

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

**Table of Contents**

|                                   |    |
|-----------------------------------|----|
| Household Smoking (HS) .....      | 2  |
| Person Age (PA).....              | 3  |
| Smoking Status (SS) .....         | 4  |
| Past Smoking (PS) .....           | 5  |
| Weekly Pattern (WP) .....         | 6  |
| Smoking Behaviour (SB) .....      | 7  |
| Cigarette Brand (CB) .....        | 8  |
| Smoking Cessation (SC) .....      | 9  |
| Cessation Methods (CM).....       | 12 |
| Other Cessation Methods (OM)..... | 13 |
| Health Professionals (HP) .....   | 15 |
| Smoking and Pregnancy (SP) .....  | 16 |
| Tobacco Products (TP).....        | 17 |
| Opinions on Smoking (OS).....     | 19 |
| Language and Education (LA).....  | 19 |
| Labour Force (LF).....            | 20 |
| Student Income (SI).....          | 21 |
| Postal Code (PC).....             | 22 |
| Marijuana Use (MU).....           | 23 |

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

**Notes:**

- 1 Question text in **Bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word 'INTERVIEWER', and are not read aloud.
- 2 Unless otherwise specified, flow goes to the next question.
- 3 The options Don't Know (DK) and Refusal (RF) are allowed on every question except for "Other - Specify". However, the response categories are shown in this document only when the flow from these responses is not to the next question.
- 4 The survey introduction, household roster and demographics are part of the Entry/Exit block.

**Section: Household Smoking (HS)**

HS\_BEG Beginning of Section

Note: This block requires number of people in the household (HHSIZE).

HS\_Q10 **^DoAnyE smoke cigarettes?**

- 1 Yes
- 2 No

Note: If HHSIZE=1, then ^DoAnyE = "Do you"  
Otherwise, ^DoAnyE = "Does anyone in your household"

HS\_Q20 **How many people smoke cigarettes inside your home every day or almost every day? Include all family members and visitors.**

\_\_\_ (2 spaces) [Min: 0 Max: 15]

HS\_C30 If HS\_Q20=0 or HS\_Q20=DK or HS\_Q20=RF, go to HS\_Q40  
Otherwise, go to HS\_Q30

HS\_Q30 **On a typical day, how many cigarettes are smoked inside your home?**

- 1 1 to 10 cigarettes
- 2 11 to 20 cigarettes
- 3 21 to 30 cigarettes
- 4 31 to 40 cigarettes
- 5 41 or more cigarettes

Default: (Go to HS\_Q50)

HS\_Q40 **Is smoking cigarettes allowed inside your home?**

- 1 Yes
- 2 No (Go to HS\_END)  
DK, RF (Go to HS\_END)

HS\_Q50 **Is smoking cigarettes inside your home restricted in any way?**

- 1 Yes
- 2 No (Go to HS\_END)  
DK, RF (Go to HS\_END)

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

HS\_Q60      **How is smoking cigarettes restricted inside your home?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1      **Allowed in certain rooms only**
- 2      **Restricted in the presence of young children**
- 3      **Allowed only if windows are open or with other type of ventilation**
- 4      **Other restriction(s)**

HS\_END      End of Section

**Section:      Person Age (PA)**

PA\_BEG      Beginning of Section

Notes:      This block requires roster age.  
A header consisting of the name, sex and the age of the selected person should be displayed at the top of the screen. For example:

Household Respondent: John  
Gender: Male  
Age: 25

PA\_Q01      For statistical purposes only, may we confirm your age, as of today?

\_\_\_\_ (3 spaces)      [Min: 0 Max: 130]  
DK, RF      (Go to PA\_C01)

PA\_C01      AGE=PA\_Q01. If PA\_Q01 is DK or RF then AGE=ANDB\_Q01 (Roster Age), go to PA\_C02  
Otherwise, go to PA\_E01

PA\_E01      The respondent's age is different from roster age. Please verify age entered in PA\_Q01.

Note:      Trigger soft edit if PA\_Q01 is a response equal to or greater than 15 years and the entered age is different by more than three (3) years from the roster age. Pop up a soft edit with the following text: 'The respondent's age is different from roster age. Please verify age entered in PA\_Q01'. Select <Suppress> to accept the answer and continue or <Goto> to return and correct.  
Question involved: PA\_Q01.

PA\_E02      The respondent's age is less than 15. Please verify age entered in PA\_Q01. If the respondent is less than 15, a CTUMS Questionnaire will not be completed. Enter <X> to accept the answer and continue or return to PA\_Q01 and correct.

Note:      Trigger soft edit if PA\_Q01 is equal to a response <15 years. Pop up a soft edit with the following text: 'The respondent's age is less than 15. Please verify age entered in PA\_Q01. If the respondent is less than 15, a CTUMS Questionnaire will not be completed.' Select <Suppress> to accept the answer and continue or <Goto> to return and correct.  
Question involved: PA\_Q01.

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

|                 |                                                                                                                                                                                                                                                                                                       |                |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| PA_C02          | If the respondent's age is <15, go to End of person roster. If SEL=1, go to Thank You 3 and End of Interview. The outcome code will be auto coded. If SEL=2, go to start PMSR.                                                                                                                        |                |
| PA_END          | End of Section                                                                                                                                                                                                                                                                                        |                |
| <b>Section:</b> | <b>Smoking Status (SS)</b>                                                                                                                                                                                                                                                                            |                |
| SS_BEG          | Beginning of Section                                                                                                                                                                                                                                                                                  |                |
| SS_R10          | <b>I am going to start with questions about cigarette smoking. Include cigarettes that are bought ready-made as well as cigarettes that you make yourself.</b>                                                                                                                                        |                |
|                 | <u>INTERVIEWER:</u> Press <Enter> to continue.                                                                                                                                                                                                                                                        |                |
| SS_Q10          | <b>At the present time, do you smoke cigarettes every day, occasionally or not at all?</b>                                                                                                                                                                                                            |                |
| 1               | Every day                                                                                                                                                                                                                                                                                             | (Go to SS_C30) |
| 2               | Occasionally                                                                                                                                                                                                                                                                                          |                |
| 3               | Not at all                                                                                                                                                                                                                                                                                            |                |
| SS_Q20          | <b>In the past 30 days, did you smoke any cigarettes?</b>                                                                                                                                                                                                                                             |                |
| 1               | Yes                                                                                                                                                                                                                                                                                                   |                |
| 2               | No                                                                                                                                                                                                                                                                                                    |                |
| SS_E20          | Potentially inconsistent answers have been entered. Please confirm.                                                                                                                                                                                                                                   |                |
| Note:           | Trigger soft edit if (SS_Q10=3 (Not at all)) and (SS_Q20=1(Yes)).                                                                                                                                                                                                                                     |                |
| SS_C30          | If SS_Q10=1 (Daily smoker) or SS_Q20=1 (Smoked in past 30 days), go to SS_Q30<br>Otherwise, go to SS_Q40                                                                                                                                                                                              |                |
| SS_Q30          | <b>During the past 30 days, did you smoke every day?</b>                                                                                                                                                                                                                                              |                |
| 1               | Yes                                                                                                                                                                                                                                                                                                   |                |
| 2               | No                                                                                                                                                                                                                                                                                                    |                |
| SS_Q40          | <b>Have you smoked at least 100 cigarettes in your life?</b>                                                                                                                                                                                                                                          |                |
| 1               | Yes                                                                                                                                                                                                                                                                                                   |                |
| 2               | No                                                                                                                                                                                                                                                                                                    |                |
| SS_D40          | Create variable SS_Stat                                                                                                                                                                                                                                                                               |                |
|                 | If SS_Q10 = 1, then SS_Stat = 1 (Daily smoker)<br>Else, if SS_Q10 = 2, then SS_Stat = 2 (Occasional smoker)<br>Else, if SS_Q10 = 3 and SS_Q40 = 1, then SS_Stat = 3 (Former smoker)<br>Else, if SS_Q10 = 3 and SS_Q40 = 2, then SS_Stat = 4 (Never smoked)<br>Otherwise, SS_Stat = 5 (Not determined) |                |
| SS_END          | End of Section                                                                                                                                                                                                                                                                                        |                |

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

**Section: Past Smoking (PS)**

PS\_BEG Beginning of Section

Note: This block requires SS\_Stat and PA\_Q01. AGE=PA\_Q01. If PA\_Q01 is DK or RF then AGE=ANDB\_Q01 (Roster Age).

PS\_C10 If SS\_Stat = 4 (Never smoked), go to PS\_Q10  
Otherwise, go to PS\_C20

PS\_Q10 **Have you ever smoked a whole cigarette?**

1 Yes  
2 No

PS\_C20 If SS\_Stat = 2 (Occasional) or SS\_Stat = 3 (Former), go to PS\_Q20  
Otherwise, go to PS\_C30

PS\_Q20 **Have you ever smoked cigarettes daily?**

1 Yes  
2 No

PS\_C30 If SS\_Stat = 1 (Daily) or SS\_Stat = 2 (Occasional) or SS\_Stat = 3 (Former) or  
PS\_Q10 = 1 (Yes), go to PS\_Q30  
Otherwise, go to PS\_END

PS\_Q30 **At what age did you smoke your first cigarette?**

\_\_\_ (2 spaces) [Min: 04 Max: 94]

PS\_E30 The age in PS\_Q30 should not be greater than age of respondent. Please confirm.

Note: Trigger soft edit if PS\_Q30>AGE of respondent.  
Questions Involved: PS\_Q30 and PA\_Q01. AGE=PA\_Q01. If PA\_Q01 is DK or RF then AGE=ANDB\_Q01 (Roster Age).

PS\_C40 If SS\_Stat = 1 (Daily) or PS\_Q20 = 1 (Yes), go to PS\_Q40  
Otherwise, go to PS\_END

PS\_Q40 **At what age did you begin to smoke cigarettes daily?**

\_\_\_ (2 spaces) [Min: 04 Max: 94]

PS\_E40A The age in PS\_Q40 should not be greater than age of respondent. Please confirm.

Note: Trigger soft edit if PS\_Q40>AGE of respondent.  
Questions Involved: PS\_Q40 and PA\_Q01. AGE=PA\_Q01. If PA\_Q01 is DK or RF then AGE=ANDB\_Q01 (Roster Age).

PS\_E40B The age in PS\_Q40 should not be less than the age given in PS\_Q30. Please confirm.

Note: Trigger soft edit if PS\_Q40<PS\_Q30.  
Questions Involved: PS\_Q30 and PS\_Q40.

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

PS\_END      End of Section

**Section:      Weekly Pattern (WP)**

WP\_BEG      Beginning of Section

Note:      This block requires SS\_Stat and SS\_Q20.

WP\_C010      If SS\_Stat=1 (Daily) or SS\_Q20=1 (Smoked in past 30 days), go to WP\_D10  
Otherwise, go to WP\_END

WP\_D010      Create variables to fill day of week in WP\_Q10A to WP\_Q10G: For example, if today is  
Monday, then Day1 = yesterday (Sunday), Day2 = Saturday, Day3 = Friday, etc.

WP\_Q10A      **Some people smoke more or less depending upon the day of the week.  
So, thinking back over the past 7 days, starting with yesterday, how many  
cigarettes did you smoke:**

... yesterday (^Day1)?

\_\_ (2 spaces)      [Min: 0 Max: 90]  
DK, RF      (Go to WP\_END)

WP\_Q10B      ... on ^Day2?

INTERVIEWER: If same amount every day, please enter 91.

\_\_ (2 spaces)      [Min: 0 Max: 91]  
91, DK, RF      (Go to WP\_END)

WP\_Q10C      ... on ^Day3?

INTERVIEWER: If same amount every day, please enter 91.

\_\_ (2 spaces)      [Min: 0 Max: 91]  
91, DK, RF      (Go to WP\_END)

WP\_Q10D      ... on ^Day4?

INTERVIEWER: If same amount every day, please enter 91.

\_\_ (2 spaces)      [Min: 0 Max: 91]  
91, DK, RF      (Go to WP\_END)

WP\_Q10E      ... on ^Day5?

INTERVIEWER: If same amount every day, please enter 91.

\_\_ (2 spaces)      [Min: 0 Max: 91]  
91, DK, RF      (Go to WP\_END)



**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

SB\_Q40      ... you believe they reduce the amount of tar you inhale, compared to regular cigarettes?

- 1            Yes
- 2            No

SB\_Q50      ... you believe they reduce the risk to your health, compared to regular cigarettes?

- 1            Yes
- 2            No

SB\_END      End of Section

**Section:      Cigarette Brand (CB)**

CB\_BEG      Beginning of Section

Note:            This block requires SS\_Stat.

CB\_C10      If SS\_Stat=1 (Daily) or if SS\_Stat=2 (Occasional), go to CB\_Q10  
Otherwise, go to CB\_END





**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

SC\_Q010      **When did you stop smoking?**

INTERVIEWER: Read categories to respondent.

- |   |                              |                 |
|---|------------------------------|-----------------|
| 1 | <b>Less than 1 year ago</b>  |                 |
| 2 | <b>1 to 2 years ago</b>      | (Go to SC_Q040) |
| 3 | <b>3 to 5 years ago</b>      | (Go to SC_Q040) |
| 4 | <b>More than 5 years ago</b> | (Go to SC_Q040) |
|   | DK, RF                       | (Go to SC_Q040) |

SC\_Q020      **In what month did you stop smoking?**

INTERVIEWER: Select the month.

- |    |          |    |           |
|----|----------|----|-----------|
| 01 | January  | 07 | July      |
| 02 | February | 08 | August    |
| 03 | March    | 09 | September |
| 04 | April    | 10 | October   |
| 05 | May      | 11 | November  |
| 06 | June     | 12 | December  |

SC\_Q030      **What was your main reason to quit smoking?**

INTERVIEWER: Read categories to respondent.

- |   |                                             |                 |
|---|---------------------------------------------|-----------------|
| 1 | <b>Health</b>                               |                 |
| 2 | <b>Pregnancy or a baby in the household</b> |                 |
| 3 | <b>Less stress in life</b>                  |                 |
| 4 | <b>Cost of cigarettes</b>                   |                 |
| 5 | <b>Smoking is less socially acceptable</b>  |                 |
| 6 | Some other reason                           | (Go to SC_S030) |

Default:      (Go to SC\_Q040)

SC\_S030      What was your main reason to quit smoking?

INTERVIEWER: Specify.

\_\_\_\_\_ (80 spaces)

SC\_Q040      **How many attempts to quit did you make, approximately, before you quit smoking for good?**

\_\_\_ (2 spaces)      [Min: 01 Max: 94]

SC\_Q050      **On average, how many cigarettes were you smoking per day at the time you quit?**

\_\_\_ (2 spaces)      [Min: 01 Max: 94]

SC\_C060      If SS\_Stat=1 (Daily) or SS\_Stat=2 (Occasional), go to SC\_Q060  
Otherwise, go to SC\_C080

|         |                                                                                                                                                                       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SC_Q060 | <b>Are you seriously considering quitting within the next 6 months?</b>                                                                                               |
| 1       | Yes                                                                                                                                                                   |
| 2       | No (Go to SC_C080)                                                                                                                                                    |
|         | DK, RF (Go to SC_C080)                                                                                                                                                |
| SC_Q070 | <b>Are you seriously considering quitting within the next 30 days?</b>                                                                                                |
| 1       | Yes                                                                                                                                                                   |
| 2       | No                                                                                                                                                                    |
| SC_C080 | If SS_Stat=1 (Daily) or SS_Stat=2 (Occasional) or SC_Q010=1 (Former smokers who quit in the past year), go to SC_Q080<br>Otherwise, go to SC_END                      |
| SC_Q080 | <b>In the past year, how many times did you stop smoking for at least 24 hours because you were trying to quit?</b>                                                   |
|         | ___ (2 spaces) [Min: 0 Max: 94]                                                                                                                                       |
| SC_C090 | If SC_Q080=0, DK or RF, go to SC_END<br>Otherwise, go to SC_Q090                                                                                                      |
| SC_Q090 | <b>How many of these attempts lasted at least 1 week?</b>                                                                                                             |
|         | ___ (2 spaces) [Min: 0 Max: 52]                                                                                                                                       |
| SC_E090 | <b>The number of attempts which lasted longer than 1 week cannot be greater than the number of times you stopped smoking for 24 hours. Please return and correct.</b> |
| Note:   | Trigger hard edit if SC_Q090 is greater than SC_Q080.                                                                                                                 |
| SC_C100 | If (SS_Stat=1 (Daily) or SS_Stat=2 (Occasional)) and SC_Q080 > 0, go to SC_Q100<br>Otherwise, go to SC_END                                                            |
| SC_Q100 | <b>What was the main reason you began to smoke again?</b>                                                                                                             |
| 1       | To control body weight                                                                                                                                                |
| 2       | Stress, need to relax or to calm down                                                                                                                                 |
| 3       | Boredom                                                                                                                                                               |
| 4       | Addiction / habit                                                                                                                                                     |
| 5       | Lack of support or information                                                                                                                                        |
| 6       | Going out more (bars, parties)                                                                                                                                        |
| 7       | Increased availability                                                                                                                                                |
| 8       | No reason / felt like it                                                                                                                                              |
| 9       | Family or friends smoke                                                                                                                                               |
| 10      | Other                                                                                                                                                                 |
| SC_END  | End of Section                                                                                                                                                        |

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

**Section: Cessation Methods (CM)**

CM\_BEG Beginning of Section

Note: This block requires SS\_Stat and SC\_Q010.

CM\_C10 If SS\_Stat=1 (Daily) or SS\_Stat=2 (Occasional), go to CM\_Q10  
Else if SS\_Stat=3 (Former) and (SC\_Q010=1 or SC\_Q010=2), go to CM\_R20  
Otherwise, go to CM\_END

CM\_Q10 **Have you tried to quit smoking in the past 2 years?**

- 1 Yes
- 2 No (Go to CM\_END)  
DK, RF (Go to CM\_END)

CM\_R20 **Now, I am going to ask you about methods you might have used to quit smoking in the past 2 years.**

INTERVIEWER: Press <Enter> to continue.

CM\_Q20 **In the past 2 years, did you use a nicotine patch?**

- 1 Yes
- 2 No (Go to CM\_Q40)  
DK, RF (Go to CM\_Q40)

CM\_Q30 **Was this useful in helping you quit?**

- 1 Yes
- 2 No

CM\_Q40 **In the past 2 years, did you use nicotine gum such as "Nicorette"?**

- 1 Yes
- 2 No (Go to CM\_Q60)  
DK, RF (Go to CM\_Q60)

CM\_Q50 **Was this useful in helping you quit?**

- 1 Yes
- 2 No

CM\_Q60 **In the past 2 years, did you use a product such as "Zyban"?**

- 1 Yes
- 2 No (Go to CM\_C80)  
DK, RF (Go to CM\_C80)

CM\_Q70 **Was this useful in helping you quit?**

- 1 Yes
- 2 No

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

CM\_C80      If CM\_Q20=2 and CM\_Q40=2 and CM\_Q60=2 (did not use patch, gum, or a product like Zyban), go to CM\_Q80  
Otherwise, go to CM\_END

CM\_Q80      **What were your reasons for not using either a patch, nicotine gum or a product such as "Zyban" to help you quit smoking?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1      **You were concerned about possible side effects**
- 2      **You didn't believe these products work**
- 3      **You didn't have enough information about these products**
- 4      **They cost too much**
- 5      **Some other reason**

CM\_END      End of Section

**Section:      Other Cessation Methods (OM)**

OM\_BEG      Beginning of Section

Note:      This block requires SS\_Stat, SC\_Q10, CM\_Q10, CM\_Q20, CM\_Q40 and CM\_Q60.

OM\_C010      If (((SS\_Stat=1 (Daily) or SS\_Stat=2 (Occasional)) and CM\_Q10 = 1) or (SS\_Stat=3 (Former) and ((SC\_Q010 = 1 or SC\_Q10 = 2) (former smoker quit in last 2 years))), go to OM\_Q010  
Otherwise, go to OM\_END

OM\_Q010      **Did you use hypnosis or acupuncture?**

- 1      Yes
- 2      No      (Go to OM\_Q030)
- DK, RF      (Go to OM\_Q030)

OM\_Q020      **Was this useful in helping you quit?**

- 1      Yes
- 2      No

OM\_Q030      **Did you make a deal with a friend or family member to quit smoking together?**

- 1      Yes
- 2      No      (Go to OM\_Q050)
- DK, RF      (Go to OM\_Q050)

OM\_Q040      **Was this useful in helping you quit?**

- 1      Yes
- 2      No

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

OM\_Q050      **In the past 2 years, did you take part in a quit smoking contest?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to OM_Q070) |
|   | DK, RF | (Go to OM_Q070) |

OM\_Q060      **Was this useful in helping you quit?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

OM\_Q070      **Did you reduce the number of cigarettes you smoked as a strategy to quit?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to OM_Q090) |
|   | DK, RF | (Go to OM_Q090) |

OM\_Q080      **Was this useful in helping you quit?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

OM\_Q090      **Did you use a 1-800 quit smoking phone line?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to OM_Q110) |
|   | DK, RF | (Go to OM_Q110) |

OM\_Q100      **Was this useful in helping you quit?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

OM\_Q110      **Did you use an internet web-site program to quit smoking?**

- |   |        |                 |
|---|--------|-----------------|
| 1 | Yes    |                 |
| 2 | No     | (Go to OM_C130) |
|   | DK, RF | (Go to OM_C130) |

OM\_Q120      **Was this useful in helping you quit?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

OM\_C130      If (CM\_Q20=2 and CM\_Q40=2 and CM\_Q60=2 and OM\_Q010=2 and OM\_Q030=2 and OM\_Q050=2 and OM\_Q070=2 and OM\_Q090=2 and OM\_Q110=2) (did not use any of the methods), go to OM\_Q130  
Otherwise, go to OM\_END

OM\_Q130      **Did you try to quit smoking on your own without special preparation or help?**

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

OM\_END      End of Section

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

**Section: Health Professionals (HP)**

HP\_BEG Beginning of Section

Note: This block requires SS\_Stat.

HP\_C010 If SS\_Stat=1 (Daily) or SS\_Stat=2 (Occasional), go to HP\_R010  
Otherwise, go to HP\_END

HP\_R010 **Now, I'd like to ask you about your visits with health professionals.**

INTERVIEWER: Press <Enter> to continue.

HP\_Q010 **In the past 12 months, did you see a doctor?**

- 1 Yes
- 2 No (Go to HP\_Q040)  
DK, RF (Go to HP\_Q040)

HP\_Q020 **Did the doctor advise you to reduce or quit smoking?**

- 1 Yes
- 2 No (Go to HP\_Q040)  
DK, RF (Go to HP\_Q040)

HP\_Q030 **Did the doctor provide you with information on quit smoking aids such as the patch, a product like "Zyban" or counselling programs?**

- 1 Yes
- 2 No

HP\_Q040 **In the past 12 months, did you see a dentist or dental hygienist?**

- 1 Yes
- 2 No (Go to HP\_Q070)  
DK, RF (Go to HP\_Q070)

HP\_Q050 **Did the dentist or dental hygienist advise you to reduce or quit smoking?**

- 1 Yes
- 2 No (Go to HP\_Q070)  
DK, RF (Go to HP\_Q070)

HP\_Q060 **Did the dentist or dental hygienist provide you with information on quit smoking aids such as the patch, a product like "Zyban" or counselling programs?**

- 1 Yes
- 2 No

HP\_Q070 **In the past 12 months, did you see a nurse for treatment?**

- 1 Yes
- 2 No (Go to HP\_Q100)  
DK, RF (Go to HP\_Q100)

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

|                 |                                                                                                                                                |                 |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| HP_Q080         | <b>Did the nurse advise you to reduce or quit smoking?</b>                                                                                     |                 |
| 1               | Yes                                                                                                                                            |                 |
| 2               | No                                                                                                                                             | (Go to HP_Q100) |
|                 | DK, RF                                                                                                                                         | (Go to HP_Q100) |
| HP_Q090         | <b>Did the nurse provide you with information on quit smoking aids such as the patch, a product like "Zyban" or counselling programs?</b>      |                 |
| 1               | Yes                                                                                                                                            |                 |
| 2               | No                                                                                                                                             |                 |
| HP_Q100         | <b>In the past 12 months, did you talk with a pharmacist?</b>                                                                                  |                 |
| 1               | Yes                                                                                                                                            |                 |
| 2               | No                                                                                                                                             | (Go to HP_Q130) |
|                 | DK, RF                                                                                                                                         | (Go to HP_Q130) |
| HP_Q110         | <b>Did the pharmacist advise you to reduce or quit smoking?</b>                                                                                |                 |
| 1               | Yes                                                                                                                                            |                 |
| 2               | No                                                                                                                                             | (Go to HP_Q130) |
|                 | DK, RF                                                                                                                                         | (Go to HP_Q130) |
| HP_Q120         | <b>Did the pharmacist provide you with information on quit smoking aids such as the patch, a product like "Zyban" or counselling programs?</b> |                 |
| 1               | Yes                                                                                                                                            |                 |
| 2               | No                                                                                                                                             |                 |
| HP_Q130         | <b>In the past 12 months, did you see a respiratory therapist?</b>                                                                             |                 |
| 1               | Yes                                                                                                                                            |                 |
| 2               | No                                                                                                                                             | (Go to HP_END)  |
|                 | DK, RF                                                                                                                                         | (Go to HP_END)  |
| HP_Q140         | <b>Did the therapist advise you to reduce or quit smoking?</b>                                                                                 |                 |
| 1               | Yes                                                                                                                                            |                 |
| 2               | No                                                                                                                                             | (Go to HP_END)  |
|                 | DK, RF                                                                                                                                         | (Go to HP_END)  |
| HP_Q150         | <b>Did the therapist provide you with information on quit smoking aids such as the patch, a product like "Zyban" or counselling programs?</b>  |                 |
| 1               | Yes                                                                                                                                            |                 |
| 2               | No                                                                                                                                             |                 |
| HP_END          | End of Section                                                                                                                                 |                 |
| <b>Section:</b> | <b>Smoking and Pregnancy (SP)</b>                                                                                                              |                 |
| SP_BEG          | Beginning of Section                                                                                                                           |                 |



**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

Note: This block requires SEX, PA\_Q01, SS\_Stat and SC\_Q010. AGE=PA\_Q01.  
If PA\_Q01 is DK or RF then AGE=ANDB\_Q01 (Roster Age).

SP\_C10 If SEX=2 (Female) and (AGE>=20 and AGE<=44), go to SP\_R10  
Otherwise, go to SP\_END

SP\_R10 **Now, a few questions about smoking and pregnancy.**

INTERVIEWER: Press <Enter> to continue.

SP\_Q10 **Have you been pregnant in the past 5 years (that is since ^5YearsAgo)?**

1 Yes (Go to SP\_C20)  
2 No (Go to SP\_END)  
DK, RF (Go to SP\_END)

Note: Create variable called ^5YearsAgo  
This will be the system month and system year minus 5, e.g. February 1999

SP\_C20 If SS\_Stat=1 (Daily) or SS\_Stat=2 (Occasional) or (SS\_Stat=3 (Former) and SC\_Q010=1  
or 2 or 3 (former smokers who quit less than 5 years ago)), go to SP\_Q20  
Otherwise, go to SP\_Q30

SP\_Q20 **During your most recent pregnancy, did you smoke regularly, that is, every day or  
almost every day?**

1 Yes  
2 No

SP\_Q30 **During your most recent pregnancy, did your spouse or partner smoke regularly in  
the home, that is, every day or almost every day?**

1 Yes  
2 No  
3 Not applicable (no spouse / partner)

SP\_END End of Section

**Section: Tobacco Products (TP)**

TP\_BEG Beginning of Section

TP\_R010 **Now, a couple of questions about tobacco products, other than cigarettes.**

INTERVIEWER: Press <Enter> to continue.

TP\_Q010 **Have you ever tried smoking a cigar or cigarillos?**

1 Yes  
2 No (Go to TP\_Q030)  
DK, RF (Go to TP\_Q030)

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

- TP\_Q020      **In the past 30 days, did you smoke any cigars or cigarillos?**
- 1              Yes  
2              No
- TP\_Q030      **Have you ever tried smoking a pipe?**
- 1              Yes  
2              No                              (Go to TP\_Q050)  
                 DK, RF                      (Go to TP\_Q050)
- TP\_Q040      **In the past 30 days, did you smoke a pipe?**
- 1              Yes  
2              No
- TP\_Q050      **Have you ever tried chewing tobacco, pinch or snuff?**
- 1              Yes  
2              No                              (Go to TP\_Q070)  
                 DK, RF                      (Go to TP\_Q070)
- TP\_Q060      **In the past 30 days, did you use any chewing tobacco, pinch or snuff?**
- 1              Yes  
2              No
- TP\_Q070      **Have you ever tried smoking bidis?** (These are small, brown cigarettes from India, that are hand rolled in leaves and tied with a string at the ends and come in different flavours.)
- 1              Yes  
2              No                              (Go to TP\_Q090)  
                 DK, RF                      (Go to TP\_Q090)
- TP\_Q080      **In the past 30 days, did you smoke bidis?**
- 1              Yes  
2              No
- TP\_Q090      **Have you ever tried smoking kreteks?** (These are clove flavoured cigarettes from Indonesia.)
- 1              Yes  
2              No                              (Go to TP\_Q110)  
                 DK, RF                      (Go to TP\_Q110)
- TP\_Q100      **In the past 30 days, did you smoke kreteks?**
- 1              Yes  
2              No



**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

LA\_Q10      **What language do you speak most often at home?**

- 1      English
- 2      French
- 3      Both English and French
- 4      Other

LA\_Q20      **What is the highest grade or level of education you have ever attained?**

- 1      No schooling
- 2      Some elementary
- 3      Completed elementary
- 4      Some secondary
- 5      Completed secondary
- 6      Some community college, technical college, CEGEP or nurse's training
- 7      Completed community college, technical college, CEGEP or nurse's training
- 8      Some university or teacher's college
- 9      Completed university or teacher's college
- 10      Other education or training

LA\_END      End of Section

**Section:      Labour Force (LF)**

LF\_BEG      Beginning of Section

Note:      This block requires SEX (SEX\_Q01).

LF\_Q10      **Did you work at a job or a business at any time in the past 12 months?  
Please include part-time jobs, seasonal work, contract work, self-employment,  
babysitting and any other paid work, regardless of the number of hours worked.**

- 1      Yes
- 2      No      (Go to LF\_END)
- DK, RF      (Go to LF\_END)

LF\_Q20      **Are you currently working at a job or a business?**

- 1      Yes
- 2      No      (Go to LF\_END)
- DK, RF

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

LF\_R30      **The next questions are about your ^CurrentPastMain.**

INTERVIEWER: If person currently holds more than one job then report on the job for which the number of hours worked per week is the greatest. If person does not currently work, but had more than one job in the past 12 months, then report on the job with the most hours worked.

INTERVIEWER: Press <Enter> to continue.

Note:      If LF\_Q20 =1 then ^CurrentPastMain= "current job or business."  
             Else ^CurrentPastMain= "main job or business in the past 12 months."

LF\_Q30      **What kind of work ^AreWere you doing? (For example:  
babysitting in own home, factory worker, forestry technician)**

\_\_\_\_\_ (50 spaces)

Note:      If LF\_Q20 =1 then ^AreWere = "are";  
             Else ^AreWere = "were";

LF\_Q40      **What ^AreWere your most important activities or duties? (For  
example: caring for children, stamp press machine operator, forest examiner)**

\_\_\_\_\_ (50 spaces)

Note:      If LF\_Q20 =1 then ^AreWere = "are";  
             Else ^AreWere = "were";

LF\_Q50      **At your place of work, what ^AreWere the restrictions on smoking?**

INTERVIEWER: Read categories to respondent.

- |   |                                          |
|---|------------------------------------------|
| 1 | <b>Restricted completely</b>             |
| 2 | <b>Allowed in designated areas</b>       |
| 3 | <b>Restricted only in certain places</b> |
| 4 | <b>Not restricted at all</b>             |

Note:      If LF\_Q20 =1 then ^AreWere = "are";  
             Else ^AreWere = "were";

LF\_END      End of Section

**Section:      Student Income (SI)**

SI\_BEG      Beginning of Section

Note:      This block requires PA\_Q01. AGE=PA\_Q01. If PA\_Q01 is DK or RF then  
             AGE=ANDB\_Q01 (Roster Age).

SI\_C10      If AGE<25, go to SI\_Q10  
             Otherwise, go to SI\_END

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

|                 |                                                                                                                                                                                                                     |                    |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SI_Q10          | <b>Are you currently attending a school, college or university?</b>                                                                                                                                                 |                    |
| 1               | Yes                                                                                                                                                                                                                 |                    |
| 2               | No                                                                                                                                                                                                                  | (Go to SI_END)     |
|                 | DK, RF                                                                                                                                                                                                              | (Go to SI_END)     |
| SI_R20          | <b>Please think now about money that you have each week to save or to spend on "extras" such as snack food, gifts or entertainment, but not living expense items like rent or tuition.</b>                          |                    |
|                 | <u>INTERVIEWER:</u> Press <Enter> to continue.                                                                                                                                                                      |                    |
| SI_Q20          | <b>About how much money do you have each week to spend on yourself or to save? Please include money from jobs, allowances or any other source.</b>                                                                  |                    |
|                 | _____(4 spaces)                                                                                                                                                                                                     | [Min: 0 Max: 2000] |
| SI_E20          | An unusual value has been entered. Please confirm.                                                                                                                                                                  |                    |
| Note:           | Trigger soft edit if SI_Q20 < 10 or SI_Q20 > 1000.                                                                                                                                                                  |                    |
| SI_END          | End of Section                                                                                                                                                                                                      |                    |
| <b>Section:</b> | <b>Postal Code (PC)</b>                                                                                                                                                                                             |                    |
| PC_BEG          | Beginning of Section                                                                                                                                                                                                |                    |
| PC_Q10          | <b>To determine which geographic region you live in, could you tell me your postal code?</b>                                                                                                                        |                    |
|                 | _____(6 spaces)                                                                                                                                                                                                     | (Go to PC_E10)     |
|                 | DK, RF                                                                                                                                                                                                              | (Go to PC_Q20)     |
| PC_E10          | If the first character of the postal code is not valid, pop up a hard edit with the following text: <b>"Invalid first letter for postal code. Please return and correct."</b>                                       |                    |
|                 | If fewer than three characters are entered for the postal code, pop up a hard edit with the following text: <b>"Postal code must be 6 characters long. Please return and correct."</b>                              |                    |
|                 | If the format of the first three characters of the postal code is not valid, pop up a hard edit with the following text: <b>"Invalid format for postal code. Format must be X9X9X9. Please return and correct."</b> |                    |
|                 | If fewer than six characters are entered for the postal code, pop up a soft edit with the following text: "Postal code must be 6 characters long. Please return and correct."                                       |                    |
|                 | If the format of the postal code is not valid, pop up a soft edit with the following text: "Invalid format for postal code. Format must be X9X9X9. Please return and correct."                                      |                    |
| Default:        | (Go to PC_END)                                                                                                                                                                                                      |                    |

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PC_Q20          | <b>What are the first 3 digits of your postal code?</b><br><br>____ (3 spaces) (Go to PC_E20)<br>DK, RF (Go to PC_END)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PC_E20          | If the first character of the postal code is not valid, pop up a hard edit with the following text: <b>"Invalid first letter for postal code. Please return and correct."</b><br><br>If fewer than three characters are entered for the postal code, pop up a hard edit with the following text: <b>"Postal code must be 3 characters long. Please return and correct."</b><br><br>If the format of the first three characters of the postal code is not valid, pop up a hard edit with the following text: <b>"Invalid format for postal code. Format must be X9X. Please return and correct."</b> |
| PC_END          | End of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Section:</b> | <b>Marijuana Use (MU)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| MU_BEG          | Beginning of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Note:           | This block requires PA_Q01. AGE=PA_Q01. If PA_Q01 is DK or RF then AGE=ANDB_Q01 (Roster Age).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| MU_R10          | <b>I have finished the questions about tobacco use. Now, I am going to ask a couple of questions about marijuana. Again, I would like to remind you that everything you say will remain strictly confidential.</b><br><br><u>INTERVIEWER:</u> Press <Enter> to continue.                                                                                                                                                                                                                                                                                                                            |
| MU_Q10          | <b>Have you ever used or tried marijuana, cannabis or hashish?</b><br><br><u>INTERVIEWER:</u> Read categories to respondent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1               | <b>Yes, just once</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2               | <b>Yes, more than once</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3               | <b>No</b> (Go to MU_END)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                 | DK, RF (Go to MU_END)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| MU_Q20          | <b>Have you used it in the past 12 months?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1               | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2               | No (Go to MU_Q40)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                 | DK, RF (Go to MU_Q40)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| MU_C30          | If MU_Q10 = 1, go to MU_Q40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

**Canadian Tobacco Use Monitoring Survey (CTUMS)**  
**Cycle 1 2004**

MU\_Q30      **How often did you use marijuana, cannabis or hashish in the past 12 months?**

INTERVIEWER: Read categories to respondent.

- 1      **Less than once a month**
- 2      **1 to 3 times a month**
- 3      **Once a week**
- 4      **More than once a week**
- 5      **Every day**

MU\_Q40      **How old were you when you first did this?**

\_\_\_\_\_ (2 spaces)      [Min: 04 Max: 94]

MU\_E40      The age in MU\_Q40 should not be greater than age of respondent. Please confirm.

Note:      Trigger soft edit if MU\_Q40 > AGE of respondent.  
             Questions Involved: MU\_Q40 and PA\_Q01. AGE=PA\_Q01.  
             If PA\_Q01 is DK or RF then AGE=ANDB\_Q01 (Roster Age).

MU\_END      End of Section

CAI\_SO      END OF INTERVIEW