smoked a pipe?** This provides additional information about the category of smokers that best fits R, current, former, or never pipe smokers.
61. **Did R quit for at least 1 day or more during past 12 months?** Testing suggested that this question was confusing to respondents. Many initially answered "yes," but then would qualify the response to indicate that the

quitting was related to illness. Interviewer should stress because you were trying to quit smoking.

- 62. a–d** **Did R use NRTs or any other medication to assist her/him in quitting? Did R use the “cold turkey” method of quitting?** These questions are asked only of current smokers or former smokers who quit in the last 5 years.
- 63.** **Did R use any native or traditional methods to assist her/him in quitting?** This question is asked only of current smokers or former smokers who quit in the last 5 years. Testing suggested that there may be some hesitancy in responding to this question, particularly among elders. Interviewer should not probe. Simply allow R to respond or refuse to respond.
- 64.** **Did R use smoking cessation classes or counseling to quit?** This question is asked only of current smokers or former smokers who quit in the last 5 years.
- 65–67.** **Readiness of R to quit smoking?** These three questions are asked only of current pipe users.
Does R want to quit?
Is R seriously thinking about quitting in the next 6 months?
Is R planning to quit in next 30 days?
- 68.** **Health care professional asked R if she/he smokes pipes?**
- 69.** **Health care professional advised R not to smoke pipes?**
- 70. a–h** **Health care professional recommended aids to quit?** This series of questions are asked of all Rs who answered “yes” to Q18. Cognitive testing revealed that Q70c was confusing—many American Indians suffer from asthma and so many respondents thought the “nasal spray” referred to asthma inhalers. Interviewers may have to differentiate asthma inhalers from NRT nasal sprays.
- 71. a–c & 72. a–b** **Health care professional recommended other quit assistance such as cessation classes, cessation programs, quitline, booklets, prayer and traditional methods?** This series of questions are asked of all Rs who answered “yes” to Q69.
- 73.** **Traditional healer asks R about smoking pipes?**
- 74.** **Traditional healer advises R not to smoke pipes?**
- 75.** **Traditional healer recommends traditional methods?**

- SECTION 5.** Similar to the previous section, Section 5 contains **commercial chewing (spit) tobacco use** questions and is designed to gather information on prevalence, stages of change, quit attempts, and quit assistance.
- 76. Has R ever used chew or spit tobacco (excluding sacred or ceremonial use)?** This question is used to determine prevalence of commercial tobacco abuse via chew or spit tobacco.
- 77. Age at which R first used chew or spit tobacco (excluding sacred or ceremonial use)?** This question should be asked only of all Rs who answered "yes" to Q76. R must provide an actual numerical age.
- 78. Has R used chew or spit tobacco at least 20 times in her/his lifetime?** In testing, this question caused some confusion among respondents, particularly among elders. The period of time in question is a lifetime, not a single day or a week. The interviewer should be aware of the possibility of confusion and should stress "in your entire life."
- 79. R's age at regular use of chew or spit tobacco?** This question is intended to determine the age at which R began using chew or spit tobacco regularly, not age of initiation. Interviewer should stress the word regularly. No definition of what regularly means is provided to R. Also, interviewer must ensure that R provides an actual number for the age, rather than a description such as "in high school."
- 80. R's current chewing/spit tobacco use status?** This question is used to categorize R as a current, former, or never chew tobacco user (<20 times).
- 81. Number of days R used chew/spit tobacco in the past 30 days?** This question is asked only to those who answered in the previous questions that they use chew/spit tobacco some days. Answers must be quantitative (e.g., 1 day, 4 days) rather than "a couple of days a week." Cognitive testing suggested that this question was confusing. To eliminate confusion, interviewer should provide specific dates (e.g., in the last 30 days, that is, since August 10).
- 82. Number of times daily that R used chew/spit tobacco in the past 30 days?** This question is designed to determine the average number of times that R smokes a pipe per day. Cognitive testing suggested that this question was confusing as Rs tended to provide an aggregate number for 30 days. Interviewer should stress average times per day on days they used chewing/snuff tobacco.
- 83. How soon after awakening does R first use chew/spit tobacco?** This question is related to addiction. Interviewer must read all of the responses to R. If R responds qualitatively (e.g., "with my first cup of coffee"), interviewer should probe (i.e., "would that be [READ RESPONSES AGAIN]?").
- 84. Identifies the brand of chew/spit tobacco that R uses most often?**

85. **How long since R last used chew/spit tobacco?** This provides additional information about the category of chew/spit tobacco user that best fits R, current, former, or never chew/spit tobacco user.
86. **Did R quit for 1 day or more during the past 12 months?** Testing suggested that this question was confusing to respondents. Many initially answered “yes,” but then would qualify the response to indicate that the quitting was related to illness. Interviewer should stress because you were trying to quit using chew/spit tobacco.
87. a–d **Did R use NRTs or any other medication to assist her/him in quitting? Did R use the “cold turkey” method of quitting?** These questions are asked only of current or former chew/spit tobacco users who quit in the last 5 years.
88. **Did R use any native or traditional methods to assist her/him in quitting?** This question is asked only of current or former chew/spit tobacco users who quit in the last 5 years. Testing suggested that there may be some hesitancy in responding to this question, particularly among elders. Interviewer should not probe. Simply allow R to respond or refuse to respond.
89. **Did R use tobacco cessation classes or counseling to quit?** This question is asked only of current or former chew/spit tobacco users who quit in the last 5 years.
- 90–92. **Readiness of R to quit smoking?** These three questions are asked only of current chew/spit tobacco users.
- Does R want to quit?**
- Is R seriously thinking about quitting in the next 6 months?**
- Is R planning to quit in next 30 days?**
93. **Health care professional asked R if she/he used chew/spit tobacco?**
94. **Health care professional advised R not to use chew/spit tobacco?**
95. a–h **Health care professional recommended aids to quit?** This series of questions are asked of all R who answered “yes” to Q18. Cognitive testing revealed that Q95c was confusing—many American Indians suffer from asthma and so many respondents thought the “nasal spray” referred to asthma inhalers. Interviewers may have to differentiate asthma inhalers from NRT nasal sprays.
96. a–c &
97. a–b **Health care professional recommended other quit assistance such as cessation classes, cessation programs, quitline, booklets, prayer and traditional methods?** This series of questions are asked of all Rs who answered “yes” to Q94.

98. **Traditional healer asked R about using chew/spit tobacco?**
99. **Traditional healer advised R not to use chew/spit tobacco?**
100. **Traditional healer recommended quit aids and/or programs?**

SECTION 6. Similar to the previous section, Section 6 contains **commercial snuff (dip) use** questions and is designed to gather information on prevalence, stages of change, quit attempts, and quit assistance.

101. **Has R ever used commercial snuff (dip) (excluding sacred or ceremonial use)?** This question is used to determine prevalence of commercial tobacco abuse via snuff (dip).
102. **Age at which R first used commercial snuff (dip) (excluding sacred or ceremonial use).** This question should be asked only of all Rs who answered "yes" to Q101. R must provide an actual numerical age.
103. **Has R used commercial snuff (dip) at least 20 times in her/his lifetime?** In testing, this question caused some confusion among respondents, particularly among elders. The period of time in question is a lifetime, not a single day or a week. The interviewer should be aware of the possibility of confusion and should stress "in your entire life."
104. **R's age at regular use of commercial snuff (dip)?** This question is intended to determine the age at which R began using chew or spit tobacco regularly, not age of initiation. Interviewer should stress the word regularly. No definition of what regularly means is provided to R. Also, interviewer must ensure that R provides an actual number for the age, rather than a description such as "in high school."
105. **R's current commercial snuff (dip) use status?** This question is used to categorize R as a current, former, or never commercial snuff (dip) user (<20 times).
106. **Number of days R used commercial snuff (dip) in past 30?** This question is asked only to those who answered in the previous questions that they use commercial snuff (dip) some days. Answers must be quantitative (e.g., 1 day, 4 days) rather than "a couple of days a week." Cognitive testing suggested that this question was confusing. To eliminate confusion, interviewer should provide specific dates (e.g., in the last 30 days, that is, since August 10).
107. **Number of times daily that R used commercial snuff (dip) in the past 30 days?** This question is designed to determine the average number of times that R smokes a pipe per day. Cognitive testing suggested that this question was confusing as Rs tended to provide an aggregate number for 30 days. Interviewer should stress average times per day on days they used snuff tobacco.

- 108. How soon after awakening does R first use commercial snuff (dip)?** This question is related to addiction. Interviewer must read all of the responses to R. If R responds qualitatively (e.g., “with my first cup of coffee”), interviewer should probe (i.e., would that be [READ RESPONSES AGAIN]?).
- 109. Did R identify the brand of commercial snuff (dip) that R uses most often?**
- 110. How long since R last used commercial snuff (dip)?** This provides additional information about the category of commercial snuff (dip) user that best fits R, current, former, or never commercial snuff (dip) user.
- 111. Did R quit for 1 day or more during past 12 months?** Testing suggested that this question was confusing to respondents. Many initially answered “yes,” but then would qualify the response to indicate that the quitting was related to illness. Interviewer should stress because you were trying to quit using commercial snuff (dip).
- 112. a–d Did R use NRTs or any other medication to assist her/him in quitting?** Did R use the “cold turkey” method of quitting? These questions are asked only of current or former users of commercial snuff (dip) who quit in the last 5 years.
- 113. Did R use any native or traditional methods to assist her/him in quitting?** This question is asked only of current or former commercial snuff (dip) Users who quit in the last 5 years. Testing suggested that there may be some hesitancy in responding to this question, particularly among elders. Interviewer should not probe. Simply allow R to respond or refuse to respond.
- 114. Did R use tobacco cessation classes or counseling to quit?** This question is asked only of current or former commercial snuff (dip) Users who quit in the last 5 years.
- 115–117. Readiness of R to quit smoking?** These three questions are asked only of Current commercial snuff (dip) users.
- Does R want to quit?**
- Is R seriously thinking about quitting in the next 6 months?**
- Is R planning to quit in next 30 days?**
- 118. Health care professional asked R if she/he use commercial snuff (dip)?**
- 119. Health care professional advised R not to use commercial snuff (dip)?**
- 120. a–h Health care professional recommended aids to quit.** This series of questions are asked of all R who answered “yes” to Q18. Cognitive testing revealed that Q120c was confusing—many American Indians suffer from asthma and so many respondents thought “nasal spray” referred to asthma inhalers. Interviewers may have to differentiate asthma inhalers from NRT nasal sprays.

121. a–c &
122. a–b **Health care professional recommended other quit assistance such as cessation classes, cessation programs, quitline, booklet, prayer, and traditional methods.** This series of questions are asked of all Rs who answered “yes” to Q119.

123. **Did traditional healer ask R about using commercial snuff (dip)?**

124. **Did traditional healer advise R not to use commercial snuff (dip)?**

125. **Did traditional healer recommend quit aids and/or programs?**

SECTION 7. Section 7 contains **secondhand smoke exposure** questions.

126–129. **Household and secondhand smoke.** Questions are designed to elicit how many people live in the respondent’s household, how many smokers live in the household, how many people were exposed in the last week in the household, and what rules exist in household about smoking inside the home.

130–135. **Workplace and secondhand smoke.** Questions are designed to determine second-hand smoke exposure and second-hand smoke policies at the respondent’s workplace.

136–141. **Clean indoor air policy attitudes.** Questions are designed to elicit respondent’s opinions regarding clean indoor air policies in public places such as work areas, restaurants, shopping malls, and casinos.

142. **Car and secondhand smoke.** Question asks if respondent has been in a car with someone who was smoking within the last week.

SECTION 8. Section 8 contains questions about respondent’s **risk perception** regarding commercial tobacco use and exposure to secondhand smoke.

143–149. **Respondent’s opinions/knowledge regarding the risk of commercial tobacco use and exposure to secondhand smoke to cause specific diseases/conditions.** Cognitive testing did not reveal any problems with this set of questions.

150–160. **Demographics.** This set of questions provides demographic information on the participant. Information includes age, sex, income, education, and tribal enrollment information.

161. **Interviewer enters the date of the complete interview.**

Supplemental Questions⁴

- S1–S6. Purchase Patterns.** This set of questions seeks to identify specific purchase patterns of commercial tobacco. This can assist in identifying key factors in the following purchasing decisions: convenience (ordering via internet), price (purchase in a neighboring state or on a reservation), and association between gaming and commercial tobacco use (casino).
- S7–S10. Ceremonial or Sacred Use.** These questions are designed to elicit information regarding ceremonial or sacred use by Rs. Due to the nature of the question and issues of sovereignty, each **tribal government** should determine whether or not this set of questions can be asked of their citizens. It should be noted that of the original eight tribes which participated in the first fielding of the American Indian Adult Tobacco Survey, none of the tribes agreed to these specific questions.
- S11. Brand Smoked.** This question elicits information regarding popularity of brands of cigarettes among Rs. It also provides information on the popularity of menthol versus non-menthol cigarette.
- S12. Sexual Orientation.** This question seeks to identify sexual orientation for analysis purposes only. Sexual orientation responses could be tested to determine prevalence patterns or types of cigarettes smoked.
- S13–S21. Chronic Disease.** This set of questions looks at chronic diseases from which American Indians suffer disproportionately. These same chronic diseases are associated with commercial tobacco use and secondhand smoke. Questions seek to identify incidence, use of screenings and preventive measures, and use of medicines to treat the diseases.
- S22–24. Pregnancy.** This set of questions deal with prenatal exposure to commercial tobacco. Smoking and secondhand smoke exposure are risk factors for underweight babies, increased rates of infant morbidity and mortality, SIDS, and chronic diseases of children born to mothers who smoked or were exposed to secondhand smoke during pregnancy. Rs are asked about prevalence and provider care/information services.



⁴ These supplemental questions were not tested cognitively.

Chapter 3: Implementation

Engage Stakeholders

The first step in implementing an AI ATS is to engage stakeholders and get the buy-in of tribal leaders and community members. One of the best ways to do that is to acknowledge and respect that the participating tribe is a sovereign nation.

Another key to buy-in is to make sure tribal leaders have a clear understanding of the survey project; you must be prepared to make presentations throughout the tribal community. These presentations should explain the cultural appropriateness of the AI ATS as well as the background, purpose, and procedures of the survey. Presentations to tribal councils and communities also can demonstrate how the community will participate in and benefit from the survey. Remind participants that the survey is tribal-owned, so they will be able to decide how their AI ATS findings are used. Staff members working on the survey are encouraged to make presentations at community meetings, use tribal and clinic newsletters, and work with community gatekeepers to share information about the survey project.

Continued involvement of tribal communities in each phase of the survey will help increase its success. AI ATS staff should seek tribal input in survey processes and methods on an ongoing basis to ensure cultural appropriateness. Remember that what may be considered culturally appropriate for one tribe may be inappropriate for another because each tribe is a distinct cultural entity. Suggested practices include scheduling monthly or bi-monthly telephone calls or presentations at the tribal council or community level; placing regular articles in tribal newspapers; providing up-to-date information to tribal Web sites; and staffing informational booths at community events, such as health fairs, festivals, and pow-wows.

Institutional Review Board

An Institutional Review Board (IRB) reviews study protocols to ensure that researchers and study investigators comply with the standards that have been established for the protection of human subjects.⁵ Institutions (e.g., universities, clinics) and researchers that conduct studies that require contact with human subjects (e.g., focus groups, surveys, discussions) must receive IRB approval. The AI ATS is a survey that involves human subjects; therefore, after a tribe has granted permission for the survey, you must get IRB approval as well.

Some tribes may already have an IRB, so your project coordinator should work with tribal leadership to determine the proper steps they must go through to receive IRB approval from the tribe. In the event a tribe does not have an IRB in place, you should seek approval from the Indian Health Services, because of their extensive knowledge, skills, and abilities in working with tribes in the United States (IHS IRB can be contacted by e-mail at irb@ihs.org). Either way, the project coordinator must work with the tribal organization to determine which organization is available to provide this approval. Begin the IRB approval process early, preferably right after a tribe gives permission to conduct the survey, because this process can take a long time.

Data Ownership/Data Sharing

Many tribes have policies and procedures in place to protect data and information generated by research, surveys, and other types of data collection, especially those

⁵ For more information, see the Office for Human Research Protections Web site at <http://www.hhs.gov/ohrp/policy/index.html>.

conducted by external organizations. These policies and procedures may be overseen by entities, such as tribal and regional IRB or research and information subcommittees, created under the doctrine of sovereignty. We recommend that AI ATS project staff inquire about such policies and procedures and work with the respective organizations to adhere to them.

Data-sharing agreements are an important part of any data collection, but are even more significant for studies among American Indian populations because of tribal sovereignty and issues with preventing the misuse of collected data. AI ATS project staff should work with tribal leaders, tribal organizations, and community members to determine the content of any data-sharing agreements, as well as the security of such data. This approach may entail working with the tribe to develop safeguards to protect the data.

Although tribal community members should staff the survey project, you may need to engage researchers, analysts, and staff from outside the tribal community to help implement the survey. Data-sharing agreements ensure all parties understand privacy issues, data ownership, and corresponding concerns, such as publishing rights and dissemination through presentations.

Sampling Frame/Size

One of the goals of a scientifically sound survey is to ensure that findings from the survey can be generalized to the entire population for which it is intended (e.g., tribe, community, region). In other words, if a sample of tribal members is selected, the results should truly represent the majority of the tribe. In the case of small tribes (e.g., 250 members or less), all of the adult members of the population may need to be interviewed. This type of survey is called a census survey, and it provides the most reliable findings. In large tribes, a representative (random, population-based) sample of tribal members is best.

A random, population-based sample of adult members of a tribal community means that every adult in the tribal community has a chance of being chosen to participate in the survey. (Note that "adult" can mean aged 18 years or older, or aged 19 years or older, depending on the state.) The entire population of possible tribal participants is called a sampling frame. For American Indian tribes, this entire population of adults, or sampling frame, can typically be found in tribal enrollment lists. Because enrollment lists are carefully guarded by tribes, and only a few people have access to them, tribal buy-in and collaborative strategies are essential for getting access to the sampling frame. AI ATS project staff does not have to have direct access to the tribal enrollment rolls. Instead, the project coordinator can train tribal administrators to extract random samples to allow them to generate the sample needed for the AI ATS.



Many software statistical computer packages can extract a random sample from a population list. Your project coordinator should work with tribal administrators and epidemiologists or statisticians to extract random population samples or other kinds of probability samples (e.g., cluster samples). If a tribal college exists in your area, you may want to work with a statistician from that institution. If the tribe or tribal organization has a working relationship with a research institution or a Tribal Epidemiology Unit, working with one of their statisticians or epidemiologists could provide the needed help. These partners also could help determine the number of people who must be surveyed so that the findings can be generalized to the overall tribal population.

Samples also must include enough people to allow comparisons across different subgroups identified from the data. The tribe can provide the context and culturally appropriate strategies, and the scientific partner can provide the expertise to ensure scientific rigor. During this process, it is important that the identities of the individuals involved are protected. A way to safeguard participants' identity is to give each person (adults only) on the tribal enrollment list a unique number and then give the numbers to the researchers so that the sampling could be done without revealing everyone's identity in the tribe.

A common challenge in determining the sampling frame and size is that the existing tribal enrollment lists may not be current. If possible, be prepared to help tribal administrators update these lists. Out-of-date enrollment lists can bias the sample, making any findings from your survey not truly representative of the entire tribal population. However, if the enrollment lists are not current, other methods of selecting a sample exist, including using electric and gas company records. This method can be used only if the companies that provide the services are owned by the tribes and are able to provide a record of every household in the community. You also can use software or computer programs to provide a geographical map of the area and the houses within that area. This map can be used to



create a random sample that includes certain houses, and members of these households can be selected to participate in the survey. If the use of geographical maps to determine the random sample is necessary, the project coordinators must work closely with an epidemiologist or survey methodologist from the local tribal support center or university when choosing households for participation.

Establishing Protocols

To conduct a valid AI ATS, you must establish protocols for recruiting and hiring interviewers, determining locations for conducting the survey, ensuring that identifying information and completed surveys are secure, and implementing the survey. Early development of protocols and procedures will provide the framework for a successful survey.

Recruitment and Hiring Interviewers

Conducting a survey is a multifaceted process that requires a great deal of work on the part of many people. The interviewer is a vital link at the center of that process. The quality and usability of the information collected from respondents is directly related to the interviewer's skills. AI ATS staff members and tribal partners must decide what qualifications are needed for interviewers. If possible, we recommend that members of the tribal community serve as interviewers. (See Chapter 3 for further guidance on this topic.)

Because the AI ATS is conducted as a face-to-face interview, and interviewers may be asked to travel throughout the tribal community, access to transportation may be a key issue. Interviewers generally conduct interviews in the homes of tribal members, so background checks may be required. In addition, interviewers will be asked to read the questions to the respondents, so a certain level of literacy is required. Finally, if the tribe has social customs or taboos that require males to interview males or females to interview females, these considerations must be a part of your protocols.

We recommend that you use a joint participatory process with the AI ATS project staff and tribal stakeholders to recruit interviewers. Recruitment strategies may differ from tribe to tribe, so culturally appropriate methods that work for the specific tribe hosting the survey should be established. Recruitment methods include, but are not limited to, advertising in tribal or clinic newsletters, and hanging posters in offices (e.g., housing agencies; Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]; Head Start), churches, clinics, bingo halls, community halls, recruiting booths (e.g., at health fairs, festivals, pow-wows), and any other venues supported by the tribe's membership.

Once interviewers are hired, you will need an interviewer supervisor. (You may need more than one depending on how many interviewers you have.) This position is key to the success of the survey because the interviewer supervisor serves as the conduit through which interviewers can get help, work through problems and concerns, and improve participation rates. The interviewer supervisor also is responsible for such duties as

- Determining which interviewers will go to which areas to conduct the survey.
- Handling and keeping track of compensation for respondents, if such is given.
- Keeping records on completion rates per interviewer for payment purposes.
- Ensuring that protocols and procedures are carefully followed by all interviewers.
- Arranging and maintaining security of completed surveys.
- Conducting quality control procedures, which may include spot-checks of randomly chosen interviews.

The interviewer supervisor should be experienced in conducting surveys. (See Appendix A for more recruitment tools.) Once the interviewer supervisor and interviewers have been hired, you should identify a site for the training class. (See Chapter 4 for details about interviewer training.) Use this manual to ensure that all AI ATSs are conducted consistently. We also suggest that you train interviewers within 1 week of when they will go out into the field. This strategy ensures that the training methods are still fresh in their minds.

Determining Locations for Conducting the Survey

The AI ATS was developed as a face-to-face survey, which means that interviewers conduct the survey personally, rather than over the telephone or by any other means. Protocols should be developed with regard to where the surveys will be conducted. Sometimes, it is best for interviewers to conduct the surveys in the respondents' homes. In that case, the protocols must address issues of safety and privacy for both the interviewer and the respondent. An alternative location that is private and dedicated for conducting the survey also should be considered. For example, an office in the tribal clinic or administration building, an isolated booth or table at a coffee shop or restaurant, or even a park could serve as a location where the survey could be administered.

Maintaining Confidentiality and Security

Confidentiality of respondents' personal information must be maintained throughout the survey process. No identifying information should be placed on surveys, and interviewers and the AI ATS project staff should sign affidavits pledging that they will respect the confidentiality of respondents. (See Chapter 4 for more on this topic.) If interviewers have lists with personal information (e.g., names, addresses) of respondents, they should be given a lockbox to secure that information. The lockbox should be large enough to hold completed surveys as well. The interviewer supervisor should dedicate a locked file drawer or cabinet for master lists, tribal enrollment lists, sample lists, completed surveys, signed informed consent forms, signed receipts of compensation, and any other identifying information. Only the interviewer supervisor—and perhaps one other person—should have access to the locked file drawer or cabinet.

Implementing the Survey

Finally, protocols should be developed and put into place to address the following important issues:

- ***Coding the questionnaires.*** The first page of the questionnaire provides a space for coding items such as year, tribe, village number, interviewer supervisor number, and interviewer number. A system of coding should be developed and shared with AI ATS project staff and interviewers. If more than one tribe is being interviewed, each tribe or village should be given a separate and distinct number so that when the data are analyzed, the analyst will be able to differentiate between the tribes and villages. Likewise, interviewers and interviewer supervisors should be given separate and distinct codes. The questionnaire ID (located on first page of the survey) should be coded before it is given to the interviewers.
- ***Contacting respondents.*** In the original fielding of the AI ATS, potential participants were first contacted by mail to determine their willingness to participate in the survey. (Templates of the mailing and return postcard are provided at the end of this chapter.) In that first mailing, respondents who agreed to participate were requested to return the postcard within 7 days. A master list was kept of each name and address to which the first mailings were sent. Fourteen days later, the master list was updated and those who replied were placed on a list called "Respondents." Those who did not reply were sent a second mailing and postcard. The process was then repeated, and a third mailing was sent out 14 days after the second mailing. Appendix A contains a "Plan B" for people who do not respond; this plan was used by a tribe that participated in the original fielding of the survey. It is important that culturally competent protocols be put into place and are followed consistently. A presurvey check list also is provided in Appendix C.

Unforeseen Circumstances

As human behavior is ultimately unpredictable, unusual challenges and situations will come up when fielding any survey. The interviewer supervisor should be able to solve most challenges, especially if you hire a supervisor with experience conducting surveys. The interviewer supervisor should have access to one person on the AI ATS project staff who can make final decisions when problems arise. As many surveys will be conducted after normal business hours, both the interviewer supervisor and the AI ATS project staff must be able to reach interviewers at any time during interviewing hours.

Once all issues have been resolved, all permissions granted (i.e., IRB and access to the tribal enrollment list), all protocols developed and put into place, all samples chosen, and all interviewers hired, the last step before entering the field to conduct the survey is interviewer training, which is covered in Chapter 4.

Chapter 4: Interviewer Training

Before you conduct the AI ATS, you must train your interviewers. This chapter presents information and guidelines from the American Indian Adult Tobacco Survey Interviewer Training Manual—the original manual used to train American Indian interviewers who fielded the first AI ATS. We recommend that training take place over 2 days, and that this manual be used in its entirety. The second day should consist of role-playing, which involves trainees taking turns interviewing each other several times. This approach allows the trainees to become familiar with the survey and allows the instructor to observe any issues that may need to be resolved before an actual interview.

Suggested Training Schedule

Day 1

- Introductions and a brief explanation of the purpose of the AI ATS for your tribe.
- Instructor reads the core questionnaire and the optional questionnaire, question by question, and points out the coding patterns and skip-patterns that are in the survey.
- Instructor reads and explains all forms that will be used by interviewers. Examples include the initial contact letter, the face-to-face contact script, the telephone contact script, and the informed consent form.
- Dress and demeanor are discussed in the context of the cultural realities of your tribe.
- The importance of confidentiality is discussed. Interviewers will learn that confidentiality is the most important element of the survey process. You can use storytelling to address this issue as it relates to your tribe.
- Time management is discussed. Socializing before or during the interview is unacceptable. The interviewer is responsible for ensuring that interviews do not exceed the normal time limits. The instructor provides culturally appropriate methods of moving the interview along. Interviewers should learn that it is acceptable to socialize briefly after the survey, but only if the respondent wishes to socialize.
- The importance of objectivity and consistency is discussed. Through a culturally relevant discussion, the instructor provides examples of words and actions used by the interviewers that may imply “approval” or “disapproval.” These examples can be explored through storytelling. Instructors should provide tips that can be used by interviewers to avoid such pitfalls. Interviewers also are reminded that consistency among interviewers is critical and cannot be achieved if interviewers change wording, explain questions to respondents, or ad-lib.

Day 2

Role-playing by the interviewers. Interviewers should practice approaching one another so they are comfortable conducting interviews and obtaining consent from the participants. They also should use this time to practice conducting the interview so they are familiar with the survey questions and skip patterns. Partners should be changed so that interviewers are able to interview a variety of respondents. The instructor should mingle to provide feedback, help, and constructive criticism to each interviewer.

Questionnaire Coding

When the interviewers receive the questionnaires, make sure they note the codes (series of numbers) in the top right corner. These codes will help the statistical analysts identify certain aspects of the survey and are used to identify information such as 1) the year the survey is fielded, 2) the tribe (if more than one tribe is being surveyed), 3) the community, 4) the interviewer supervisor, 5) the survey number, and 6) the interviewer. Should interviewers receive questionnaires that do not have a code on the top right corner of the first page, they should notify an interviewer supervisor immediately.

The AI ATS includes the questionnaire and several scripts. The scripts ensure that the surveys are reliable and consistent. Other methods can be used to collect survey data that are reliable and valid, such as collecting preliminary information, talking with respondents, and asking questions. We use scripts to ensure that all interviewers will present the survey to the respondents in exactly the same way. For the interview training, the first lesson is to become familiar with the following components of the survey:

- Core Questionnaire (see Appendix B).
- Questionnaire (see Appendix B).
- Initial Contact Letter (see Appendix A).
- Face-to-Face and Telephone Contact Script (see Appendix C).
- Informed Consent Form (see Appendix C).

By now, you should be familiar with the core and supplemental questionnaires. The next sections discuss the contact letter, the scripts, and the consent form in more detail.

Initial Contact Letter

By the time the interviewer supervisor and interviewers become involved in the survey process, a list of respondents should have been created. The respondents in this survey have been selected so that they, as a group, represent their specific tribe(s) or communities. Once respondents are chosen, send out your initial contact letter (see Appendix A).

The letter should be written on official letterhead, either from the tribe or a tribal health clinic. This is important because it lends official sanction and legitimacy to the survey and lets the respondent know that the survey has been approved by an organization that is trustworthy. The first sentence and second sentence of the letter let the person know that they have been selected to participate in the survey and should specifically state that the survey has been approved by a specific tribe or clinic. The general tone of the first paragraph should convey to the respondent the importance of his or her participation in the survey. Further, the first paragraph should acknowledge the possibility of traditional tobacco use and distinguish it from



commercial use. The letter also should clearly state that serious health problems can be caused by the use and abuse of commercial tobacco products.

Confidentiality is an extremely important issue that must be addressed at each stage of the interview process, including as part of the initial contact letter. Typically, respondents in any survey are concerned with issues of confidentiality. No one wants his or her name used without permission. Among American Indians, however, confidentiality is even more guarded because of the long history of research being harmful to American Indians as a whole, along with repercussions against informants.⁶ Therefore, it is critical that respondents in this survey understand that their names will be kept private, and that there is no way that the answers they provide can be matched to their names.

The initial contact letter also should address the issue of compensation or incentives for participants (if provided). Although these incentives are not mandatory, providing compensation can improve response rates.⁷ We recommend that the value of this compensation not exceed an amount that a person could earn doing 2 or more hours of work in the community.

The initial contact letter should ask the respondent to complete an enclosed self-addressed, stamped postcard and return it with information regarding the best time and place for the interview to take place. Upon receipt of the acceptance card, the interviewer should then call the respondent to set up the appointment. The interviewer should call the respondent again one day before the appointment to verify that the date, place, and time are still set.

Face-to-Face Contact Script

After all appointments have been made and verified, it is time for the interviewers to present themselves at the home of the respondent to begin the survey. All interviewers should present their contact information and questions in the same way. Interviewers can be provided with business cards with their names, contact information, and official organization logos or names on them to remind the respondents that the survey is officially sanctioned by tribal leadership or health clinics.

The face-to-face contact script introduces the interviewer to the respondent. It also advises the respondent that the survey has been approved by his or her tribe or health clinic. The script reinforces the importance of the respondent's help and stresses that survey results will be used to address serious health problems among American Indians (see Appendix C). The issue of confidentiality is stressed again at this time because of its importance for American Indians. Finally, the script allows the interviewers to tell respondents that if a question makes them feel uncomfortable, they do not have to answer that question, they can stop the interview at any time.

Telephone Contact Script

This script is used when the respondent is unable to complete the survey in person, but is willing to complete the survey by telephone. Essentially, this is the same script as the face-to-face contact script with some adjustments for telephone surveying (see Appendix C).

⁶ Oberly J, Macedo J. The R in Indian country: culturally appropriate commercial tobacco-use research strategies. *Health Promotion Practice*. 2004 Oct 5;355–361.

⁷ Harris M, Johnson O. *Cultural anthropology*. 6th ed. New York: Allyn & Bacon; 2002.

Informed Consent Form

The informed consent form is a critical component of the AI ATS and it must be addressed before face-to-face or telephone interviews begin. Unless the respondent signs this form (face-to-face) or verbally agrees (by telephone) to the provisions contained in this form, the survey cannot be administered.

The informed consent form tells the respondent about the survey process and the respondent's part in the process. It addresses the purpose, benefits, procedures, confidentiality, risks, and benefits of the survey, as well as the rights of volunteers and the respondent's agreement to participate. The informed consent form also addresses the compensation (if any) that will be given to the respondent.

Establishing a Rapport with Respondents

If the interviewers are members of the tribal community in which the AI ATS will be conducted, they may be familiar with many of the tribal members who will be respondents. They may personally know the respondent or members of the respondent's family. If they find that they know a respondent who has been assigned to them, they must immediately report it to their interviewer supervisor so another interviewer can take their place for that particular respondent. This will prevent unintentional biases that may influence the data collection.

Dress

Interviewers represent their tribe and community. Neatness and cleanliness in appearance are essential. However, they do not want to overdress, as this might intimidate the respondents. Instead, it is best to dress in the same manner as the respondents.

Demeanor

The approach that will serve interviewers best is a positive attitude. Recall from Chapter 1 that the scripts automatically assume that the respondents will agree to answer the questions. By using this positive method, we decrease the likelihood of having respondents refuse to answer the survey questions. Avoid any words or phrases that would give respondents an easy opening for refusal. Phrases such as "Are you too busy?" or "Would you mind answering some questions?" portray a hesitant attitude on the part of the interviewer and increase the chances of refusal to participate in the survey. The interviewer should stick to the scripts provided because these scripts use positive words and have been proven to increase the likelihood of participation in the survey. Consistency is key.

Confidentiality

The confidential aspect of the AI ATS is very important. Interviewers must make sure that respondents understand that their responses cannot be linked to their names and will be kept confidential. The interviewer must never mention the names of others they have interviewed. They must never mention other interviews or answers they have received. They must never allow a respondent to see another completed questionnaire.

Time Management

One of the challenges interviewers face is managing their time. The interview should take about 30 minutes to complete, although the amount of time may vary. In the event that you notice that the participants are uncomfortable, prior to the interview the interviewer might want to allow a short social time. Once the survey has begun, however, they must ensure that they ask the questions and receive an answer from the list provided. They must steer

the respondent away from conversation and keep the respondent focused on the survey responses.

In many cases, interviewers may normally work as service providers to their tribal community. In small communities, people may know that they are a health provider, social worker, or other service provider. The interviewers may find that participants will ask them about handling other matters for them during the interview. Make sure interviewers understand that this work must be conducted at another time. When they are interviewing participants for the AI ATS, they should be an interviewer only. The interviewers can politely explain to the participant that, at the current time, they are interviewing for the AI ATS, but that they will be glad to get back with them on other matters later.

Objectivity

Interviewers must remain completely objective and neutral throughout the interview process. People often want the interviewer's approval when answering questions. Interviewers must make clear in their words and actions that they do not approve or disapprove of any answers. Interviewers must be vigilant to keep their tone of voice, facial expressions, and body language neutral. Interviewers should be careful that they do not convey—in any way—their attitudes, opinions, or judgments to the respondents. If they are asked about their opinion, they should advise the respondent that their opinion does not matter; only the respondent's opinion matters in this survey. Actions such as nodding your head in agreement, expressing empathy, or using sounds that indicate agreement must be strictly avoided.

If a respondent answers the question using something other than the scripted responses, the interviewers should not attempt to translate the response and should not ask the respondent a questions such as, "Do you mean...?" Instead, they should read the scripted responses again and allow the respondent to choose one of them.

The questions and possible answers must be read exactly as they appear on the survey. The wording should not be changed. Remember, consistency is key. Questions and answers are deliberately worded in a specific way, and any change in the wording could compromise the integrity of the survey. The sequence of the questions also should not be changed. The sequence of the questions is deliberate and any changes could compromise the integrity of the survey.



Chapter 5: Fielding the American Indian Adult Tobacco Survey

Similar to any other face-to-face survey, there are challenges to implementing the AI ATS. These challenges may occur during the interview process with the interviewers or the participants. This chapter provides examples of challenges that tribes, tribal organizations, and other organizations may experience while implementing the AI ATS.

As discussed previously, before you implement the AI ATS, you must have community buy-in from tribal leaders, tribal councils, tribal health boards, and any other tribal governing body that makes decisions about collecting survey data in the community. Open communication must be maintained among everyone involved in the project. For example, if there is a delay starting the survey, you must communicate this information to major stakeholders or partners, such as the tribal director, tribal coordinator, or interviewer supervisor. You can use e-mail, conference calls, or letters to let them know why there is a delay and when the survey will begin.

Maintaining a good working relationship with those involved in the AI ATS is important. In addition to keeping everyone updated on what is going on with the implementation process, the project manager (or director) must stay involved while the survey is being implemented. The project manager should be available to the assigned project coordinator and interviewer supervisor by telephone, e-mail, or face-to-face. If possible, he or she should conduct monthly site visits while the survey is being implemented. Being available is important because if problems or challenges arise, the program manager is knowledgeable enough to provide advice or resolve these problems.

As discussed previously, you should have interviewers who are from or a part of the community in which the survey is being implemented whenever feasible. To do so, you must screen interviewers before they are hired. Choose people who are trustworthy, dependable, accountable, knowledgeable, and well-respected members of the community. Successful implementation of the AI ATS survey is dependent on having good interviewers. Good interviewers can help determine which participants are still living in the community. Choose interviewers that participants feel comfortable talking with about the issues that are discussed on the survey. This will help assure participants that the interviewer will not tell anyone else their answers.

Because the AI ATS is conducted primarily in rural areas, you should take the time to match up interviewers with assignments near their home. This approach is a more efficient use of your staff than just giving them a list of names to interview without considering which addresses are most accessible to them. You also should ask interviewers which interviews they are most comfortable and capable of conducting.

Another important factor is giving interviewers good tools that allow them to conduct interviews successfully. For example, give interviewers identification badges, pens, business cards, and lockboxes for the surveys and incentives. Because face-to-face interviews must be conducted the same way, all interviewers must attend training to ensure valid data are collected.

In addition, if the respondents agree, the interviewer supervisor can accompany interviewers on one of their interviews to ensure they are conducted in a scientific and ethical manner and to ensure that interviewers are following the same protocol. In the event

that the interviewer is not following proper protocols, the supervisor may recommend that they shadow or help another interviewer until they have learned the protocols in conducting interviews for the AI ATS.

An important challenge in implementing a face-to-face survey is maintaining interviewer morale and ensuring that interviewers will complete the project. Sometimes interviewers are not able to complete the project because of circumstances beyond their control, or they may no longer be interested in the project. To ensure that you can complete the project within the preferred timeline, create an alternate list of interviewers who are available for training if needed.

Providing incentives for the interviewers—such as monetary rewards for completed interviews, certificates and awards, or lunch or dinner at local restaurants to discuss the project—are all ways to help motivate interviewers to keep the project going. Another method that can be used to protect the integrity of the survey is to contact the respondent to verify that the survey was conducted.

Incentives also can be used to reward respondents for their participation in the survey. These incentives can include a gift certificate from a major or local supermarket, restaurant, or retail outlet store. Most gift certificates have an identification number that allows them to be preassigned to a specific interviewer or participant. Gift certificates may be easier for your accounting or finance department to process than cash. If cash is used, you must have a protocol in place to track how much each interviewer is given at one time.

For example, when using cash as the incentive, the interviewer supervisor may want to give the interviewer a certain number of surveys along with the amount of cash that is equivalent for those particular surveys. Once the interviewer has completed those surveys and returned them to the interviewer supervisor, then he or she can receive more surveys and incentives.

Whether the incentive is gift certificates or cash, the interviewer supervisor can use a form to track which surveys and incentives, and how many of each are going to which interviewers. The identification numbers used on the gift certificates will help with tracking. These types of tools will help you account for all incentives and ensure that interviewers and participants receive their incentive properly and fairly.



Chapter 6: Inputting, Analyzing, and Using the Data

Once the fielding of the survey is complete, it is time to input the data and analyze the findings. Inputting the data accurately is a critical component of the AI ATS process.

Developing a Codebook and Database

One of the first steps in data entry is the development of a codebook, which will be used as a guide throughout the data input and analysis process. Although there are several ways to prepare a codebook, one of the simplest is to begin with a blank survey. Each question in the survey pertains to a “variable,” and these variables will be analyzed separately or together.

Each variable, or question, should be given a name. For example, the name could reflect the intent of the question and consist of a minimum of six letters from the words in the question. For example, the question below asks respondents what type of smoker they are. The corresponding variable name could be TYP SMK—TYP from “type” and SMK from “smoker.” Then the name of the variable can be printed next to the question in the survey codebook in the following illustration:

TYP SMK: Not including ceremonial or sacred smoking, do you now smoke cigarettes everyday, some days, or not at all?

- Every day (1)
- Some days (2)
- Not at all (3)
- Refused (99)

Every possible response in the survey has a number next to it because statistical programs for computers read numbers for analysis; numbers will be inputted for the data rather than words. The format of your database can vary depending on which statistical program is used by the statistician. There are various types of database that can be used for analysis, including Epi Info™,⁸ which is available free to the public. Other software packages with database platforms include Microsoft® Excel,⁹ Statistical Package for Social Sciences (SPSS®),¹⁰ and Statistical Analysis Software (SAS®).¹¹

Once each question/variable has been assigned a name, the database can be prepared. The codes that appear on the first page of the survey and all variables should head each column. This method allows the responses to each individual survey to be entered into the database across one row, as illustrated in the following example:

YEAR	SURVEY NO.	TYP SMK	SEX	AGE	EDUC	INCOME
------	---------------	---------	-----	-----	------	--------

⁸ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Public Health Surveillance. *Epi Info*, Version 3.4.3, 2007. Available at <http://www.cdc.gov/epiinfo>.

⁹ Microsoft Corporation. Microsoft Excel, Version 2007. Available at <http://office.microsoft.com/en-us/excel/default.aspx>

¹⁰ Statistical Package for Social Sciences. Statistical Package for Social Sciences (SPSS), Version 16.0, 2007. Available at <http://www.spss.com/spss>.

¹¹ Statistical Analysis Software. Statistical Analysis Software (SAS), Version 9.0, 2007. Available at <http://www.sas.com/technologies/analytics/statistics/index.html>.

Using a statistical software platform such as SPSS or SAS allows you to input response numbers and corresponding responses into the database. Most databases provide an area where the actual responses and the corresponding number codes can be entered. This information should be entered before any data are input. This step allows the program to present the findings in a more understandable format.

For example, inputting data into a database using the sample responses below will give you the following results:

YEAR	SURVEY NO.	TYPSMK	SEX	AGE	EDUC
2006	60100	2	1	35	3
2006	60101	1	1	48	4
2006	60102	3	2	52	5

Once the database is prepared, data can be input. For purposes of illustration, we provide the following TYPSMK responses and corresponding number codes:

- 1 = Every day
- 2 = Some days
- 3 = Not at all
- 99 = Refused to answer

For the variable SEX, the responses and corresponding number codes are as follows:

- 1 = Female
- 2 = Male
- 99 = Refused to answer

For the variable AGE, the respondent's actual age is the number code—that is, if the respondent is aged 19 years, the number code is 19. For the variable EDUC, we use the following responses and corresponding number codes:

- 1 = No formal schooling
- 2 = Some formal schooling, but no high school diploma or General Equivalency Diploma (GED)
- 3 = High school diploma or GED
- 4 = Some college, but no degree
- 5 = College degree

This means that survey #60100 was a female who smokes every day, is aged 35 years, and has a high school diploma or GED. For a better understanding of how to complete cross tabs or two-by-two tables, you should hire an epidemiologist or biostatistician to help you input and analyze the data if you do not have this capacity in-house. Appendix D provides information on how to conduct statistical analysis.

Data Input

Survey findings are only as reliable as the data that are input. Inaccurate data inputting results in unreliable data. You must follow specific strategies to help ensure good data are

being input into the database. The following strategies can help to improve the quality of your data.

AI ATS project staff should recruit and hire data processors who have experience inputting large amounts of data with minimal error rates. If possible, data should be entered twice (double entry) as a way to double-check accuracy. To further ensure the quality of data entry, a minimum of 20% of the completed surveys should be double-checked by a data entry supervisor. We also recommend that the AI ATS project staff conduct "data scrubbing." This process consists of randomly checking about 20% of the inputted data against the actual corresponding surveys and correcting any errors. If you find a large number of input or data entry errors, then the data should be re-entered. Finally, the data analyst or statistician should run an initial frequency (number of respondents) on all variables. This process will identify obvious errors in the database that can be corrected by pulling the corresponding completed survey and inputting correct data.

Analyzing data and understanding the findings of surveys is a highly skilled undertaking. We strongly suggest that individuals who are skilled in statistics serve as data analysts on this project. If a tribe, tribal organization, or other organization does not have direct access to an epidemiologist or statistician, we recommend that the project coordinator work with a Tribal Epidemiology Center at a local tribal support center or a tribal college, research university, or organization in which a good and trusted relationship exists. If more help is needed, Appendix D provides a list of resources.

Reports

Once analysis is completed, reports should be provided to various branches and offices of the tribal government and health system. Proper protocol should always be used when deciding to whom reports should be provided. In many cases, the tribal council or governing board may want to be the first entity to see a report of your survey findings. Depending on the tribe, tribal health system directors or Indian Health Service staff may receive reports. Certain tribal divisions or departments also may receive reports. Examples include commercial tobacco prevention and control programs, chronic disease programs (e.g., diabetes, asthma, cancer, heart disease), prenatal and perinatal programs (e.g., Healthy Start; WIC; Healthy Mothers, Healthy Babies), tribal school administrators, elder associations, tribal court justice associations, tribal law enforcement agencies, economic agencies charged with handling economic affairs on tribal lands, and tribal gaming administrators. Depending on tribal relationships with states and tribal governances, reports may be provided to inter-tribal councils, states, or federal public health agencies.

The types of reports are myriad, so consider your audience when developing your reports. The project coordinator may be required to provide a short presentation of the key findings; prevalence data may be enough in this case. The presentation should include tables showing relationships between variables, such as smoking prevalence rates and sex or prevalence rates and employment.

In some cases, the presentation and report may need to be customized for different audiences. For example, if a report is being provided to tribal gaming administrators, they may be more interested in findings related to opinions about secondhand smoke than they are about smoking prevalence rates. By contrast, tribal health systems may require a multifaceted, statistically comprehensive, in-depth report.



In many cases, reports can take the form of presentations at regional, national, and international conferences. Another form of reporting occurs when an article is sent to a peer-reviewed journal. Ultimately, the types and number of reports is decided using the proper tribal channels and protocols.

Data Uses

The AI ATS was developed to provide tribe-specific data on the prevalence of commercial tobacco use and commercial tobacco-

use behaviors, knowledge, attitudes, and beliefs. Data generated from the AI ATS will be specific to each tribe and will expand the database and existing knowledge of tobacco use among American Indian populations overall. These data have the potential to benefit commercial tobacco prevention and control efforts at tribal, state, and regional levels. Further, data gathered from this survey can help narrow existing gaps in the knowledge of commercial tobacco use among different tribes and guide the development of tribe-specific interventions.

Ultimately, the AI ATS can empower tribes to effectively gather data about commercial tobacco use for their specific communities. These data can be used to direct program planning and evaluation, determine health priorities, and develop specific intervention strategies and policies targeting local communities. Examples of ways in which the AI ATS data can help tribes, tribal organizations, and other organizations include the following:

- Tribes can compare their tribe-specific data against national, state, regional, and *Healthy People 2010* benchmarks.
- Data collected on knowledge, attitudes, and beliefs can be used to direct programs, such as those that focus on cessation and awareness of the dangers of commercial tobacco use.
- Tribal-specific questions can help determine the reach and duration of specific media messages.
- Data on exposure to secondhand smoke can help determine where, and to what extent, adults and children are exposed to secondhand smoke.
- Data on cessation attempts can indicate the level of desire to quit, as well as levels of addiction.
- Data collected from American Indians can fundamentally influence tobacco prevention and control funding.

Chapter 7: The Budget

Budget Justification

The amount of money needed to field an AI ATS varies widely. Costs can depend on a variety of factors, including area of the country, salary amounts, direct and indirect costs, and your organization's existing resources. Some of the main decisions that need to be made when determining the budget include the following:

- Salaries for personnel staff that will be working on this project.
- Incentives or compensation for respondents.
- Compensation or salary for interviewers.
- Costs for printing, statistical software, postage, other general office supplies, and travel reimbursement.
- Costs for meeting facilities for training.

Several key factors must be considered when developing your budget, including your organization's current capacity and infrastructure. The sample budget on page 44 was implemented by three tribes simultaneously. All categories included in this budget may not be needed if the resources already exist within the tribe or department conducting the survey.

Sample AI ATS Budget*

Budget Category	Explanation				Total
A. Personnel					
Program Director	30% FTE†				\$13,500
Research Assistant (temp)	1,000 hours @ \$10				\$10,000
B. Fringe					
Director and Assistant	33% of FTE				\$7,755
C. Travel					
		Mileage	Lodging	Per Diem	5 Trips Each
Small Affiliated Tribe	703 miles @ .455 = \$320	\$320	\$165	\$124	\$3,045
Large Affiliated Tribe	1,075 miles @ .455 = \$489	\$489	\$165	\$124	\$3,890
D. Other					
a. Phone/Fax/Cell	\$200 per month @ 4 months (fielding period only)				\$800
b. Office Space	\$300 per month @ 4 months (fielding period only)				\$1,200
c. Supplies	\$100 per month @ 4 months (fielding period only)				\$400
d. Meetings	Interviewer training				\$1,000
e. Software	One SPSS‡ license				\$1,900
f. Printing	Printing surveys and other documents				\$2,000
g. Postage	FedEx, USPS				\$1,000
h. Interviewer Compensation	800 people @ \$20/interviewer				\$16,000
i. Participant Compensation	800 people @ \$5/interviewee				\$4,000
Total Direct Cost					
Total Indirect Cost					
Indirect costs @ 24%					
BUDGET TOTAL					\$87,703.60

* For implementation in three American Indian tribes.

† Full-time equivalent staff member.

‡ Statistical Package for Social Sciences.

Budget Justification

Personnel

When developing a budget, you must consider what important personnel are needed for planning and implementing the survey. Examples include a project director/coordinator, interviewer supervisor(s), and research/administrative assistant(s). The primary role of the project director is to oversee the project from start to finish, which includes being the liaison between the tribe and other key groups involved in implementing the survey.

The project director also is responsible for supervising the research assistant and interviewer supervisor. When budgeting for personnel to be involved in the AI ATS project, make sure you take into account the need for fringe benefits, such as health benefits, vacation time and sick leave for key employees.

Travel

Travel is a part of the budget that is determined on the basis of the size and geographic location of the tribe being surveyed. When developing the travel portion of the budget, plan for travel for the program director. This travel can include group meetings with tribal councils or individual meetings with tribal health coordinators, directors or other key personnel. The program director also should budget travel funds for presentations of the final data to tribal council or tribal health board meetings.

If the interviewer supervisor's residence is outside of the tribal area being surveyed, travel funds should be allocated to allow the supervisor to be on site to answer interviewers' questions and to receive completed surveys while the survey is being conducted.

Other Budget Items

Other key items to consider may already exist within your organization. Examples include the following:

- **Phone calls and faxes.** Some participants may not live in the immediate area where the interviewer is located. Interviewers may have to call long distance to reach participants.
- **Cell phone usage.** If an interviewer needs to contact a participant or interviewer supervisor on his or her personal cell phone, this expense may be considered a reimbursable expense.
- **Office supplies.** Interviewers may need pens, notepads, business cards, identification badges, portable lockboxes, and laptop computers for survey collection purposes.
- **Software.** Interviewers may need to develop letters, spreadsheets, and databases. They may need to help with data analysis if this is not being done by a hired epidemiologist or statistician.
- **Meeting space and supplies.** If the survey is being conducted in an area far from the project director's main office, an office space rental may be needed during the implementation of the survey. The interviewer supervisor and interviewers need a place to meet each other and to conduct interviews.

- **Mailing fees.** This includes postage for all mailings sent to participants, as well as the replies from participants.
- **Printing.** These include printing costs for letters, postcards, and business cards for the interviewers, as well as printing the surveys, training materials, and final reports.
- **Compensation for interviewers and participants.** We recommend that interviewers be paid at least the equivalent of 3–4 hours of community work per completed interview. We also recommended that participants receive some form of compensation for their time. This compensation can be in the form of cash, gift cards, or gift certificates, as discussed in earlier chapters.

Appendix A

American Indian Adult Tobacco Survey
Tools and Tracking Forms for Recruiting Respondents

Participant Recruitment “Plan B”

1. If you choose to send mailers in advance to selected respondents, and if three mailers have been sent to a potential respondent and a return postcard has not been received, then the AI ATS coordinator will attempt a telephone call to secure participation in the survey. (See the telephone script on page 50.) An EXCEL spreadsheet will be developed to keep track of telephone attempts and results. Following are the potential outcomes of the telephone call and the appropriate response:

- **RESPONDENT ANSWERS:** The AI ATS coordinator will use the telephone script to assess interest in survey participation. If the potential respondent is interested, the coordinator will inform him/her that an interviewer will be contacting him/her within 2 days. If potential respondent is not interested, all contact attempts will cease and such action will be documented in the spreadsheet. If possible, collect some sociodemographic information on those who refuse to participate to determine if any patterns emerge.
- **NO ANSWER—LEAVE MESSAGE:** Wait 24 hours for a return telephone call. If there is still no response, attempt another call. If there is still no response, move to Step 2.
- **LINE IS BUSY:** The AI ATS coordinator will attempt subsequent calls until line is free.
- **NO ANSWER:** The AI ATS coordinator will attempt two additional calls at different times of the day, which can include weeknights and weekends. The coordinator may ask an interviewer to make one of the calls to account for people who have caller ID and will not answer calls from outside areas. If there is still no answer, the coordinator will move to Step 2.
- **DISCONNECTED LINE:** Move to step 2.

2. If you receive no response to messages that have been left, or the line you call is disconnected, you should mail a fourth letter and postcard to the potential respondent. If a response is not received within 7 days of the mailing, move on to Step 3.

3. The AI ATS coordinator, staff, and tribal representatives will determine whether face-to-face recruitment is appropriate or whether no further attempts to contact will be made.

TELEPHONE RECRUITMENT SCRIPT

Hello. My name is _____, and I work with the {tribe and/or AI ATS project organization}. Is this _____ {selected potential respondent's name}? ***If "no," ask if _____ {selected potential respondent} is available. If he/she is not available, ask if there is a better time he/she can be reached.***

If selected potential respondent comes to the telephone, reintroduce yourself and say:

We have randomly selected your name from a list of people in the {tribe name} community to participate in the American Indian Adult Tobacco Survey. This survey is about tobacco use in the {tribe name} community and we will be asking questions about people's knowledge, attitudes, and behaviors regarding commercial tobacco use. This is a confidential survey, which means that your name will be kept private. If you are uncomfortable with any question you can refuse to answer that question. The survey has been approved by the tribal council. The survey can be conducted in the privacy of your home or in a place where you feel comfortable, and a member of our tribe will be conducting the interview. The survey takes between 30 and 60 minutes to complete, and we will give you \$____ for your time.

Are you interested in participating? ___Yes ___No

If "No," mark the "Declined" column on the tally sheet, and then say:

Thank you for your time.

If "Yes," say:

Thank you. I will ask one of the local interviewers to call you and schedule an appointment that works best for you. Do you have any questions? Again, my name is _____, and you can reach me at _____. Thank you.

INITIAL CONTACT LETTER

(Letter will be on tribal or clinic letterhead.)

Tribal Support Center Name
Tribal Support Center Address
Date

Dear _____

You have been selected to participate in a survey about the knowledge, attitudes, and behaviors related to commercial and traditional tobacco use. This survey has been approved by the _____ and _____ tribes and/or clinics. (The preceding sentence can be adjusted for each specific tribe/clinic.) Whether you use tobacco or not, your participation in this study is important in helping to identify tobacco use in your community. The results will be used to address serious health issues among Indian people as a result of commercial tobacco use. The data that are collected will be owned or controlled by the tribe; no other organization will have access to the data unless they have been granted permission by the tribe.

This is a confidential survey, which means that your name will be kept private. If you participate in this survey, you will receive \$____ as compensation for your time.

Enclosed you will find a self-addressed, stamped postcard. If you agree to participate, please return the postcard to us within 7 days of receipt of this letter. Please correct any information on the card pertaining to you as needed. Also, include your telephone number and indicate a date and time that is convenient for a tribal-member interviewer to come to your home to conduct the survey. A tribal member will call you to confirm the date and time of your survey interview.

Thank you for your help in this matter.

Very truly yours,

Name, signature, address, and telephone number of agency representative

SECOND CONTACT LETTER

(Second contact letter. Put on tribal or clinic letterhead.)

Tribal Support Center Name
Tribal Support Center Address
Date

Dear _____

Recently, the _____ and _____ tribes and/or clinics sent you a letter with a return postcard regarding a very important survey. (The preceding sentence can be adjusted for each specific tribe/clinic.) You have been selected to participate in a survey about the knowledge, attitudes, and behaviors related to commercial and traditional tobacco use. Because this is such an important study and its success depends on tribal members like you, we wanted to know if we could address any concerns or answer any questions that you might have. The data that is collected will be owned or controlled by the tribe; no other organization will have access to the data unless they have been granted permission by the tribe.

This is a confidential survey, which means that your name will be kept private. If you participate in this survey, you will receive \$____ as compensation for your time.

Enclosed you will find a self-addressed, stamped postcard. If you would like to participate, please return the postcard to us within 7 days of receipt of this letter. Please correct any information on the card pertaining to you as needed. Also, include your telephone number and indicate a date and time that is convenient for a tribal-member interviewer to come to your home to conduct the survey. A tribal member will call you to confirm the date and time of your survey interview.

Please call us if we can be of further assistance. We want to include you in this very exciting work.

Very truly yours,

Name, signature, address, and telephone number of agency representative

THIRD CONTACT POSTCARD

(Third mailing will be a postcard reminder.)

Tribal Support Center Name
Tribal Support Center Address
Date

Dear _____

Recently, the _____ (tribe or clinic) sent you a letter about participating in a very important survey on the knowledge, attitudes, and behaviors related to commercial and traditional tobacco use. (The preceding sentence can be adjusted for each specific tribe/clinic.) Your participation in this study is very important in helping to identify tobacco use in your community. The results will be used to address serious health issues among Indian people as a result of commercial tobacco use. This is a confidential survey, and if you agree to participate, you will receive \$____ as compensation for your time.

If you would like to participate, please complete the postcard previously sent to you. If you no longer have the postcard, please call _____ to schedule an interview.

Please respond within 7 days of receipt of this postcard.

Thank you for your help!

SURVEY REPLY CARD

Tribal (for Clinic)
Letterhead or Logo

American Indian Adult Tobacco Survey
Reply Card

Please return this card to indicate your willingness to help us
with this survey.

Name _____

Address _____

Telephone number _____

Best times to contact you _____

Date _____

I prefer a tribal member to set up an appointment by ___ telephone ___letter

Appendix B
American Indian Adult Tobacco Survey

Date of Interview	Support Center	Tribe	Village	Clinic	Interview Supervisor	Interviewer ID	Case ID Number

**American Indian
Adult Tobacco Survey**

**Core Questions
(October 31, 2007)**

TABLE OF CONTENTS

SECTION 1: GENERAL HEALTH

SECTION 2: COMMERCIAL CIGARETTE SMOKING

SECTION 3: COMMERCIAL CIGAR USE

SECTION 4: COMMERCIAL PIPE USE

SECTION 5: COMMERCIAL CHEWING (SPIT) TOBACCO

SECTION 6: COMMERCIAL SNUFF (DIP) TOBACCO

SECTION 7: SECONDHAND SMOKE

SECTION 8: RISK PERCEPTION

SECTION 9: DEMOGRAPHIC ITEMS

SECTION 10: SITE SPECIFIC QUESTIONS

INTERVIEWER INSTRUCTIONS

INTERVIEWER, PLEASE READ THE FOLLOWING STATEMENT TO THE PARTICIPANT:

"I would like to go over the ground rules for this interview. First, there are no right or wrong answers. I must read the questions exactly as they are written. I must read the responses exactly as they are written. I cannot help you with either the questions or the answers. If you need a question or response repeated, please ask, and I will be happy to do so. If we are distracted during the interview, we will stop as needed and then continue the interview."

"Do you have any questions before we begin?"

"Are you ready to begin?"

BEGIN INTERVIEW

SECTION 1: GENERAL HEALTH

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

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

- Don't know/not sure 7
- Refused 9

SECTION 2: COMMERCIAL CIGARETTE USE

2. Not including ceremonial or sacred smoking, have you ever smoked a cigarette, even one or two puffs?

- Yes 1
- No 2 **Skip to Q18**

- Don't know/Not sure 7 **Skip to Q18**
- Refused 9 **Skip to Q18**

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

- Age _ _ _ 01-120

- Don't know/Not sure 77
- Refused 99

4. Not including ceremonial or sacred smoking, we want you to think of all the cigarettes you ever smoked in your entire life, not on a single day. In your entire life, have you smoked at least 100 cigarettes, about 5 packs?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

5. How old were you when you started smoking **regularly**?

- Never smoked regularly 00
- Age _ _ _ 01-120

- Don't know/Not sure 77
- Refused 99

6. Not including ceremonial or sacred smoking, do you **now** smoke cigarettes every day, some days or not at all?

- Every day 1 **Code 30 for Q7 and Skip to Q8**
- Some days 2
- Not at all 3 **Skip to Q10**

- Don't know/Not sure 7 **Skip to Q10**
- Refused 9 **Skip to Q10**

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

- None 00 **Skip to Q10**
- Number of days _ _ 01-30

- Don't know/Not sure 77
- Refused 99

8. On the days that you smoked during the last 30 days, about how many cigarettes did you smoke a day?

Number of cigarettes _ _ _001-180

Don't know/Not sure..... 777

Refused 999

(Note to interviewer: One pack = 20 cigarettes. Verify 61 or more cigarettes.)

9. When you smoke, how soon after you wake up do you have your first cigarette?

Within 5 minutes..... 1

6-30 minutes..... 2

31-60 minutes..... 3

After 60 minutes 4

Don't know/Not sure..... 7

Refused 9

2.1. QUIT SMOKING ATTEMPTS

10. About how long has it been since you **last** smoked a cigarette? Would you say it was...

- Never smoked regularly..... 01 **Skip to Q18**
- Within the past month (≤ 1 month ago) 02 **Go to Q11**
- Within the past 3 months (> 1 month but ≤ 3 months ago) 03 **Skip to Q12**
- Within the past 6 months (> 3 months but ≤ 6 months ago) 04 **Skip to Q12**
- Within the past year (> 6 months but ≤ 1 year ago) 05 **Skip to Q12**
- Within the past 5 years (> 1 year but ≤ 5 years ago)..... 06 **Skip to Q12**
- Within the past 10 years (> 5 years but ≤ 10 years ago)..... 07 **Skip to Q18**
- Over 10 years ago..... 08 **Skip to Q18**
- Don't know/Not sure..... 77 **Skip to Q18**
- Refused 99 **Skip to Q18**

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

- Yes 1
- No 2 **Skip to Q15**
- Don't know/Not sure..... 7 **Skip to Q15**
- Refused 9 **Skip to Q15**

2.2. METHODS OF QUITTING (Smoking)

Ask Q12a-14 of:

- (1) **CURRENT SMOKERS** who made a quit attempt in the past year (Q11 = 1 “Yes”) or
(2) **FORMER SMOKERS** who quit in the last 5 years (Q10 = 03–06)

- 12a. **[FORMER SMOKERS]:** When you quit smoking,
[CURRENT SMOKERS]: The last time you tried to quit smoking,

Did you use a nicotine patch to help you quit?

- Yes 1
No 2

Don't know/Not sure 7
Refused 9

- 12b. **[FORMER SMOKERS]:** When you quit smoking,
[CURRENT SMOKERS]: The last time you tried to quit smoking,

Did you use nicotine gum to help you quit?

- Yes 1
No 2

Don't know/Not sure 7
Refused 9

- 12c. **[FORMER SMOKERS]:** When you quit smoking,
[CURRENT SMOKERS]: The last time you tried to quit smoking,

Did you use any other medications like Zyban, Chantix, or nicotine lozenges to help you quit?

- Yes 1
No 2

Don't know/Not sure 7
Refused 9

12d. **[FORMER SMOKERS]:** When you quit smoking,
[CURRENT SMOKERS]: The last time you tried to quit smoking,

Did you quit "cold turkey" (stopped all at once)?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

13. **[FORMER SMOKERS]:** When you quit smoking,
[CURRENT SMOKERS]: The last time you tried to quit smoking,

Did you use any native or traditional methods? For example, did you go to a sweat lodge, use herbs, or pray?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

14. **[FORMER SMOKERS]:** When you quit smoking,
[CURRENT SMOKERS]: The last time you tried to quit smoking,

Did you use any other assistance, such as smoking cessation classes or counseling?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

INTERVIEWER CHECKPOINT
FORMER SMOKERS who quit in the past 5 years (Q10 = 03-06)
SKIP TO Q18.

2.3. Readiness to Quit Smoking
Current Smokers ONLY: (Q6 = 1 or 2)

15. Do you want to quit smoking cigarettes?

Yes 1

No 2

Don't know/Not sure..... 7

Refused 9

16. Are you seriously thinking about quitting smoking cigarettes within the **next six months**?

Yes 1

No 2 **Skip to Q18**

Don't know/Not sure..... 7 **Skip to Q18**

Refused 9 **Skip to Q18**

17. Are you planning to quit smoking cigarettes within the **next 30 days**?

Yes 1

No 2

Don't know/Not sure..... 7

Refused 9

2.4. PHYSICIAN AND HEALTH PROFESSIONAL ADVICE TO QUIT SMOKING

18. In the **past 12 months**, have you seen a doctor, nurse, therapist, or counselor to get a checkup or any kind of care for yourself?

- Yes 1
- No 2 **Skip to Q24**
- Don't know/Not sure 7 **Skip to Q24**
- Refused..... 9 **Skip to Q24**

19. During the **past 12 months** did any doctor, nurse, therapist, or counselor ask if you smoke?

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

20. During the **past 12 months** did any doctor, nurse, therapist, or counselor advise you not to smoke?

- Yes 1
- No 2 **Skip to Q24**
- Don't know/Not sure 7 **Skip to Q24**
- Refused..... 9 **Skip to Q24**

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking, did they also do any of the following?

21a. Prescribe or recommend a nicotine patch to help you quit smoking?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

21b. Prescribe or recommend nicotine gum to help you quit smoking?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

21c. Prescribe or recommend nasal spray to help you quit smoking?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

21d. Prescribe or recommend an inhaler to help you quit smoking?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

21e. Prescribe or recommend pills such as nicotine lozenges to help you quit smoking?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

21f. Prescribe or recommend pills such as Zyban to help you quit smoking?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

21g. Prescribe or recommend pills such as Chantix to help you quit smoking?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

21h. Suggest that you set a specific date to stop smoking?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking, did they also do any of the following?

22a. Suggest that you use a smoking cessation class to help you quit smoking?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

22b. Suggest that you use a smoking cessation program to help you quit smoking?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

22c. Suggest that you use a smoking cessation quit line or telephone counseling to help you quit smoking?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking, did they also...

23a. Provide you with booklets, videos, or other materials to help you stop smoking?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

23b. Suggest that you use ceremonial prayer or traditional methods to help you quit smoking?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

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

Yes 1

No 2 **Skip to Q28**

Don't know/Not sure 7 **Skip to Q28**

Refused..... 9 **Skip to Q28**

25. Excluding ceremonial or sacred use, during the **past 12 months** did a traditional healer ask if you smoke?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

26. Excluding ceremonial or sacred use, during the **past 12 months** did a traditional healer advise you not to smoke?

Yes 1

No 2 **Skip to Q28**

Don't know/Not sure 7 **Skip to Q28**

Refused..... 9 **Skip to Q28**

27. In the past 12 months, when a traditional healer advised you to quit smoking, did they suggest you use traditional methods (i.e., herbs, sweat lodge, or prayer) to assist in quitting?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

SECTION 3: CIGAR USE

28. Not including ceremonial or sacred smoking, have you ever smoked a cigar, even one or two puffs?

- Yes 1
No 2 **Skip to Q52**

Don't know/Not sure..... 7 **Skip to Q52**
Refused 9 **Skip to Q52**

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

- Age _ _ _01-120

Don't know/Not sure..... 77
Refused 99

30. Not including ceremonial or sacred smoking, we want you to think of all the cigars you ever smoked in your entire life. In your entire life, have you smoked at least 20 cigars?

- Yes 1
No 2

Don't know/Not sure..... 7
Refused 9

31. How old were you when you started smoking cigars **regularly**?

- Never smoked regularly 00
Age _ _ _01-120

Don't know/Not sure..... 77
Refused 99

32. Not including ceremonial or sacred smoking, do you **now** smoke cigars every day, some days or not at all?

- Every day 1 **Code 30 for Q33 and Skip to Q34**
- Some days 2
- Not at all..... 3 **Skip to Q36**
- Don't know/Not sure..... 7 **Skip to Q36**
- Refused 9 **Skip to Q36**

33. During **the past 30 days**, on how many days did you smoke cigars?

- None 00 **Skip to Q36**
- Number of days 01–30
- Don't know/Not sure..... 77
- Refused 99

34. On the days that you smoked **during the last 30 days**, about how many cigars did you smoke a day?

- Number of cigars..... 001–180
- Less than one cigar a day 666
- Don't know/Not sure..... 777
- Refused 999

35. When you smoke, how soon after you wake up do you have your first cigar?

- Within 5 minutes 1
- 6–30 minutes 2
- 31–60 minutes 3
- After 60 minutes 4
- Don't know/Not sure..... 7
- Refused 9

3.1. QUIT SMOKING ATTEMPTS (CIGARS)

36. About how long has it been since you **last** smoked a cigar? Would you say it was...

- Never smoked cigars regularly 01 **Skip to Q52**
- Within the past month (≤ 1 month ago) 02 **Go to Q37**
- Within the past 3 months (> 1 month but ≤ 3 months ago) 03 **Skip to Q38**
- Within the past 6 months (> 3 months but ≤ 6 months ago) 04 **Skip to Q38**
- Within the past year (> 6 months but ≤ 1 year ago) 05 **Skip to Q38**
- Within the past 5 years (> 1 year but ≤ 5 years ago) 06 **Skip to Q38**
- Within the past 10 years (> 5 years but ≤ 10 years ago) 07 **Skip to Q52**
- Over 10 years ago 08 **Skip to Q52**
- Don't know/Not sure 77 **Skip to Q52**
- Refused 99 **Skip to Q52**

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

- Yes 1
- No 2 **Skip to Q41**
- Don't know/Not sure 7 **Skip to Q41**
- Refused 9 **Skip to Q41**

3.2. METHODS OF QUITTING (Cigars)

Ask Q38a–40 of:

(3) **CURRENT CIGAR SMOKERS** who made a quit attempt in the past year (Q37 = 1 “Yes”) or

(4) **FORMER CIGAR SMOKERS** who quit in the last 5 years (Q36 = 03–06)

38a. **[FORMER CIGAR SMOKERS]:** When you quit smoking cigars,
[CURRENT CIGAR SMOKERS]: The last time you tried to quit smoking cigars,

Did you use the nicotine patch to help you quit?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

38b. **[FORMER CIGAR SMOKERS]:** When you quit smoking cigars,
[CURRENT CIGAR SMOKERS]: The last time you tried to quit smoking cigars,

Did you use nicotine gum to help you quit?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

38c. **[FORMER CIGAR SMOKERS]**: When you quit smoking cigars,
[CURRENT CIGAR SMOKERS]: The last time you tried to quit smoking cigars,

Did you use any other medications like Zyban, Chantix, or nicotine lozenges to help you quit?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

38d. **[FORMER CIGAR SMOKERS]**: When you quit smoking cigars,
[CURRENT CIGAR SMOKERS]: The last time you tried to quit smoking cigars,

Did you quit "cold turkey" (stopped all at once)?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

39. **[FORMER CIGAR SMOKERS]**: When you quit smoking cigars,
[CURRENT CIGAR SMOKERS]: The last time you tried to quit smoking cigars,

Did you use any native or traditional methods? For example, did you go to a sweat lodge, use herbs, or pray?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

40. **[FORMER CIGAR SMOKERS]:** When you quit smoking cigars,
[CURRENT CIGAR SMOKERS]: The last time you tried to quit smoking cigars,

Did you use any other assistance, such as smoking cessation classes or counseling?

Yes 1

No 2

Don't know/Not sure..... 7

Refused 9

INTERVIEWER CHECKPOINT
FORMER CIGAR SMOKERS who quit in the past 5 years
(Q36 = 03–06) SKIP TO Q52

3.3. Readiness to Quit Smoking Cigars
Current Cigar Smokers ONLY: (Q32 = 1 or 2)

41. Do you want to quit smoking cigars?

Yes 1

No 2

Don't know/Not sure..... 7

Refused 9

42. Are you seriously thinking about quitting smoking commercial cigars within the **next 6 months**?

Yes 1

No 2

Don't know/Not sure..... 7

Refused 9

**If Q18 = 2-9 & Q24 = 1
Skip to Q49; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q52**

**If Q18 = 2-9 & Q24 = 1
Skip to Q49; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q52**

**If Q18 = 2-9 & Q24 = 1
Skip to Q49; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q52**

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

Yes 1

No 2

Don't know/Not sure..... 7

Refused 9

INTERVIEWER CHECKPOINT

HEALTH CARE: IF Q18 = 2-9 & Q24 = 1 SKIP TO Q49

HEALTH CARE: IF Q18 = 2-9 & Q24 = 2-9 SKIP TO Q52

3.4. PHYSICIAN AND HEALTH PROFESSIONAL ADVICE TO QUIT SMOKING CIGARS

44. During the **past 12 months** did any doctor, nurse, therapist, or counselor ask if you smoke cigars?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

45. During the **past 12 months** did any doctor, nurse, therapist, or counselor advise you not to smoke cigars?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

**If Q24 = 1
Skip to Q49; If Q24 = 2-9
Skip to Q52**

**If Q24 = 1
Skip to Q49; If Q24 = 2-9
Skip to Q52**

**If Q24 = 1
Skip to Q49; If Q24 = 2-9
Skip to Q52**

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking cigars, did they also do any of the following?

46a. Prescribe or recommend a nicotine patch to help you quit smoking cigars?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

46b. Prescribe or recommend nicotine gum to help you quit smoking cigars?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

46c. Prescribe or recommend nasal spray to help you quit smoking cigars?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

46d. Prescribe or recommend an inhaler to help you quit smoking cigars?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

46e. Prescribe or recommend pills such as nicotine lozenges to help you quit smoking cigars?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

46f. Prescribe or recommend pills such as Zyban to help you quit smoking cigars?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

46g. Prescribe or recommend pills such as Chantix to help you quit smoking cigars?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

46h. Suggest that you set a specific date to stop smoking cigars?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking cigars, did they also do any of the following?

47a. Suggest that you use a smoking cessation class to help you quit smoking cigars?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

47b. Suggest that you use a smoking cessation program to help you quit smoking cigars?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

47c. Suggest that you use a smoking cessation quit line or telephone counseling to help you quit smoking cigars?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking cigars, did they also...

48a. Provide you with booklets, videos, or other materials to help you stop smoking cigars?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

48b. Suggest that you use ceremonial prayer or traditional methods to help you quit smoking cigars?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

INTERVIEWER CHECKPOINT
HEALTH CARE: If Q24 = 02-99 SKIP TO Q52

49. During the **past 12 months** did a traditional healer ask if you smoke cigars?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

50. During the **past 12 months** did a traditional healer advise you not to smoke cigars?

Yes 1

No 2 **Skip to Q52**

Don't know/Not sure 7 **Skip to Q52**

Refused..... 9 **Skip to Q52**

51. In the past 12 months, when a traditional healer advised you to quit smoking cigars, did they suggest you use traditional methods (i.e., herbs, sweat lodge, or prayer) to assist in quitting?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

SECTION 4: COMMERCIAL PIPE USE

52. Not including ceremonial or sacred smoking, have you ever smoked a pipe, even one or two puffs?

- Yes 1
- No 2 **Skip to Q76**
- Don't know/Not sure 7 **Skip to Q76**
- Refused 9 **Skip to Q76**

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

- Age _ _ _ 01-120
- Don't know/Not sure 77
- Refused 99

54. Not including ceremonial or sacred smoking, we want you to think of all the times you have smoked a pipe in your entire life, not on a single day. In your entire life, have you smoked a pipe at least 20 times?

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

55. Excluding ceremonial or sacred use, how old were you when you started smoking commercial pipes **regularly**?

Never smoked regularly 00

Age 01–120

Don't know/Not sure 77

Refused 99

56. Not including ceremonial or sacred smoking, do you **now** smoke commercial pipes every day, some days or not at all?

Every day 1 **Code 30 for Q57 and Skip to Q58**

Some days 2

Not at all 3 **Skip to Q60**

Don't know/Not sure 7 **Skip to Q60**

Refused 9 **Skip to Q60**

57. Excluding ceremonial or sacred use, **during the past 30 days**, on how many days did you smoke a pipe?

None 00 **Skip to Q60**

Number of days 1–30

Don't know/Not sure 77

Refused 99

58. Excluding ceremonial or sacred use, on the days that you smoked a pipe during the last 30 days, about how many times a day did you smoke?

Number of times 001–180

Less than one pipe a day 666

Don't know/Not sure 777

Refused 999

59. Excluding ceremonial or sacred use, when you smoke, how soon after you wake up do you have your first pipe?

- Within 5 minutes 1
- 6–30 minutes 2
- 31–60 minutes 3
- After 60 minutes 4

- Don't know/Not sure 7
- Refused 9

4.1. QUIT SMOKING ATTEMPTS (PIPES)

60. Excluding ceremonial or sacred use, about how long has it been since you **last** smoked a pipe? Would you say it was....

- Never smoked pipes regularly 01 **Skip to Q76**
- Within the past month (≤ 1 month ago) 02 **Go to Q61**
- Within the past 3 months (> 1 month but ≤ 3 months ago) ... 03 **Skip to Q62**
- Within the past 6 months (> 3 months but ≤ 6 months ago) .. 04 **Skip to Q62**
- Within the past year (> 6 months but ≤ 1 year ago) 05 **Skip to Q62**
- Within the past 5 years (> 1 year but ≤ 5 years ago) 06 **Skip to Q62**
- Within the past 10 years (> 5 years but ≤ 10 years ago) 07 **Skip to Q76**
- Over 10 years ago..... 08 **Skip to Q76**

- Don't know/Not sure..... 77 **Skip to Q76**
- Refused 99 **Skip to Q76**

61. Excluding ceremonial or sacred use, during the **past 12 months**, have you stopped smoking pipes for one day or longer because you were trying to quit smoking?

- Yes 1
- No 2 **Skip to Q65**
- Don't know/Not sure 7 **Skip to Q65**
- Refused..... 9 **Skip to Q65**

4.2. METHODS OF QUITTING (Pipes)

Ask Q62-64 of:
(5) **CURRENT PIPE SMOKERS** who made a quit attempt in the past year (Q61 = 1 "Yes") or
(6) **FORMER PIPE SMOKERS** who quit in the last 5 years (Q60 = 03-06)

62a. **[FORMER PIPE SMOKERS]:** Excluding ceremonial or sacred use, when you quit smoking pipes,
[CURRENT PIPE SMOKERS]: Excluding ceremonial or sacred use, the last time you tried to quit smoking pipes,

Did you use a nicotine patch to help you quit?

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

- 62b. **[FORMER PIPE SMOKERS]:** Excluding ceremonial or sacred use, when you quit smoking pipes,
[CURRENT PIPE SMOKERS]: Excluding ceremonial or sacred use, the last time you tried to quit smoking pipes,

Did you use nicotine gum to help you quit?

- Yes 1
No 2

Don't know/Not sure 7
Refused..... 9

- 62c. **[FORMER PIPE SMOKERS]:** Excluding ceremonial or sacred use, when you quit smoking pipes,
[CURRENT PIPE SMOKERS]: Excluding ceremonial or sacred use, the last time you tried to quit smoking pipes,

Did you use any other medications like Zyban, Chantix, or nicotine lozenges to help you quit?

- Yes 1
No 2

Don't know/Not sure 7
Refused..... 9

- 62d. **[FORMER PIPE SMOKERS]:** Excluding ceremonial or sacred use, when you quit smoking pipes,
[CURRENT PIPE SMOKERS]: Excluding ceremonial or sacred use, the last time you tried to quit smoking pipes,

Did you quit "cold turkey" (stopped all at once)?

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

63. **[FORMER PIPE SMOKERS]:** Excluding ceremonial or sacred use, when you quit smoking pipes,
[CURRENT PIPE SMOKERS]: Excluding ceremonial or sacred use, the last time you tried to quit smoking pipes,

Did you use any native or traditional methods? For example, did you go to a sweat lodge, use herbs, or pray?

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

64. **[FORMER PIPE SMOKERS]:** Excluding ceremonial or sacred use, when you quit smoking pipes,
[CURRENT PIPE SMOKERS]: Excluding ceremonial or sacred use, the last time you tried to quit smoking pipes,

Did you use any other assistance, such as smoking cessation classes or counseling?

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

INTERVIEWER CHECKPOINT:
FORMER PIPE SMOKERS who quit in the past 5 year
(Q60 = 03-06) SKIP TO Q76

4.3. Readiness to Quit Smoking Pipes
Current Pipe Smokers ONLY: (Q56 = 1 or 2)

65. Excluding ceremonial or sacred use, do you want to quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

66. Excluding ceremonial or sacred use, are you seriously thinking about quitting smoking pipes within the **next six months**?

- Yes 1
- No 2 **If Q18 = 2-9 & Q24 = 1**
Skip to Q73; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q76

- Don't know/Not sure 7 **If Q18 = 2-9 & Q24 = 1**
Skip to Q73; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q76

- Refused 9 **If Q18 = 2-9 & Q24 = 1**
Skip to Q73; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q76

67. Excluding ceremonial or sacred use, are you planning to quit smoking pipes within the next 30 days?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

INTERVIEWER CHECKPOINT
HEALTH CARE: IF Q18 = 2-9 & Q24 = 1 SKIP TO Q73
HEALTH CARE: IF Q18 = 2-9 & Q24 = 2-9 SKIP TO Q76

4.4. PHYSICIAN AND HEALTH PROFESSIONAL ADVICE TO QUIT SMOKING (PIPES)

68. Excluding ceremonial or sacred use, during the **past 12 months** did any doctor, nurse, therapist, or counselor ask if you smoke commercial pipes?

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

69. Excluding ceremonial or sacred use, during the **past 12 months** did any doctor, nurse, therapist, or counselor advise you not to smoke commercial pipes?

- Yes 1
- No 2 **If Q24 = 1 Skip to Q73; If Q24 = 2-9 Skip to Q76**
- Don't know/Not sure 7 **If Q24 = 1 Skip to Q73; If Q24 = 2-9 Skip to Q76**
- Refused 9 **If Q24 = 1 Skip to Q73; If Q24 = 2-9 Skip to Q76**

Excluding ceremonial or sacred use, in the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking commercial pipes, did they also do any of the following?

70a. Prescribe or recommend a nicotine patch to help you quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

70b. Prescribe or recommend nicotine gum to help you quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

70c. Prescribe or recommend nasal spray to help you quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

70d. Prescribe or recommend an inhaler to help you quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

70e. Prescribe or recommend pills such as nicotine lozenges to help you quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

70f. Prescribe or recommend pills such as Zyban to help you quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

70g. Prescribe or recommend pills such as Chantix to help you quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

70h. Suggest that you set a specific date to stop smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

Excluding ceremonial or sacred use, in the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking pipes, did they also do any of the following?

71a. Suggest that you use a smoking cessation class to help you quit smoking pipes?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

71b. Suggest that you use a smoking cessation program to help you quit smoking pipes?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

71c. Suggest that you use a smoking cessation quit line or telephone counseling to help you quit smoking pipes?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

Excluding ceremonial or sacred use, in the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking pipes, did they also...

72a. Provide you with booklets, videos, or other materials to help you stop smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

72b. Suggest that you use ceremonial prayer or traditional methods to help you quit smoking pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

73. During the **past 12 months** did a traditional healer ask if you smoke pipes?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

74. During the **past 12 months** did a traditional healer advise you not to smoke pipes?

- Yes 1
- No 2 **Skip to Q76**

- Don't know/Not sure 7 **Skip to Q76**
- Refused..... 9 **Skip to Q76**

75. Excluding ceremonial or sacred use, when a traditional healer advised you to quit smoking, did they suggest you use traditional methods (i.e., herbs, sweat lodge, or prayer) to assist in quitting?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

SECTION 5: COMMERCIAL CHEWING (SPIT) TOBACCO

76. Not including ceremonial or sacred use, have you ever used chewing or spit tobacco, even one time?

- Yes 1
- No 2 **Skip to Q101**
- Don't know/Not sure 7 **Skip to Q101**
- Refused 9 **Skip to Q101**

77. How old were you the first time you used chewing or spit tobacco, even one time, NOT for ceremonial or sacred purposes?

- Age _ _ _ 01-120
- Don't know/Not sure 77
- Refused 99

78. Not including ceremonial or sacred use, we want you to think of all the times you have used chewing tobacco in your entire life, not on a single day. In your entire life, have you used chewing tobacco at least 20 times?

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

79. How old were you when you started using chewing tobacco **regularly**?

Never chewed regularly 00

Age 01–120

Don't know/Not sure 77

Refused..... 99

80. Not including ceremonial or sacred use, do you **now** use chewing tobacco every day, some days, or not at all?

Every day 1 **Code 30 for Q81 and Skip to Q82**

Some days..... 2

Not at all 3 **Skip to Q85**

Don't know/Not sure 7 **Skip to Q85**

Refused..... 9 **Skip to Q85**

81. During the past 30 days, on how many days did you use chewing or spit tobacco?

None 00 **Skip to Q85**

Number of days..... 01–30

Don't know/Not sure 77

Refused 99

82. On the days that you used chewing tobacco during the last 30 days, about how many pouches did you use a day?

A half a pouch or less..... 1

More than half a pouch but less than a whole pouch 2

One to one and a half pouches 3

More than one and half pouches but less than two pouches 4

Two to two and half pouches..... 5

More than two and a half pouches but less than three pouches 6

Three to three and a half pouches 7

More than three and half pouches but less than four pouches..... 8

More than four pouches..... 9

Don't know/Not sure 77

Refused 99

83. When you use chewing tobacco, how soon after you wake up do you have chewing tobacco?

- Within 5 minutes 1
- 6–30 minutes..... 2
- 31–60 minutes 3
- After 60 minutes 4

- Don't know/Not sure 7
- Refused 9

84. What brand of chewing tobacco do you use most often? **(MARK ONLY ONE.)**

Red Man	<input type="checkbox"/> <input type="checkbox"/> 01	Beech-Nut	<input type="checkbox"/> <input type="checkbox"/> 04
Levi Garrett	<input type="checkbox"/> <input type="checkbox"/> 02	Taylors Pride	<input type="checkbox"/> <input type="checkbox"/> 05
Smokey Mountain	<input type="checkbox"/> <input type="checkbox"/> 03	Other (specify): _____	<input type="checkbox"/> <input type="checkbox"/> 06
		Whatever is convenient	<input type="checkbox"/> <input type="checkbox"/> 07

- Don't know/Not sure..... 77
- Refused 99

5.1. QUIT CHEWING TOBACCO ATTEMPTS

85. About how long has it been since you **last** used chewing tobacco?
Would you say...

- Never chewed regularly 01 **Skip to Q101**
- Within the past month (≤ 1 month ago) 02 **Go to Q86**
- Within the past 3 months (> 1 month but ≤ 3 months ago) ... 03 **Skip to Q87**
- Within the past 6 months (> 3 months but ≤ 6 months ago) .. 04 **Skip to Q87**
- Within the past year (> 6 months but ≤ 1 year ago) 05 **Skip to Q87**
- Within the past 5 years (> 1 year but ≤ 5 years ago) 06 **Skip to Q87**
- Within the past 10 years (> 5 years but ≤ 10 years ago) 07 **Skip to Q101**
- Over 10 years ago 08 **Skip to Q101**
- Don't know/Not sure 77 **Skip to Q101**
- Refused 99 **Skip to Q101**

86. During the **past 12 months**, have you stopped using chewing tobacco for one day or longer because you were trying to quit chewing tobacco?

- Yes 1
- No 2 **Skip to Q90**
- Don't know/Not sure 7 **Skip to Q90**
- Refused 9 **Skip to Q90**

5.2. METHODS OF QUITTING (CHEWING TOBACCO)

Ask Q87-89 of:

(7) **CURRENT CHEW USERS** who made a quit attempt in the past year (Q86 = 1 “Yes”) or

(8) **FORMER CHEW USERS** who quit in the last 5 years (Q85 = 03–06)

87a. **[FORMER CHEW USERS]:** When you quit chewing tobacco,
[CURRENT CHEW USERS]: The last time you tried to quit chewing tobacco,

Did you use a nicotine patch to help you quit?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

87b. **[FORMER CHEW USERS]:** When you quit chewing tobacco,
[CURRENT CHEW USERS]: The last time you tried to quit chewing tobacco,

Did you use nicotine gum to help you quit?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

87c. **[FORMER CHEW USERS]:** When you quit chewing tobacco,
[CURRENT CHEW USERS]: The last time you tried to quit chewing tobacco,

Did you use any other medications like Zyban, Chantix, or nicotine lozenges to help you quit?

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

87d. **[FORMER CHEW USERS]:** When you quit chewing tobacco,
[CURRENT CHEW USERS]: The last time you tried to quit chewing tobacco,

Did you quit "cold turkey" (stopped all at once)?

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

88. **[FORMER CHEW USERS]:** When you quit chewing tobacco,
[CURRENT CHEW USERS]: The last time you tried to quit chewing tobacco,

Did you use any native or traditional methods? For example, did you go to a sweat lodge, use herbs, or pray?

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

89. **[FORMER CHEW USERS]:** When you quit chewing tobacco,
[CURRENT CHEW USERS]: The last time you tried to quit chewing tobacco,

Did you use any other assistance, such as smoking cessation classes or counseling?

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

INTERVIEWER CHECKPOINT:
FORMER CHEW USERS who quit in the past 5 years (Q85 = 03–06) SKIP TO Q101

5.3. Readiness to Quit Chewing Tobacco
Current Chew Users ONLY: (Q80 = 1 or 2)

90. Do you want to quit using chewing tobacco?

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

91. Are you seriously thinking about quitting chewing tobacco within the next six months?

Yes 1

No 2

If Q18 = 2-9 & Q24 = 1
Skip to Q98; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q101

Don't know/Not sure 7

If Q18 = 2-9 & Q24 = 1
Skip to Q98; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q101

Refused 9

If Q18 = 2-9 & Q24 = 1
Skip to Q98; If Q18 = 2-9 &
Q24 = 2-9 Skip to Q101

92. Are you planning to quit chewing tobacco within the next 30 days?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

INTERVIEWER CHECKPOINT
HEALTH CARE: IF Q18 = 2-9 & Q24 = 1 SKIP TO Q98
HEALTH CARE: IF Q18 = 2-9 & Q24 = 2-9 SKIP TO Q101

5.4. PHYSICIAN AND HEALTH PROFESSIONAL ADVICE TO QUIT CHEWING TOBACCO

93. During the **past 12 months** did any doctor, nurse, therapist, or counselor ask if you use chewing tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

94. During the **past 12 months** did any doctor, nurse, therapist, or counselor advise you not to use chewing tobacco?

Yes 1

No 2

**If Q24 = 1 Skip to Q98; If
Q24 = 2-9 Skip to Q101**

Don't know/Not sure 7

**If Q24 = 1 Skip to Q98; If
Q24 = 2-9 Skip to Q101**

Refused..... 9

**If Q24 = 1 Skip to Q98; If
Q24 = 2-9 Skip to Q101**

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit using chewing tobacco, did they also do any of the following?

95a. Prescribe or recommend a nicotine patch to help you quit using chewing tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

95b. Prescribe or recommend nicotine gum to help you quit using chewing tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

95c. Prescribe or recommend nasal spray to help you quit using chewing tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

95d. Prescribe or recommend an inhaler to help you quit using chewing tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

95e. Prescribe or recommend pills such as nicotine lozenges to help you quit using chewing tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

95f. Prescribe or recommend pills such as Zyban to help you quit using chewing tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

95g. Prescribe or recommend pills such as Chantix to help you quit using chewing tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

95h. Suggest that you set a specific date to stop using chewing tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit using chewing tobacco, did they also do any of the following?

96a. Suggest that you use a smoking cessation class to help you quit using chewing tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

96b. Suggest that you use a smoking cessation program to help you quit using chewing tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

96c. Suggest that you use a smoking cessation quit line or telephone counseling to help you quit using chewing tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit using chewing tobacco, did they also...

97a. Provide you with booklets, videos, or other materials to help you stop using chewing tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

97b. Suggest that you use ceremonial prayer or traditional methods to help you quit using chewing tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

INTERVIEWER CHECKPOINT
HEALTH CARE: If Q24 = 2-9 SKIP TO Q101

98. During the **past 12 months** did a traditional healer ask if you use chewing tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

99. During the **past 12 months** did a traditional healer advise you not to use chewing tobacco?

- Yes 1
- No 2 **Skip to Q101**

- Don't know/Not sure 7 **Skip to Q101**
- Refused 9 **Skip to Q101**

100. In the past 12 months, when a traditional healer advised you to quit using chewing tobacco, did they suggest you use traditional methods (i.e., herbs, sweat lodge, or prayer) to assist in quitting?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

SECTION 6: COMMERCIAL SNUFF (DIP) USE

101. Not including ceremonial or sacred used, have you ever used snuff or dip tobacco, even one time?

- Yes 1
- No 2 **Skip to Q126**
- Don't know/Not sure 7 **Skip to Q126**
- Refused 9 **Skip to Q126**

102. How old were you the first time you use snuff or dip tobacco, even one time, NOT for ceremonial or sacred purposes?

- Age _ _ _ 01-120
- Don't know/Not sure 77
- Refused 99

103. Not including ceremonial or sacred use, we want you to think of all the snuff or dip tobacco you ever used in your entire life, not on a single day. In your entire life, have you used snuff or dip at least 20 times?

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

104. How old were you when you started using snuff or dip tobacco **regularly**?

Never used regularly 00

Age 01-120

Don't know/Not sure 77

Refused..... 99

105. Not including ceremonial or sacred use, do you **now** use snuff or dip everyday, some days or not at all?

Every day 1 **Code 30 for Q106 and Skip to Q107**

Some days..... 2

Not at all 3 **Skip to Q110**

Don't know/Not sure 7 **Skip to Q110**

Refused..... 9 **Skip to Q110**

106. During the past 30 days, on how many days did you use snuff tobacco?

None 00 **Skip to Q110**

Number of days..... 01-30

Don't know/Not sure 77

Refused 99

107. On the days that you used snuff tobacco during the last 30 days, about how many times a day did you use snuff tobacco?

Number of times 001-180

Less than once a day 666

Don't know/Not sure 777

Refused 999

108. When you use snuff tobacco, how soon after you wake up do you have snuff?

- Within 5 minutes 1
- 6–30 minutes..... 2
- 31–60 minutes..... 3
- After 60 minutes 4

- Don't know/Not sure 7
- Refused 9

109. What brand of snuff or dip do you use most often? **(MARK ONLY ONE.)**

Kodiak	<input type="checkbox"/> <input type="checkbox"/> 01	Grizzly	<input type="checkbox"/> <input type="checkbox"/> 06
Skoal	<input type="checkbox"/> <input type="checkbox"/> 02	Navy	<input type="checkbox"/> <input type="checkbox"/> 07
Copenhagen	<input type="checkbox"/> <input type="checkbox"/> 03	Tube Rose	<input type="checkbox"/> <input type="checkbox"/> 08
Skoal Bandits	<input type="checkbox"/> <input type="checkbox"/> 04	Other (specify): _____	<input type="checkbox"/> <input type="checkbox"/> 09
Hawken	<input type="checkbox"/> <input type="checkbox"/> 05	Whatever is convenient	<input type="checkbox"/> <input type="checkbox"/> 10

- Don't know/Not sure..... 77
- Refused 99

6.1. QUIT ATTEMPTS (SNUFF USE)

110. About how long has it been since you **last** used snuff tobacco? Would you say it was...

- Never used regularly 01 **Skip to Q126**
- Within the past month (≤ 1 month ago) 02 **Go to Q111**
- Within the past 3 months (> 1 month but ≤ 3 months ago) ... 03 **Skip to Q112**
- Within the past 6 months (> 3 months but ≤ 6 months ago)... 04 **Skip to Q112**
- Within the past year (> 6 months but ≤ 1 year ago) 05 **Skip to Q112**
- Within the past 5 years (> 1 year but ≤ 5 years ago) 06 **Skip to Q112**
- Within the past 10 years (> 5 years but ≤ 10 years ago) 07 **Skip to Q126**
- Over 10 years ago 08 **Skip to Q126**
- Don't know/Not sure 77 **Skip to Q126**
- Refused 99 **Skip to Q126**

111. During the **past 12 months**, have you stopped using snuff for one day or longer because you were trying to quit using snuff?

- Yes 1
- No 2 **Skip to Q115**
- Don't know/Not sure 7 **Skip to Q115**
- Refused 9 **Skip to Q115**

6.2. METHODS OF QUITTING (Snuff Tobacco)

Ask Q112-114

(9) **CURRENT SNUFF USERS** who made a quit attempt in the past year (Q111 = 1
“Yes”) or

(10) **FORMER SNUFF USERS** who quit in the last 5 years (Q110 = 03-06)

112a. [**FORMER SNUFF USERS**]: When you quit using snuff tobacco,
[**CURRENT SNUFF USERS**]: The last time you tried to quit using
snuff tobacco,

Did you use the nicotine patch to help you quit?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

112b. [**FORMER SNUFF USERS**]: When you quit using snuff tobacco,
[**CURRENT SNUFF USERS**]: The last time you tried to quit using
snuff tobacco,

Did you use nicotine gum to help you quit?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

112c. **[FORMER SNUFF USERS]**: When you quit using snuff tobacco,
[CURRENT SNUFF USERS]: The last time you tried to quit using snuff tobacco,

Did you use any other medications like Zyban, Chantix, or nicotine lozenges to help you quit?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

112d. **[FORMER SNUFF USERS]**: When you quit using snuff tobacco,
[CURRENT SNUFF USERS]: The last time you tried to quit using snuff tobacco,

Did you quit "cold turkey" (stopped all at once)?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

113. **[FORMER SNUFF USERS]**: When you quit using snuff tobacco,
[CURRENT SNUFF USERS]: The last time you tried to quit using snuff tobacco,

Did you use any native or traditional methods? For example, did you go to a sweat lodge, use herbs or pray?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

114. **[FORMER SNUFF USERS]:** When you quit using snuff tobacco,
[CURRENT SNUFF USERS]: The last time you tried to quit using
snuff tobacco,

Did you use any other assistance, such as smoking cessation classes
or counseling?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

INTERVIEWER CHECK POINT:
FORMER SNUFF USERS who quit in the past 5 years
(Q110 = 03-06) SKIP TO Q126

6.3. Readiness to Quit Snuff Tobacco
Current Snuff Users ONLY: (Q105 = 1 or 2)

115. Do you want to quit using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

116. Are you seriously thinking about quitting using snuff tobacco within the next six months?

Yes 1

No 2

If Q18 = 2-9 & Q24 = 1
Skip to Q123; If Q18 = 2-9
& Q24 = 2-9 Skip to Q126

Don't know/Not sure 7

If Q18 = 2-9 & Q24 = 1
Skip to Q123; If Q18 = 2-9
& Q24 = 2-9 Skip to Q126

Refused 9

If Q18 = 2-9 & Q24 = 1
Skip to Q123; If Q18 = 2-9
& Q24 = 2-9 Skip to Q126

117. Are you planning to quit using snuff tobacco within the next 30 days?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

INTERVIEWER CHECKPOINT
HEALTH CARE: IF Q18 = 2-9 & Q24 = 1 SKIP TO Q123
HEALTH CARE: IF Q18 = 2-9 & Q24 = 2-9 SKIP TO Q126

6.4. PHYSICIAN AND HEALTH PROFESSIONAL ADVICE TO QUIT USING SNUFF TOBACCO

118. During the **past 12 months** did any doctor, nurse, therapist, or counselor ask if you use snuff tobacco?

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

119. During the **past 12 months** did any doctor, nurse, therapist, or counselor advise you not to use snuff tobacco?

- Yes 1
- No 2 **If Q24 = 1 Skip to Q123; If Q24 = 2-9 Skip to Q126**
- Don't know/Not sure 7 **If Q24 = 1 Skip to Q123; If Q24 = 2-9 Skip to Q126**
- Refused..... 9 **If Q24 = 1 Skip to Q123; If Q24 = 2-9 Skip to Q126**

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit using snuff tobacco, did they also do any of the following?

120a. Prescribe or recommend a nicotine patch to help you quit using snuff tobacco?

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

120b. Prescribe or recommend nicotine gum to help you quit using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

120c. Prescribe or recommend nasal spray to help you quit using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

120d. Prescribe or recommend an inhaler to help you quit using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

120e. Prescribe or recommend pills such as nicotine lozenges to help you quit using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

120f. Prescribe or recommend pills such as Zyban to help you quit using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

120g. Prescribe or recommend pills such as Chantix to help you quit using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

120h. Suggest that you set a specific date to stop using snuff tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit using snuff tobacco, did they also do any of the following?

121a. Suggest that you use a smoking cessation class to help you quit using snuff tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

121b. Suggest that you use a smoking cessation program to help you quit using snuff tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

121c. Suggest that you use a smoking cessation quit line or telephone counseling to help you quit using snuff tobacco?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit using snuff tobacco, did they also...

122a. Provide you with booklets, videos, or other materials to help you stop using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

122b. Suggest that you use ceremonial prayer or traditional methods to help you quit using snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

INTERVIEWER CHECKPOINT
HEALTH CARE: If Q24 = 2-9 SKIP TO Q126

123. During the **past 12 months** did a traditional healer ask if you use snuff tobacco?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

124. During the **past 12 months** did a traditional healer advise you not to use snuff tobacco?

- Yes 1
- No 2 **Skip to Q126**
- Don't know/Not sure 7 **Skip to Q126**
- Refused..... 9 **Skip to Q126**

125. In the past 12 months, when a traditional healer advised you to quit using snuff tobacco, did they suggest you use traditional methods (i.e., herbs, sweat lodge, or prayer) to assist in quitting?

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

SECTION 7: SECONDHAND SMOKE EXPOSURE

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

- 0 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 or more 5

- Don't know/Not sure 7
- Refused 9

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

- 0 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 or more 5

- Don't know/Not sure 7
- Refused 9

128. During the **past 7 days**, that is, since **(FILL IN THE DAY)**, on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

- Number of days 00-07

- Don't know/Not sure 77
- Refused 99

129. What rules do you have about smoking **inside** your home?
Smoking is

- Not allowed** anywhere or at anytime inside your home 1
- Allowed** in some places or at some times inside the home... 2
- Allowed** everywhere and at anytime inside the home 3

- Don't know/Not sure 7
- Refused 9

WORKPLACE POLICY AND EXPOSURE

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

130. Do you work outside of the home?

- Yes 1
- No 2 **Skip to Q136**

- Don't know/Not sure 7 **Skip to Q136**

- Refused 9 **Skip to Q136**

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

- Yes 1
- No 2 **Skip to Q136**

- Don't know/Not sure 7 **Skip to Q136**

- Refused 9 **Skip to Q136**

132. As far as you know, in the **past 7 days**, that is, since **(FILL IN THE DAY)**, has anyone smoked inside the building where you work?

Yes 1

No 2

Don't know/Not sure 7

Refused..... 9

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

Not allowed anywhere or at anytime inside your building..... 1

Allowed in some places or at some times inside the building.. 2

Allowed everywhere and at anytime inside the building..... 3

Don't know/Not sure 7

Refused 9

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

Yes 1

No 2 **Skip to Q136**

Don't know/Not sure 7 **Skip to Q136**

Refused..... 9 **Skip to Q136**

135. Is the policy enforced?

Always 1

Sometimes 2

Rarely..... 3

Never 4

Don't know/Not sure 7

Refused 9

ATTITUDES ABOUT CLEAN INDOOR AIR POLICIES

I am now going to ask you some questions about policies on smoking. For the following areas do you think smoking should be allowed in all areas, some areas or not at all?

136. In the indoor work areas do you think smoking should be...

- Allowed** in all areas 1
Allowed in some areas 2
Not allowed at all 3
Don't know/Not sure 7
Refused 9

137. In the indoor areas of restaurants do you think smoking should be...

- Allowed** in all areas 1
Allowed in some areas 2
Not allowed at all 3
Don't know/Not sure 7
Refused 9

138. In the indoor areas of shopping malls do you think smoking should be...

- Allowed** in all areas 1
Allowed in some areas 2
Not allowed at all 3
Don't know/Not sure 7
Refused 9

139. In the indoor areas of tribal buildings do you think smoking should be...

- Allowed** in all areas 1
- Allowed** in some areas 2
- Not allowed** at all 3

- Don't know/Not sure 7
- Refused 9

140. In the indoor areas of community centers do you think smoking should be...

- Allowed** in all areas 1
- Allowed** in some areas 2
- Not allowed** at all 3

- Don't know/Not sure 7
- Refused 9

141. In the indoor areas of casinos or bingo halls do you think smoking should be...

- Allowed** in all areas 1
- Allowed** in some areas 2
- Not allowed** at all 3

- Don't know/Not sure 7
- Refused 9

Now I am going to ask you about being in a car with someone else who smokes...

142. In the **past 7 days** that is since **(FILL IN THE DAY)**, have you been in a car with someone who was smoking?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

SECTION 8: RISK PERCEPTION

143. Think about someone who has smoked a pack of cigarettes a day for more than 20 years. Now suppose that I tell you there is **NO** health benefit to that person quitting smoking. Do you...

Strongly agree..... 1

Agree 2

Disagree 3

Strongly disagree..... 4

Don't know/Not sure 7

Refused 9

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

Very harmful to one's health..... 1

Somewhat harmful to one's health 2

Not very harmful to one's health 3

Not harmful to one's health 4

Don't know/Not sure 7

Refused 9

145. Do you believe that breathing smoke from other people's cigarette causes lung cancer in adults?

Yes..... 1

No 2

Don't know/Not sure 7

Refused..... 9

146. Do you believe that breathing smoke from other people's cigarette causes heart disease in adults?

- Yes..... 1
- No 2

- Don't know/Not sure 7
- Refused 9

147. Do you believe that breathing smoke from other people's cigarette causes colon cancer in adults?

- Yes..... 1
- No 2

- Don't know/Not sure 7
- Refused 9

148. Do you believe that breathing smoke from other people's cigarette causes respiratory problems in children?

- Yes..... 1
- No 2

- Don't know/Not sure 7
- Refused 9

149. Do you believe that breathing smoke from other people's cigarettes causes sudden infant death syndrome (also called SIDS or crib death)?

- Yes..... 1
- No 2

- Don't know/Not sure 7
- Refused 9

SECTION 9: DEMOGRAPHICS

150. What is your age?

Age in years 18-120

Don't know/Not sure 77

Refused 99

151. **(Do not ask if not necessary):** Write down sex of respondent

Male 1

Female 2

Don't know/Not sure 7

Refused 9

152. How many children aged 17 or younger live in your household?

Number of children 01-76 **If number of
Children = 0
Skip to Q154**

Don't know/Not sure 77

Refused 99

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

- 1st child 01
- 2nd child 02
- 3rd child..... 03
- 4th child..... 04
- 5th child..... 05
- 6th child..... 06
- 7th child..... 07
- 8th child..... 08
- 9th child..... 09
- 10th child 10

- Don't know/Not sure 77
- Refused..... 99

154. Which of the following would you say your race is (choose all that apply)?

- American Indian, Alaska Native 1
- White..... 2
- Black or African American 3
- Hispanic or Latino 4
- Asian 5
- Native Hawaiian or Pacific Islander 6

- Don't know/Not sure 7
- Refused 9

155. Are you enrolled in a tribe?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

156. If so which one?

Don't know/Not sure 7

Refused 9

157. Are there any other tribes that you feel a part of, but are not enrolled in?

Yes 1

If yes, please specify _____

No 2

Don't know/Not sure 7

Refused 9

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

Yes 1

No 2

Don't know/Not sure 7

Refused 9

159. What is the highest level of school you completed or the highest degree you received? *(Please stop me when I get to your answer selection)*

- Never attended school or only attended kindergarten 01
- Grades 1 through 8 (Elementary) 02
- Grades 9 through 11 (Some high school) 03
- Grade 12 (High school graduate) 04
- GED 05
- Some college, no degree 06
- AA, Technical/Vocational..... 07
- AA, Academic..... 08
- BA, BS (college graduate)..... 09
- Some graduate or professional school 10
- Graduate or professional degree 11

- Don't know/Not sure 77
- Refused 99

160. What is your household yearly income from all sources? *(Please stop me when I get to your answer selection)*

- \$0-\$10,000 01
- \$10,001 to \$15,000 02
- \$15,001 to \$20,000 03
- \$20,001 to \$25,000 04
- \$25,001 to \$30,000 05
- \$30,001 to \$35,000 06
- \$35,001 to \$40,000 07
- \$40,001 to \$45,000 08
- Greater than \$45,000 09

- Don't know/Not sure 77
- Refused 99

161. **Interviewer:** Enter date of completed interview:

___ ___ / ___ ___ / ___ ___ ___ ___
(Month) (Day) (Year)

Thank you!
[END OF INTERVIEW)

SECTION 10: SUPPLEMENTAL QUESTIONS

Purchase Patterns

S1. In the past 12 months have you ever bought cigarettes in a neighboring state?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

S2. In the past 12 months, have you ever bought cigarettes on an Indian Reservation?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

S3. **In the past 12 months**, did you have access to a computer and the internet **all the time, sometimes, or not at all**?

- All the time 1
- Sometimes 2
- Not at all 3

- Don't know/Not sure 7
- Refused..... 9

S4. In the past 12 months, have you ever bought cigarettes on the internet?

Yes..... 1

No..... 2

Don't know/Not sure 7

Refused..... 9

S5. In the past 12 months, have you ever bought cigarettes in a tribal smoke shop?

Yes..... 1

No..... 2

Don't know/Not sure 7

Refused 9

S6. In the past 12 months, have you ever bought cigarettes in a tribal casino?

Yes..... 1

No..... 2

Don't know/Not sure 7

Refused..... 9

Ceremonial or Sacred Use

S7. Do you use tobacco for ceremonial prayer traditional reasons?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

S8. When you used tobacco for ceremonial or prayer or traditional reasons, what type of tobacco did you use? (Choose all that apply)

- Native tobacco 1
- Commercial tobacco such as Marlboro, GCP, etc. 2

- Don't know/Not sure 7
- Refused..... 9

S9. Have you ever smoked a pipe for ceremonial prayer or traditional reasons?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused..... 9

S10. When you smoked a pipe for ceremonial prayer or traditional reasons, what type of tobacco did you use? (Choose all the apply)

Native tobacco 1

Commercial tobacco such as Marlboro, GCP, etc 2

Other (Specify) _____ 3

Don't know/Not sure 7

Refused 9

Brand Smoked

S11. What brand of cigarettes do you smoke most often? **(MARK ONLY ONE.)**

- Natural American Spirit..... 01
- Benson & Hedges..... 02
- Camel 03
- Carlton..... 04
- Generic 05
- Geronimo 06
- Kent 07
- Kool..... 08
- Lucky Strike..... 09
- Marlboro..... 10
- Merit..... 11
- More 12
- Native Brand..... 13
- Newport 14
- Noble..... 15
- Omaha Brand..... 16
- Pall Mall 17
- Salem 18
- Santa Fe..... 19
- Seneca Brand..... 20
- Virginia Slims 21
- Other (specify) _____..... 22

- Don't know/Not sure..... 77
- Refused 99

Demographics

S12. Which of the following best describes how you think of yourself?

- Heterosexual or straight 1
- Gay or lesbian 2
- Bisexual 3
- Other (specify) _____ 4

- Don't know/Not sure 7
- Refused 9

Asthma

S13. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

S14. Do you still have asthma?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

Diabetes

S15. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

- Yes, but I am female and was told this only when I was pregnant..... 1
- Yes..... 2
- No..... 3
- No, but I have been told that I am prediabetes or border line 4
- Don't know/Not sure 7
- Refused 9

Hypertension Awareness

S16. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- Yes, but I am female and was told this only when I was pregnant 1
- Yes..... 2
- No..... 3
- Don't know/Not sure 7
- Refused 9

S17. Are you currently taking medicine for your high blood pressure?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

Cholesterol Awareness

S18. Blood cholesterol is a fatty substance found in the blood. Have you ever had your cholesterol checked?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

S19. About how long has it been since you last had your blood cholesterol checked?

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

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

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

5 or more years ago 4

Don't know/Not sure 7

Refused 9

S20. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

Cardiovascular Disease/Stroke

S21a. Has a doctor, nurse, or other health professional ever told you that you have had a heart attack, also called a myocardial infarction?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

S21b. At what age did you have your first heart attack?

- Age (76 = 76+) 01-76
- Don't know/Not sure 77
- Refused 99

S21c. Has a doctor, nurse, or other health professional ever told you that you have angina or coronary heart disease?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

S21d. Has a doctor, nurse, or other health professional ever told you that you have had a stroke?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

S21e. At what age did you have your first stroke?

- Age (76 = 76+) 01-76
- Don't know/Not sure 77
- Refused 99

Pregnancy

S22. During any of your prenatal care visits, did a doctor, nurse, or health care worker talk with you about how smoking during pregnancy could affect your baby?

- Yes 1
- No 2

- Don't know/Not sure 7
- Refused 9

S23. In the **3 months before** you got pregnant, how many cigarettes did you smoke on an average day (pack = 20 cigarettes)?

- None (0 cigarettes) 1
- Less than 1 cigarette..... 2
- 1 to 5 cigarettes 3
- 6 to 10 cigarettes 4
- 11 to 20 cigarettes..... 5
- 21 to 40 cigarettes..... 6
- 41 cigarettes or more 7

- Don't know/Not sure 77
- Refused 99

S24. In the **last 3 months** of your pregnancy, how many cigarettes did you smoke on an average day (pack = 20 cigarettes)?

- None (0 cigarettes) 1
- Less than 1 cigarette..... 2
- 1 to 5 cigarettes 3
- 6 to 10 cigarettes 4
- 11 to 20 cigarettes..... 5
- 21 to 40 cigarettes..... 6
- 41 cigarettes or more 7

- Don't know/Not sure 77
- Refused 99

Appendix C

**American Indian Adult Tobacco Survey
Checklists and Forms**

PRESURVEY CHECKLIST

- Step 1: Greet respondent and provide business card.
- Step 2: Get Consent Form signed.
 - Step 2.1: Read consent form to respondent.
 - Step 2.2: Provide copy of consent form to respondent.
 - Step 2.3: Sign consent form (both interviewer and respondent).
 - Step 2.4: Place consent form in manila envelope, seal, and sign across the seal.
- Step 3: Proceed to interview.
- Step 4: Read "Instructions to be Read to Respondent."
- Step 5: Conduct interview.
- Step 6: Thank respondent.
- Step 7: Compensation.
 - Step 7.1: Provide compensation.
 - Step 7.2: Complete receipt.
 - Step 7.3: Provide copy of receipt to respondent.
- Step 8: Complete the Survey.
 - Step 8.1: Place survey in manila envelope, seal, and sign across the seal.
- Step 9: Thank respondent.

FACE-TO-FACE CONTACT SCRIPT

My name is _____, and I represent _____. My name and contact information are contained in this card. Your participation in this study will help to identify tobacco use in your community. Your answers will be combined with those from other people in your tribal community. They will be used to address serious health problems among Indian people related to commercial tobacco use. This is a confidential survey, which means that your name will be kept private. If you are uncomfortable with any question, you can refuse to answer that question. If there are questions that you prefer not to answer, you can refuse to answer those questions. You can stop this interview at any time. The survey takes about 30 minutes to complete. We begin with the question...

TELEPHONE CONTACT SCRIPT

I am calling on behalf of _____. You agreed to participate in a study to identify tobacco use problems in your community and in all tribal communities. This survey has been approved by _____ and _____ tribes and/or clinics. (The preceding sentence can be adjusted for each specific tribe/clinic.) Your answers will be combined with those from other people in your tribal community. The results will be used to address serious health problems among Indian people related to commercial tobacco use. This is a confidential survey, which means that your name will be kept private. If you are uncomfortable with any question, you can refuse to answer that question. You can stop this interview at any time. The survey takes about 30 minutes to complete. Before we begin, please take a moment to write down my name and telephone number should you have any questions after we have completed the survey. (At this point, give name and contact number). We begin with the question...

AMERICAN INDIAN ADULT TOBACCO SURVEY INFORMED CONSENT FORM

Purpose

The _____ (Tribe/Health Program Name) and the _____ Support Centers for Tobacco Control Programs (SCTCP) are conducting a survey of the knowledge, attitudes, and behaviors related to commercial and traditional tobacco use. This survey is being done among American Indian adults. Your participation will help us to identify tobacco use problems and needs specific to your community. It also will help to improve services and programs aimed at preventing or decreasing commercial tobacco use and its health effects.

Procedures

We will recruit about _____ (insert N for each respective tribe/health program) adults, 18 years of age or older to participate in the survey. The interview will take about 30 minutes to complete. The interview will include general demographic questions as well as questions related to tobacco (commercial and possibly traditional) use.

Confidentiality

You will not be identified with the information you give because the survey is confidential. No one but the interviewer will know how you answered the questions on the survey. The interviewer has signed a pledge to keep all information about you confidential. Your name will be eliminated from all documents associated with the survey, and a number will be assigned to the survey questionnaire. The linked list of names and numbers will be kept in a locked secure place until the questionnaire has been successfully entered into the computer. The identifying information will be destroyed immediately after the data have been entered. The questionnaires (without any names on them) will be destroyed after the data are analyzed. Only project staff will have access to the study data. We will not use your name when we report results of the survey. The information we collect from you will be combined with information from other tribal members to help develop a profile of community smoking and health behaviors and attitudes.

Risks and Benefits

If you feel uncomfortable with some of the questions included in this survey, you can refuse to answer any question you are not comfortable with, or skip questions you do not want to answer. You can stop the interview at any time. The likely benefits of this survey to you as an individual are minimal; however, the overall impact for your tribal community will be significant because new information on tobacco use will become available to address an important health problem.

RIGHTS AS A VOLUNTEER

Your participation in the American Indian Adult Tobacco Survey is voluntary. If you decide not to take part or to stop the interview, you will not lose any services to which you are otherwise entitled.

If you have any questions about this survey project, you may call _____. You also may call the Project Coordinator, _____ at _____. If you have questions about your rights as a respondent, you may call _____ at _____.

Respondent Agreement

The American Indian Adult Tobacco Survey has been explained to me. I voluntarily consent to participate. I have had an opportunity for my questions to be answered. I know that I may refuse to participate, or I can stop the interview at any time without any loss of health care benefits to which I am otherwise entitled. I understand that if I have questions about this survey project or my rights as a respondent, I may contact the local community contact or the Project Coordinator.

I understand that I will receive \$____ for my time and contribution.

Respondent Signature

Date

Interviewer Signature

Date

Copies:

Respondent

Project Coordinator

Appendix D

American Indian Adult Tobacco Survey
Statistical Analysis Details

Data Analysis

Data analysis transforms large masses of data into usable information by using statistical techniques to describe, organize, and interpret a data sample and to make inferences about a larger population. The purpose of analyzing data from the American Indian Adult Tobacco Survey (AI ATS) is to generate enough understanding about an American Indian community's attitudes, beliefs, and behaviors regarding commercial tobacco use.

Data analysis also can provide an understanding of several other tobacco-related topics, such as community beliefs and attitudes about secondhand smoke and its impact on tribal members. Data analysis software is essential for working with large data sets such as the AI ATS. When selecting software, consider cost, availability of tutorials and training, and network compatibility with other partners that need to access the AI ATS data.

Data Screening

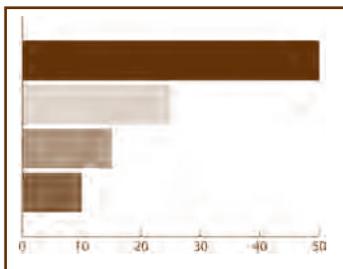
After data entry has been completed and before data from a large sample are analyzed, take steps to ensure that the data are free of interviewer and data entry errors, and that the data accurately represent the responses of the sample participants. Data screening is time-consuming, but data cannot be analyzed until they have been properly screened. For example, making sure values that should be coded as missing data (e.g., "refused") do not get averaged into true values can save a lot of time and embarrassment in the future.

Examining Frequency Distributions

By running frequencies of each field, values that fall outside of the normal range of responses are quickly identified. For example, several fields on AI ATS are binary, requiring the respondent to select either "Yes" (coded as 1) or "No" (coded as 2). Even a quick examination of the frequencies of such questions would reveal problems if a 3 or 4 were entered because no values are assigned to those numbers. Any red flag in the frequency distribution will prompt the data analyst to retrieve the actual survey to determine if the error was made by the interviewer or by the person who did the data entry. Values that are in the possible range of responses, but are considered extreme by the analyst may be errors or true outliers. Those values also should be checked against the actual survey to determine their legitimacy.

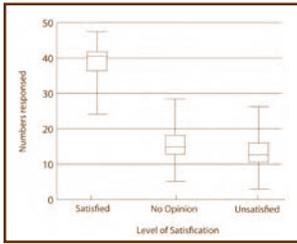
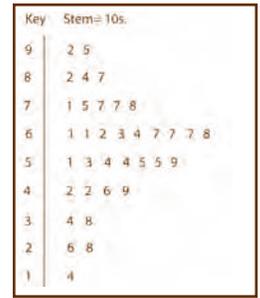
Histograms, Stem-and-Leaf Diagrams, Boxplots, and Scatter Plots

Frequency distributions of a data set can be illustrated in histograms, stem-and-leaf diagrams, and, boxplots. You need to be familiar with the type of data that need to be graphed to select an appropriate method to depict the data.



Histograms are an excellent way to graph data to check for outliers and see the shape of the distribution. When conducting further statistical analysis on continuous (numerical), interval, or ratio data, keep in mind that many statistical procedures require the distribution of data to be normal. Histograms can be constructed with a superimposed normal curve, which overlays the frequency distribution to provide an estimate of how closely the distribution follows the rules of a normality. Histograms are an excellent way to view the frequency distributions of single variables or fields of a survey.

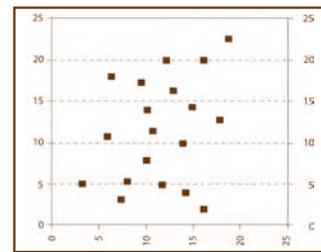
Stem-and-leaf diagrams provide similar information to a histogram, with one important addition. They clearly identify the scores that fall outside of the normal range. Data analysts who are unsure of whether a specific score should be considered an outlier can create a stem-and-leaf diagram.



Boxplots display the frequencies of different groups within the sample. With the AI ATS, differences in respondents' varied smoking status (i.e., everyday smoker, someday smoker, former smoker, and nonsmoker) are of great epidemiological concern. By graphing a boxplot of the four types of smoking status, the data analyst can view the frequency distributions of any given variable for the different types by examining the

shape of the boxplot. That shape shows how widely distributed a subgroup's values are in relationship to other groups.

Scatter plots are perhaps the best medium for examining the relationship between two variables and discovering outliers that are improbable or impossible. Sometimes, outliers are not apparent until two or more variables are viewed simultaneously and in relation to one another. Examining the relationship between two variables (bivariate outliers) can reveal outliers that a univariate frequency distribution will not reveal.



Understanding Different Types of Data

Another antecedent to data analysis is determining the type of data and appropriate measurement for each variable being described on the survey. There are four levels of data: nominal, ordinal, interval, and ratio. Data analysts must understand the type of data they are working with in order to select the appropriate method for analysis and graphical representation. The data that are produced by the AI ATS can be considered either discrete or continuous.

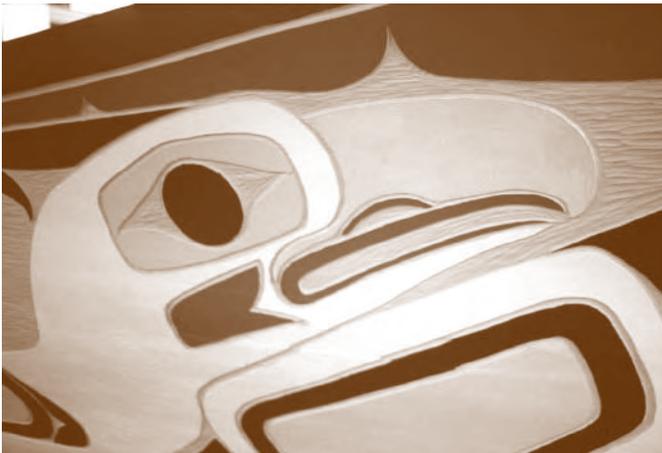
Discrete data include those variables that have values that are separate and distinct, whereas continuous data are numerical (i.e., questions in which any number, such as age or weight, is acceptable). Mathematical procedures should not be performed on discrete data (i.e., questions that have a set number of responses, such as yes or no). Nominal data are any data that are categorical, such as the respondent's tribal affiliation, clinic site, type of

tobacco smoked, or sex. These variables have no numbers associated with them in the real world; they are assigned arbitrary numbers simply for the purposes of data coding.

Quantitative analysis methods, such as determining the percentage or frequency of each value, need to be used to understand the distribution. Calculating means, medians, and other methods appropriate for continuous data would be inappropriate because nominal data are discrete. For nominal data, such as sex, it would be more appropriate to understand the percentage of female respondents in the total sample, or the percentage of females versus males who feel a particular way about a particular topic.

Ordinal data are any categorical data that can be arranged hierarchically. The AI ATS presents several questions that produce ordinal data. For instance, the questions that collect information about opinions on rules of smoking in indoor environments have established a three-tiered hierarchy of discrete categorical data. For a specific environment—such as a community center or casino—respondents can decide whether they believe smoking should be “allowed in all places,” “allowed in some places,” or “not allowed at all.”

For the purposes of the AI ATS, interval and ratio categories will be treated as a single category. Data that are considered interval or ratio data are continuous, and they progress at equal intervals. Excellent examples of interval/ratio data that appear on the AI ATS include the respondent’s age, number of cigarettes smoked per day, and the number of people who smoke in the household. The statistical procedures that can be performed on the data are limited to whether the data are nominal, ordinal, or interval/ratio.



Measures of Central Tendency

The measure of central tendency is often considered the most important value to represent a continuous variable. For instance, professionals working in tobacco control are often concerned about the average or median age of smoking initiation of a population because this information provides an understanding of the length of time a group has been addicted to nicotine, and it indicates how early prevention efforts should be initiated.

The age of smoking initiation of all of the respondents in a sample represents a distribution of scores, where each score is the age of initiation of a single respondent.

Three methods commonly used to locate the central tendency of a distribution include the mean (arithmetic average), median, and mode. The easiest measure of central tendency is the mode. The mode is used to determine the value that occurs most frequently for a nominal variable. The mode is calculated by tallying the total frequency of each value. Although the mode may not be that helpful in understanding much of the AI ATS data, it may be helpful in describing the brands of cigarettes that are the most preferred by respondents who smoke.

When attempting to understand the central tendency of continuous data for uni-modal data (or data not highly skewed), the mean is usually the most appropriate measure. Methods of screening data using histograms and normal curves can provide a quick

reference for determining whether data for a variable in question approximates a normal distribution. The mean can be calculated by summing all the values and dividing by the number of scores present. The mean is very sensitive to extreme scores, so caution should be used before reporting a mean value of a distribution when extreme scores are present.

In the case of extreme scores—where the outliers have been identified as accurate values and not errors in data entry—the median may be a more appropriate measure of central tendency. The median is the middle-most score in a set of scores where half of all scores are above and half are below. When there are a limited number of extreme scores, the median is a more accurate measure of central tendency because it is less influenced by extreme scores. The median also can be computed by any data analysis software package. The median can be seen in a frequency table under the column for cumulative percent. The score closest to the cumulative percentage of half is closest to the median score, where approximately 50% of all other scores are above or below.

Variability

In addition to understanding the average of a set of scores, such as the average age of smoking initiation, it is important to know how widely dispersed the scores are around the average. The way in which scores differ from one another is known as variability. Samples that demonstrate relatively tight dispersions around the mean indicate that the respondents are homogeneous in regard to that particular variable. For the purposes of the AI ATS, the first measure of variability that is important to understand is the range. The range is the distance between the highest and lowest value and can help identify rogue values in the data screening process.

The standard deviation is the most frequently used measure to assess how closely scores are dispersed about the mean, and it is the primary measure of variability to be considered for analyzing AI ATS data. The standard deviation is the average distance from the mean of all the scores in a distribution. Consequently, the greater the standard deviation, the more widely the scores are distributed around the mean. Separate distributions may have the same mean, but greatly differing standard deviations.

Differences in Distributions

Distributions in any given sample can differ from each other. It is important to consider how data are distributed because many data analysis procedures require the data meet certain criteria before they can be accurately used to assess data. Many procedures, such as Pearson's *r* correlation, *t*-tests, and analysis of variance (ANOVA), require that the data be normally distributed. Therefore, a data analyst should understand the shape of the distribution before using these data analysis methods.

Differences in distributions can be categorized in the following four ways: average value, variability, skewness, and kurtosis.

- ***Average Value:*** When examining the age of smoking initiation of different subpopulations, disparities between subgroups can become a public health concern. Since American Indian (AI) smoking initiation rates have begun to be monitored by tribes and states, the age of AI smoking initiation has been shown to be significantly lower than that of the general U.S. population. These differences demonstrate differences in average values or mean ages of smoking initiation among racial and ethnic groups.

- **Variability:** The way in which observations in a data set are distributed across various categories.
- **Skewness:** A measure of how symmetrical the distribution is on both sides of the mean. Data that are normally distributed are symmetrical about the mean. If a measure of skewness is performed to assess how well a distribution approximates a normal distribution, then the skewness ratio should be between -2 and 2. A skewness ratio outside of this range suggests that the data are not normal, and caution should be used when performing procedures that require normal distributions.
- **Kurtosis:** A reference to the peakedness of the distribution. Normal distributions ideally have peaks that are bell-shaped and fit relatively well into the normal curve overlay in a frequency histogram. If a measure of kurtosis is performed to assess how well the peakedness of a distribution approximates a normal distribution, then the kurtosis ratio should be between -2 and 2. A kurtosis ratio outside of this range suggests that the data are not normal, and caution should be used when performing procedures that require normal distributions.

Univariate Analysis

Univariate analysis is the process of analyzing one variable at a time. If a data analyst has successfully gone through the process of screening the data, then he/she already possesses the technical knowledge required to perform univariate analysis. Once the data have been screened, frequency tables and basic descriptive statistics can be performed for the fields that will be included in the AI ATS report. We recommend that you use univariate analysis procedures to describe the sample population. For example, people reading the AI ATS report need to know the basic demographic distribution of the sample (e.g., age, sex, income, tribal affiliation, education). Using computer software to construct a frequency table and bar chart of the sample population's education distribution would be a good way to communicate important information to the people who want to use the AI ATS data.

In addition, remember the following:

- When appropriate, it will be useful to calculate the mean and its standard deviation for those fields that have been identified as key indicators.
- When presenting tables and charts, keep in mind that simpler is better. Complex table and charts can confuse readers.

Bivariate Analysis

Bivariate analysis adds an element of comparison. For the purposes of generating a basic AI ATS bivariate report, contingency tables (also known as cross tabulations) may be the most extensive statistical procedure required. Contingency tables allow the relationship among variable to be compared.

Graphing Data

When presenting data to the tribal boards or members, a variety of charts and graphs such as bar charts, line graphs, pie charts, or histograms can be used to show the results in the final reports or presentations. Next is a brief description of how and when to use each type of graph or chart.

Bar Chart

- Used when comparing different groups within a sample.
- Clustered bar charts can be good for displaying how data have changed over time.
 - ♦ Data should be discrete and can consist of nominal or ordinal data (e.g., differences in smoking status and sex).

Line Graph

- Used when depicting trends in data over equal intervals.
- Multiple line charts can show trends of two or more categories over time.

Pie Chart

- Used when showing the proportion of a category.
- Can only be used with nominal data.

Histogram

- Breaks data into intervals.

Appendix E

**American Indian Adult Tobacco Survey
Resources**

**Centers for Disease Control and Prevention
Office on Smoking and Health
Epidemiology Branch**

Stacy Thorne, MPH, CHES
4770 Buford Hwy, MS K50
Atlanta, GA 30341
Phone: (770) 488-5366
Fax: (770) 488-5848

Centers for Disease Control and Prevention: Tobacco Information Page
<http://www.cdc.gov/tobacco>

Indian Health Service

Division of Epidemiology and Disease Prevention
5300 Homestead Rd, NE
Albuquerque, NM 87110
Phone: (505) 248-4132
<http://www.ihs.gov/medicalprograms/epi/index.cfm>

**Tobacco Education and Prevention Technical Support Center (TEPTS)
California Rural Indian Health Board (CRIHB)**

4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
Phone: (916) 929-9761
Fax: (916) 929-7246

**AI/AN National Network for Tobacco Prevention and Control
Michigan Inter-Tribal Council**

2956 Ashmun St.
Sault Ste. Marie, MI 49783
Phone: (906) 632-6896
Fax: (906) 635-4212

**Northern Plains Tobacco Prevention Project
Aberdeen Area Tribal Chairmen's Health Board**

1770 Rand Road
Rapid City, SD 57701
Phone: (605) 721-1922
Fax: (605) 721-1932

**Tobacco Prevention Program
Muscogee (Creek) Nation**

121 W. Broadway
Okemah, OK 74859
Phone: (918) 623-1189
Fax: (918) 623-2077

Northwest Portland Area Indian Health Board

527 SW Hall, Suite 300
Portland, Oregon 97201
Phone: (503) 228-4185
Fax: (503) 228-8182

Janis Weber, Ph.D.

JCW Research & Evaluation Group, Inc.

139 Roberta Rd.
Ormond Beach, FL 32176
Phone: (904) 612-0457
Fax: (386) 441-4593

Tribal Epidemiology Centers:

Navajo Tribal Epidemiology Center (NTEC)

PO Box 1390
Window Rock, AZ 86515
FedEx: Tribal Administration Bldg #2, Downstairs
Window Rock, AZ 86515
Phone: (928) 871-6254
Fax : (928) 871-6255

Northern Plains Tribal Epi Center (NPTEC)

Aberdeen Area Tribal Chairman Health Board

1770 Rand Road
Rapid City, SD 57702
Phone: (605) 721-1922
Fax: (605) 721-1932

Southern Plains Inter-Tribal Epidemiology Center (SPITEC)

PO Box 57377
Oklahoma City, OK 73157-7377
FedEx: 3625 NW 56th Street,
Oklahoma City, OK 73112-4559
Phone: (405) 951-6004 x104
Fax: (405) 951-3902

Urban Indian Health Institute (UIHI)

PO Box 3364
Seattle, WA 98114
FedEx: 1225 S Weller St., Suite 510,
Seattle WA 98144
Phone: (206) 812-3030
Fax: (206) 812-3044

United South and Eastern Tribes, Inc (USET TEC)

Tribal Epidemiology Center

711 Stewarts Ferry Pike, Suite 100

Nashville, TN 37214

Phone: (615) 872-7900

Fax: (615) 872-7417

Division of Epidemiology and Disease Prevention (DEDP)

National Office

5300 Homestead NE

Albuquerque, NM 87110

Phone: (505) 248-4132

Fax: (505) 248-4393

Alaska Native Tribal Epidemiology Center (ANTEC)

4000 Ambassador Drive-DCHS

Anchorage, AK 99508

Phone: (907) 729-2923

Fax: (907) 729-4569

Rocky Mountain Tribal Epidemiology Center (RMTEC)

M/W Tribal Leaders Council

222 N 32nd Street, Suite 401

Billings, MT 59101

Phone: (406) 252-2550

Fax: (406) 254-6355

Albuquerque Area Southwest (AASTEC)

Tribal Epidemiology Center

5015 Prospect Avenue NE

Albuquerque, NM 87110

Phone: (505) 764-0036

Fax: (505) 764-0446

Great Lakes Inter-Tribal Council (GLITC)

PO Box 9

Lac du Flambeau, WI 54538

FedEx: 2932 Hwy 47 North

Lac du Flambeau, WI 54538

Phone: (715) 588-3324

Fax: (715) 588-7900

Inter Tribal Council of Arizona, Inc. (ITCA)

Tribal Epidemiology Center

2214 N Central Ave, Suite 100

Phoenix, AZ 85004

Phone: (602) 258-4822

Fax: (602) 258-4825

Northwest Tribal Epidemiology Center (NWTEC)

Northwest Portland Area Indian Health Board

527 SW Hall, Suite 300

Portland, OR 97201

Phone (503) 228-4185

Fax (503) 228-8182

Direct Line: (503) 416-3283

California Tribal Epidemiology Center (CTEC)

California Rural Indian Health Board (CRIHB)

4400 Auburn Blvd., 2nd Floor

Sacramento, CA 95841

Phone: (916) 929-9761

Fax: (916) 929-7246

