

**Report on the
Asian American Youth Against
Tobacco (AAYAT™)
Adult Tobacco Survey**

**Presented to
Asian Services in Action (ASIA)
and the
Ohio Tobacco Use Prevention and
Control Foundation (TUPCF)**

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Executive Summary

The Asian American Youth Against Tobacco (AAYAT) Adult survey involved 1421 respondents, including members of the following ethnic groups: 436 Chinese, 252 Vietnamese, 236 Asian Indian, 182 Korean, 100 Filipino, 55 Japanese, 25 Laotian, 13 Hmong, 10 Cambodian, and 31 Other (including Biracial).

While 7.4% of our respondents are smokers (i.e., are currently smoking “every day” or “some days” and have smoked 100 times or more in their life), smoking prevalence varies according to sex and ethnic background of respondents. Approximately 14% of

Table of Contents

Acknowledgements.....	i
Executive Summary	ii
Table of Contents.....	iii
Figure Caption	v
List of Tables	vi
SECTION I. INTRODUCTION	1
SECTION II. METHOD.....	1
Questionnaire	1
Procedure	2
SECTION III. RESULTS AND DISCUSSION	2
Demographic Variables	2
Ethnic Background.....	2
Other Demographic Variables	3
Major Predictors of Smoking Prevalence	3
Ethnic Background and Sex.....	3
Marital Status	5
Other Factors Associated With Smoking Prevalence	5
Smoking Incidence Rate	6
Type of Smoking.....	7
Cigarette Addiction.....	7
Methods Used to Quit Smoking.....	7

Smokers' and Non-Smokers' Knowledge and Attitudes About Smoking.....	8
Knowledge About the Harmful Effects of Secondhand Smoke	8
Attitude About Smoking as a Means of Coping	8
Smokers' and Non-Smokers' Exposure to Secondhand Smoke	8
Smokers' and Non-Smokers' Views About Sanctions Against Smoking	9
Smoke-free Restaurants	9
Smoke-free Workplaces.....	9
Support for Other Clean Indoor Air Legislation.....	9
Appendix: Questionnaire Form.....	12

Figure Caption

Figure 1. Percentage of Male Smokers According to Ethnic Background.....5

List of Tables

Table 1. Percentages of Smokers According to Ethnic Background and Sex.	4
Table 2. Numbers and Mean Responses (1-10) Among Smokers and Non-Smokers on “Knowledge” and “Attitude” Questions	10
Table 3. Percent of Smokers and Non-Smokers Who Would Support Clean Indoor Air Legislation	11

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INTRODUCTION

The present survey was a major component of the Asian American Youth Against Tobacco (AAYAT) project during the 2004-2005 program year. This survey was designed to provide baseline information about the prevalence and extent of tobacco use and the knowledge, attitudes and perceptions regarding tobacco use among AAPI adults across five regions of Ohio, including the metropolitan areas of Akron, Cincinnati, Cleveland, Columbus, and Dayton.

To our knowledge, this is the first comprehensive survey of AAPI adults in the Midwest. We hope that information from this survey will assist educators, health practitioners, and community leaders in recognizing the nature and extent of the problem of tobacco use in these populations, thereby facilitating the development and continuation of effective tobacco control and cessation programs.

Asian Services in Action, Inc. (ASIA) contracted with Wright State University (WSU) to print questionnaire forms and to manage data collection with Ronald M. Katsuyama, Ph.D., to provide data analyses and interpretation of the results.

METHOD

Questionnaire

A copy of the English questionnaire used in this survey is contained in the Appendix (copies of the translated surveys are available through ASIA, Inc). As can be seen from inspection of this questionnaire, items 1 through 10 pertain to respondents' backgrounds.

Items 11 through 22 pertain to experiences with tobacco use and attempts, if any, to quit smoking. Items 23 through 26 ask about respondents' perceived need to smoke and their current motivation to quit smoking.

Items 27 (a through e) assess knowledge about the harmful effects of smoking, while items 28 through 33 assess respondents' exposure to secondhand smoke and their attitudes concerning regulations that would limit exposure to secondhand smoke.

Procedure

Questionnaires were distributed across ethnic, religious, and educational organizations or at community events (such as festivals, meetings, or seminars) in each of the following five regions: Akron (275 respondents), Cincinnati (238 respondents), Cleveland (540 respondents), Columbus (300 respondents), and Dayton (262 respondents).

Each organization that supported the survey administration was contracted for data collection. Individuals approached by direct collection were offered a \$5 gift certificate to a local retailer.

The survey was conducted between March 2004 and January 2005.

RESULTS AND DISCUSSION

Demographic Variables

Ethnic Background

A total of 1421 questionnaires were completed. These included adults affiliated with the following ethnicities: Asian Indian (17.4%), Cambodian (.7%), Chinese (33.5%), Filipino (7.4%), Hmong (1.0%), Japanese (4.0%), Korean (13.4%), Laotian (1.8%), Vietnamese (18.5%), and Other, including Biracial (2.3%).

Hmong and Vietnamese respondents reported the highest levels of identification (Means = 8.3 on a 0 to 10 scale). The mean identification ratings among Filipino (8.1), Asian Indian (8.0), Laotian (7.8), and Korean (7.6) respondents, while high, are slightly less than the first two groups. Chinese and Others (including biracial respondents) reported intermediate levels of identification (7.2 and 7.3, respectively), and Cambodian and Japanese reported the lowest levels (6.5 and 6.4).

The percent of conversations at home in English is not significantly related to ethnic or cultural identity. Not surprisingly, the percentage of English conversations at home is higher among American-born citizens (Mean = 78%) than among immigrants (Mean = 43%). Also, as would be expected, the percentage of English conversations at home among immigrants increases with number of years in the USA, $r(n=903) = .24, p < .001$.¹

¹ A Pearson r correlation coefficient can range from -1.00 to +1.00. Departures from "0" (which represents no relationship) represent increasingly strong relationships. The " p ," or probability, represents the likelihood that such results are due to random variability. For purposes of this report $p < .05$ indicates that an obtained difference is unlikely to be the result of such random variability and, therefore, is a statistically reliable finding.

Other Demographic Variables

There are more female (n = 776 or 54.9%) than male (n = 637 or 45.1%) respondents.²

The Mean age is 44.1 years (Median = 42 years). While 10.1% of respondents are native-born U.S. citizens, the remaining 89.9% are immigrants. Overall, only 2.4% of immigrants arrived in the USA as an infant (5 years of age or less). The Mean length of USA residence is 15.8 yrs.

While most respondents are married (71.3%), 17.6% never married, 4.0% are widowed, 3.5% are divorced, 2.5% are partners in an unmarried relationship, and 1.1% are separated.

Very few of the respondents (.8%) had never attended elementary school. Another 3.8% attended school between 1 and 8 years, 5.9% attended grades 9 to 11, 15.4% attended school through the 12th grade or had earned their G.E.D., 14.4% attended college for 1 to 3 years, and the remaining (majority of respondents) attended college for 4 or more years (59.7%).

Major Predictors of Smoking Prevalence

For purposes of this report, a respondent is classified as a “current smoker” if he or she reported smoking “every day” or “some days” and having smoked 100 times or more in his or her lifetime.³ According to this definition, approximately 7.4% of our respondents are smokers.

Ethnic Background and Sex

There are substantial differences in the percentages of smokers according to ethnic background and sex.⁴ Table 1 presents these results.

The overall smoking prevalence among male respondents is 14.4%. Figure 1 illustrates the male smoking prevalence rates according to ethnic background. Prevalence rates are highest among Vietnamese (27 of 119--23%) and Koreans (20 of 89--22%). Chinese (18 of 184--10%) and Asian Indian (10 of 122--8%) report lower rates.⁵

² A total of 8 respondents did not answer the item requesting sex and, therefore, responses from these individuals are omitted from analyses involving this variable. For purposes of this report, missing data due to absence of a response are not included in analyses, figures, and tables.

³ This definition of “current smoker” is the same as the definition used on the Behavioral Risk Factor Surveillance Survey (BRFSS).

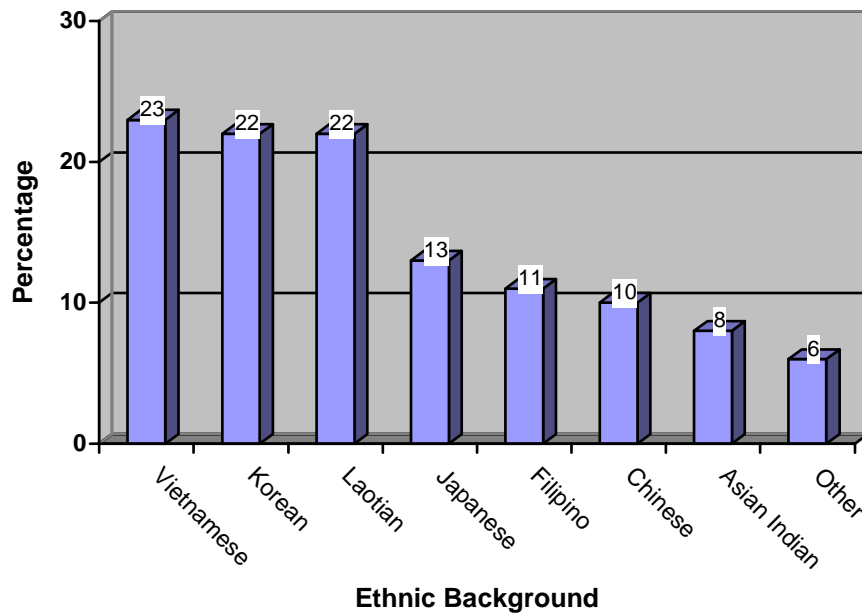
⁴ Combined across sex the smoking prevalence rates are higher among Korean (26 of 182--14%, $p < .001$) and Vietnamese (27 of 252--11%, $p < .05$) respondents than their counterparts from other Asian communities. A lower rate of smoking occurred among Chinese respondents (20 of 456--4%, $p < .01$). There are too few Cambodian (2 of 10—20%) and Hmong (2 of 13--15%) smokers to enable reliable estimates.

⁵ The smoking prevalence rates are higher among Vietnamese and Korean men than among their counterparts from other Asian communities, $ps < .01$ and $< .05$, respectively. In addition, Chinese and Asian Indians are less likely to smoke than their counterparts from other Asian communities, $ps < .05$. There are too few Cambodian (1 of 6) and Hmong (2 of 7) smokers to enable reliable estimates, and the

**Table 1. Percentages of Smokers
According to Ethnic Background and Sex.**

Ethnic Community	Males		Females		Total	
	N	%	N	%	N [‡]	%
Asian Indian	122	8	114	0.9	236	5
Cambodian	6	17*	4	25*	10	20*
Chinese (including Taiwanese)	184	10	271	0.7	456	4
Filipino	36	11	63	0	100	4
Hmong	7	29*	6	0*	13	15*
Japanese	15	13	39	5.1	55	7
Korean	89	22	92	6.5	182	14
Laotian	18	22	7	0*	25	16
Vietnamese	119	23	132	0	252	11
Other (including Multi-ethnic)	18	6	13	0	31	3
Total	573	14.4	656	1.7	1238	7.4

Figure 1. Percentage of Male Smokers According to Ethnic Background.



The overall smoking prevalence among females is 1.7%. The rates are relatively low across ethnic groups, including Korean (6 of 92—6.5%), Japanese (2 of 39—5.1%), Asian Indian (1 of 114—0.9%), Chinese (2 of 271—0.7%), Other, including biracial, (0 of 13—0%), Filipino (0 of 63—0%), and Vietnamese (0 of 132—0%).⁶ However, the smoking prevalence rate among Korean women is higher than the corresponding rate among their female counterparts from other Asian communities.

Marital Status

Smoking is more prevalent among respondents who are divorced (22%) or separated (20%) than among those who are married (6%) or who never married (10%).

Other Factors Associated With Smoking Prevalence

Smoking is less prevalent among males who have had 12 or more years of formal education (13%) than among their counterparts with less education (28%). No differences in smoking prevalence according to educational level were obtained among females.

Smoking is also more prevalent among males who report that less than 20% of their conversations at home are in English (26%) than among their counterparts who report that English is spoken in 20% or more of their conversations at home (10%). No such relationship was obtained among females.

⁶ This analysis yields a $p < .001$. There are too few Cambodian (1 of 4), Hmong (0 of 6), Laotian (0 of 7), and Other (0 of 13) smokers to enable reliable estimates.

Smoking prevalence is not related to the presence of children at home among males (16% with children and 13% without children are smokers). However, there is a slight, non-significant trend ($p = .09$) toward less smoking among women with children at home (1%) than among those without children (3%).

Among immigrants, smokers and non-smokers differ only slightly in age (means = 42 yrs. and 45 yrs. for smokers and non-smokers, respectively), and smokers have been in the USA for fewer years (mean = 13 yrs.) than have non-smokers (mean = 16 yrs.).

While male immigrants and non-immigrants have similar rates of smoking prevalence (15%), the corresponding difference between female immigrants and non-immigrants (4% and 1%, respectively) approaches, but does not attain, statistical significance ($p = .06$).

Finally, in comparison with non-smokers, smokers are more likely to have used smokeless tobacco (33% vs. 7%, $p < .001$), and more likely to be currently using smokeless tobacco (18% vs. 2%, $p < .001$).⁷

Current smoking status is not related to the age at which respondents had first smoked (Means = 18.9 and 18.5 years for smokers and non-smokers, respectively), nor is it related to the strength of ethnic identity⁸ (Means = 7.7 for both smokers and non-smokers).

Smoking Incidence Rate

The extent of smoking (i.e., smoking incidence rate) is ascertained from a combination of questions, “During the past 30 days, on how many days did you smoke?” and “During the past 30 days, on the days that you smoked, about how many cigarettes did you smoke per day?”

The Mean number of “smoking days” among smokers is 21.1 days. (Because 54% of smokers reported that they smoked on each of the past 30 days, the Median = 30 days.) On smoking days the Mean number of cigarettes smoked is 15.2 (Median = 10). A “smoking incidence score” was obtained for each smoker by multiplying the number of smoking days by the number of cigarettes per day. The Mean incidence score is 407 (Median = 280). (It should be noted that such scores are highly variable, ranging from 1 to 3069, with a standard deviation of 498.)

There are no significant differences in smoking incidence across ethnic groups.⁹

⁷ Only 9% of respondents reported ever having used smokeless tobacco. Among these, 15% currently use smokeless tobacco every day and 13% use it on some days. Among current users, 54% hope to stop within 6 months.

⁸ The failure to obtain a significant relationship between strength of cultural identity and smoking incidence could, in part, be attributed to the highly skewed distribution of identity scores. For example, 62% of the scores were 8, 9, or 10 on a 0-10 scale (with “0” representing an “extremely weak” ethnic or cultural identity and “10” representing an “extremely strong” identity).

⁹ Analyses of differences across ethnic groups, however, is relatively weak due to the high variability in incidence scores and because only 60% (91 of 152) of the smokers completed the two questions required for determination of smoking incidence.

Type of Smoking

We cannot determine from our data the percentage of smokers who smoke only cigarettes (and no other tobacco products). Thirteen percent of all respondents who report smoking use cigars ($n = 19$), and 10% of identifiable cigarette smokers also smoke cigars. Overall, fewer respondents use other tobacco products, i.e., pipes ($n = 4$), Swisher Sweets ($n = 2$), kreteks ($n = 5$), bidis ($n = 3$), and other products ($n = 15$). These small numbers preclude further statistical analyses.

Eight-four percent of all smokers reported their cigarette preferences. Among those reporting their preferred brand of cigarette, 51.5% favor Marlboro. Other brands include Camel (9.9%), Newport (4.0%), Virginia Slims (1.0%), Kool (3.0%), Lucky Strike (2.0%), American Spirit (2.0%), Winston (2.0%), GPC, Basic, or Doral (2.0%), Parliament (.0%), and other brands (9.9%).

While, 17% of cigarette smokers usually smoke menthol cigarettes, such flavoring is more popular among females than males (44% vs. 14%).

Cigarette Addiction

Among 105 smokers, 59% report daily smoking and 60% indicate addictive symptoms (i.e., need a cigarette within 3 hours since last smoking or usually smoke within 2 hours of waking on a Saturday or Sunday). Those who are not addicted report a greater likelihood that they will quit smoking within the next 30 days than those who report addictive symptoms (Means = 25% vs. 38%, $p < .05$).¹⁰

A total of 82% of current smokers had unsuccessfully tried to quit. However, those who had tried to quit reported a greater likelihood of being able to quit within the next year (53%) than those who had never tried to quit (29%), $p = .01$.¹¹ Interestingly, those who reported having tried to quit smoking did not report more addictive symptoms than those who had not tried to quit, nor is smoking incidence significantly different between these groups (Means = 406 and 408, respectively).

Methods Used to Quit Smoking

Among those who answered the single question about their smoking status (Question #15 on our questionnaire forms), a total of 152 respondents (11.8%) reported having successfully quit smoking. (The same number reported smoking “every day” ($n = 82$; 6.4%) or “some days” ($n = 70$; 5.5%). Most ($n = 980$; 76.3%) reported that they “never smoked.”)

¹⁰ While not statistically significant non-addicted smokers, in comparison with their addicted counterparts, report a slightly greater likelihood of quitting within the next 60 days (Means = 40% and 31%) and within the next year (Means = 50% and 44%).

¹¹ The reported likelihood of quitting within the next 30 days does not differ between those who have tried to quit and those who have not (Means = 34% and 25%, respectively). However, the difference between these two groups in their reported likelihood of quitting within the next 60 days approaches statistical significance (Means = 41% and 23%, $p = .07$).

“Cold turkey,” used by 57% of those who quit smoking is, by far, the most common of the successful methods. Other successfully used methods include exercise (7%), individual counseling (7%), use of nicotine patches (5%), use of nicotine gum (3%), and meditation (2%). Other methods (inhaling less, hypnosis, switching to “light,” and group classes) were used by 1% or fewer of the former smokers.

Among the methods that current smokers had unsuccessfully employed in attempts to quit smoking are “cold turkey” (35%), use of nicotine patches (14%), switching to “light” (12%), use of nicotine gum (11%), exercise (8%), inhaling less (6%), meditation (5%), individual counseling (3%), hypnosis (3%), and group classes (1%).

Upon comparison of the relative frequencies of success associated with the various methods for smoking cessation, it appears that exercise and individual counseling are the most helpful alternatives to quitting by going “cold turkey,” while switching to “light” has minimal benefits.

Smokers’ and Non-Smokers’ Knowledge and Attitudes About Smoking

Knowledge About the Harmful Effects of Secondhand Smoke

A set of four questions was developed to assess respondents’ knowledge about the harmful effects of secondhand smoke. Table 2 reports the average response (i.e., the “agreement” rating on a scale of 1-10) to each question for respondents in the following groups: (1) those who never smoked, (2) those who quit smoking, (3) smokers¹² who tried unsuccessfully to quit, and (4) smokers who never tried to quit.¹³

As can be seen from inspection of Table 2, agreement with statements pertaining to the harmful effects of secondhand smoke is consistently related with the smoking experiences of respondents. That is, those who never smoked most strongly endorse each statement and smokers who never tried to quit report the least agreement with each statement.

Attitude About Smoking as a Means of Coping

Another item assessed respondents’ beliefs that smoking has the benefit of helping people cope with frustration and stress. Table 2 also presents the average rating of agreement with this statement for each of the four above-mentioned groups. Respondents who never smoked report less agreement that smoking can help one cope with frustration and stress than do smokers who have attempted to quit.

Smokers’ and Non-Smokers’ Exposure to Secondhand Smoke

When dining out, more non-smokers usually ask for seating in a nonsmoking section (94% of those who never smoked and 90% of those who quit smoking) than smokers (56% of those who never tried to quit and 49% of those who had tried to quit).

¹² For purposes of these analyses smokers are those who reported having smoked one or more times in the past 30 days

¹³ Male and female respondents do not differ significantly on their respective answers to any of the four knowledge questions or the attitude question and, therefore, the groups are combined across sex.

Not surprisingly, smoking occurred in the homes of more smokers (39%) than non-smokers (9%). Similarly, more smokers than non-smokers were exposed to secondhand smoke inside a car (42% and 10%). Overall, 53% of smokers and 15% of non-smokers were exposed to secondhand smoke at home or in a car.

Smokers' and Non-Smokers' Views About Sanctions Against Smoking

Smoke-free Restaurants

Ninety-two percent of non-smokers would “Definitely” (78.2%) or “Probably” (14.0%) support a law prohibiting smoking in restaurants. In contrast, only 59% of smokers would “Definitely” (38.4%) or “Probably” (20.5%) support such a law.

Smoke-free Workplaces

Over 94% of non-smokers would “Definitely” (81.9%) or “Probably” (12.6%) support a law prohibiting smoking in restaurants, while only 66% of smokers would “Definitely” (41.6%) or “Probably” (24.2%) support such a law.

Clearly, a large majority of Asian adults would support legislation that prohibits smoking in restaurants. If respondents were to vote according to their current sentiments, an overwhelming majority (89%) would support a ban against restaurant smoking. Only 6% would be against such a ban, and 5% would be undecided. Similarly, 91% would support prohibiting smoking in workplaces, with 5% against such a ban and 4% undecided.

Support for Other Clean Indoor Air Legislations

Table 3 presents the percent of smokers and non-smokers who would support a ban against smoking in (1) public buildings, (2) restaurant dining areas, (3) bars and cocktail lounges, (4) indoor sporting events and concerts, and (5) daycare centers. As can be seen from inspection of this table, a large majority of both smokers and non-smokers would be in favor of prohibiting smoking in such places. At least two-thirds of smokers and 85% of non-smokers would support some restriction of smoking in such public places.

Table 2. Numbers and Mean Responses (1-10) Among Smokers and Non-Smokers on “Knowledge” and “Attitude” Questions.

“Knowledge” Questions	Current Smoker		Current Smoker Tried to Quit		Former Smoker		Never Smoked	
	N	Mean	N	Mean	N	Mean	N	Mean
Secondhand smoke is harmful to the health of non-smokers.	33	6.94***	113	7.88***	144	8.51**	915	9.18
Secondhand smoke can increase the likelihood of a child developing asthma or other respiratory diseases.	33	7.06***	112	7.90***	144	8.49*	909	9.08
Secondhand smoke can cause lung cancer in non-smokers.	33	7.12*	113	7.53***	141	8.33	905	8.94
Secondhand smoke increases the chance that a baby will die of sudden infant death syndrome.	31	6.61**	111	7.35**	139	7.48**	901	8.38
“Knowledge” Questions	Current Smoker		Current Smoker Tried to Quit		Former Smoker		Never Smoked	
	N	Mean	N	Mean	N	Mean	N	Mean
Smoking helps people cope better with frustration and stress.	33	6.30	112	6.72***	143	5.06	903	4.83

Note: An asterisk (*) indicates a statistically significant difference between the ratings obtained from those in the group named by the column heading and those who never smoked; * = $p < .05$, ** = $p < .01$, *** = $p < .001$.

Table 3. Percent of Smokers and Non-Smokers Who Would Support Clean Indoor Air Legislation.

Area	Smokers	Non-Smokers	Total
Public Buildings	83.2%** (n = 143)	91.5% (n = 1050)	90.5%
Restaurant Dining Areas	82.9%** (n = 140)	90.2% (n = 1051)	89.3%
Bars and Cocktail Lounges	74.5%*** (n = 141)	90.0% (n = 1034)	88.2%
Indoor Sporting Events and Concerts	82.9%‡ (n = 140)	87.9% (n = 1045)	87.3%
Daycare Centers	68.6%*** (n = 140)	85.8% (n = 1049)	83.8%

The following symbols designate different levels of statistical significance: ‡.05 < p < .10; ** p < .01; ***p < .001

Appendix

Asian American Adult Tobacco Survey (AATS)

Your participation in this survey is completely voluntary, and you are free to terminate your participation in this study at any time. If you have any questions about this research, you may call **Cheryl Owens**, Project Director, at (513) 319-8218 or **Asian Services in Action, Inc.**, (330) 535-3263.

1. Zip Code

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

2. Are you:

- Male
 Female

3. Are you?

- Married
 Divorced
 Widowed
 Separated
 Never Married
 A member of an unmarried couple

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

Correct: ● Incorrect: ☒ ☓ ○ ⊖ ⊙

4. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten.
 Grades 1 through 8 (Elementary)
 Grades 9 through 11 (Some high school)
 Grade 12 or GED (High school graduate)
 College 1-3 years (Some College or technical school)
 College 4 years or more

5. What is your age?

Ex: 30 years old
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

6. Were you born in the USA?

Yes If NO, how many years have you lived in the USA?
 No Ex: 26 years
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

7. Please indicate the ethnic/cultural background.

- Asian Indian Hmong Laotian
 Cambodian Japanese Filipino
 Chinese Korean Vietnamese
- Other Please specify: _____

8. How strongly do you identify with your ethnic or cultural background?

Extremely Extremely
 <--Weak Strong -->
 0 1 2 3 4 5 6 7 8 9 10

9. What percent of your conversations at home are in English?

<--Zero 100% -->
 0 10 20 30 40 50 60 70 80 90 100

PLEASE DO NOT WRITE IN THIS AREA

29285

10. How many children live in your home?

0 1 2 3 4 5 6 7 8 9 >

11. Have you ever used or tried chewing tobacco, chew, spit, rub, snuff, pinch, dip, twist or plug?

Yes
 No

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

Every day
 Some days
 Not at all (**SKIP** to Question #14)

13. Are you seriously considering stopping using chew tobacco/snuff/dip within the next six months?

Yes
 No

14. Have you smoked at least 100 times in your entire life?

Yes
 No

15. Do you smoke?

Yes, every day
 Yes, some days

No, I quit smoking
 No, I never smoked (**SKIP** to Question #27)

16. If you have ever tried or have quit smoking, what method(s) did you use?

Cold turkey
 Hypnosis
 Nicotine gum

Nicotine patch
 Switching to "light"
 Inhaling less

Medication
 Exercise
 Group class

Individual counseling
 Other

Please specify: _____

If you are currently a nonsmoker, skip to Question #27.

17. If you smoke cigarettes, what brand do you usually smoke?

American Spirit
 Camel
 GPC, Basic or Doral

Kool
 Lucky Strike
 Marlboro

Newport
 Parliament
 Virginia Slim

Winston
 Other

Please specify: _____

18. Do you usually smoke menthol cigarettes?

Yes
 No

19. What other smoked tobacco products have you used in the past 30 days?

28. If given a choice when dining out, where do you usually request a table?

- Nonsmoking section
- Smoking section
- Whatever is available
- Not applicable

29. During the past "7" days, on how many days did someone smoke anywhere inside your home?

0 1 2 3 4 5 6 7

30. During the past "7" days, on how many days were you inside a car with someone who was smoking?

0 1 2 3 4 5 6 7

31. Some cities and towns are considering laws that would make restaurants smoke-free; that is eliminate all tobacco smoke from restaurants. Would you support such a law in your community?

- Yes, definitely
- Yes, probably
- Undecided
- No, probably not
- No, definitely not

32. Would you support laws that would make workplaces smoke-free?

- Yes, definitely
- Yes, probably
- Undecided
- No, probably not
- No, definitely not

33. For the following places please indicate where you think smoking should not be allowed:

	All Areas	Some Areas	Not at all
Buildings open to the public	1	2	3
Indoor dining areas of restaurants	1	2	3
Bars and cocktail lounges	1	2	3
Indoor sporting events and concerts	1	2	3
Daycare centers	1	2	3

Thank you for you participation in this survey!

This survey is funded by the Ohio Tobacco Use Prevention and Control Foundation and in part by the Robert Wood Johnson Foundation.