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# Canadian Tobacco Use Monitoring Survey, Cycle 2, 2007
## Questionnaire

| | |
|---|---|
| **Section:** | **Survey Introduction (SI)** |

**INTRO**      Question text in **Bold** font is read to the respondent.
Text in normal font is not read to the respondent.
Unless otherwise specified, a flow goes to the next question.
The options Don't Know (DK) and Refusal (RF) are allowed on every question
except for a write-in response like Other - Specify.
The survey introduction, household roster, 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**      **(Do you/Does anyone in your household) smoke cigarettes?**

1      Yes
2      No
DK, RF

*Coverage:*      *Household respondent*

**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]

00      None
DK, RF

*Coverage:*      *Household respondent*

**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
DK, RF

Default:      (Go to HS_Q50)

*Coverage:*      *Households where at least one person smokes inside the home*

**HS_Q40**     **Is smoking cigarettes allowed inside your home?**

1          Yes
2          No ...........................................................................................(Go to HS_END)
           DK, RF

*Coverage:*    *Households with no regular smokers inside the home or where no cigarettes are smoked inside the home*

**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)

*Coverage:*    *Households with no smokers inside the home but where smoking is allowed or where cigarettes are smoked inside the home*

**HS_Q60**     **How is smoking cigarettes restricted inside your home?** 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 another type of ventilation**
4          **Other restriction(s)**
           DK, RF

*Coverage:*    *Households where smoking is restricted inside the home*

**HS_END**     End of Section

**Section:**   **Person Age (PA)**

**PA_BEG**     Beginning of Section

**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_END)

*Coverage:*    *All respondents*

**PA_END**     End of Section

**Section:**   **Smoking Status (SS)**

**SS_BEG**     Beginning of Section

**SS_Q10**   **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.**

**At the present time, do you smoke cigarettes every day, occasionally or not at all?**

1   Every day ...................................................................................(Go to SS_C30)
2   Occasionally
3   Not at all
    DK, RF

*Coverage:*   *All respondents*

**SS_Q20**   **In the past 30 days, did you smoke any cigarettes?**

1   Yes
2   No
    DK, RF

*Coverage:*   *Respondents who are not current daily smokers*

**SS_C30**   If SS_Q10=1 (Daily) or SS_Q20=1 (Smoked in past 30 days), go to SS_Q30
Otherwise, go to SS_Q40

**SS_Q30**   **During the past 30 days, did you smoke every day?**

1   Yes
2   No
    DK, RF

*Coverage:*   *Current daily smokers or respondents who smoked in the past 30 days*

**SS_Q40**   **Have you smoked at least 100 cigarettes in your life?**

1   Yes
2   No
    DK, RF

*Coverage:*   *All respondents*

**SS_D40**   Create variable SS_Stat

If SS_Q10=1 then SS_Stat=1 (Daily smoker)
Else, if SS_Q10=2 then SS_Stat=2 (Occasional smoker)
Else, if SS_Q10=3 and SS_Q40=1 then SS_Stat=3 (Former smoker)
Else, if SS_Q10=3 and SS_Q40=2 then SS_Stat=4 (Never smoked)
Otherwise, SS_Stat=5 (Not determined)

**SS_END**   End of Section

| **Section:** | **Past Smoking (PS)** |
|---|---|

**PS_BEG**    Beginning of Section

Note:    This block requires SS_Stat, PA_Q01, SS_Q20 and SS_Q30.  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
    DK, RF

*Coverage:*    *Never smokers (did not smoke 100 cigarettes in life and was not smoking at the time of the interview)*

**PS_C20**    If (SS_Stat=2 (Occasional) and (SS_Q30 not= 1 or  SS_Q20 not=1)) 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
    DK, RF

*Coverage:*    *Former or occasional smokers who did not smoke daily in the past 30 days or who did not smoke at all in the past 30 days.*

**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:  4 Max: 94]
    DK, RF

*Coverage:*    *Respondents who have ever smoked a cigarette*

**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:  4 Max: 94]
    DK, RF

*Coverage:*    *Respondents who are actually daily smokers or who have ever smoked cigarettes daily*

**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_D010
                    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:**

                    **... Monday?**

                    _____(2 spaces)          [Min:  0 Max: 90]

  00                None
                    DK, RF ......................................................................................(Go to WP_END)

Note:               Values derived from WP_Q10A to WP_Q10G.

*Coverage:*         *Daily smokers or those who smoked in the last 30 days*

**WP_Q10B**         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:

                    **... Tuesday?**

                    _____(2 spaces)          [Min:  0 Max: 90]

  00                None
                    DK, RF

Note:               Values derived from WP_Q10A to WP_Q10G.

*Coverage:*         *Daily smokers or those who smoked in the last 30 days*

**WP_Q10C**     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:

**... Wednesday?**

_____(2 spaces)          [Min:  0 Max: 90]

00          None
DK, RF

Note:          Values derived from WP_Q10A to WP_Q10G.

*Coverage:*          *Daily smokers or those who smoked in the last 30 days*

**WP_Q10D**     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:

**... Thursday?**

_____(2 spaces)          [Min:  0 Max: 90]

00          None
DK, RF

Note:          Values derived from WP_Q10A to WP_Q10G.

*Coverage:*          *Daily smokers or those who smoked in the last 30 days*

**WP_Q10E**     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:

**... Friday?**

_____(2 spaces)          [Min:  0 Max: 90]

00          None
DK, RF

Note:          Values derived from WP_Q10A to WP_Q10G.

*Coverage:*          *Daily smokers or those who smoked in the last 30 days*

**WP_Q10F**    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:

   **... Saturday?**

   ____(2 spaces)          [Min:  0 Max: 90]

 00          None
             DK, RF

Note:        Values derived from WP_Q10A to WP_Q10G.

*Coverage:*    *Daily smokers or those who smoked in the last 30 days*

**WP_Q10G**    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:

   **... Sunday?**

   ____(2 spaces)          [Min:  0 Max: 90]

 00          None
             DK, RF

Note:        Values derived from WP_Q10A to WP_Q10G.

*Coverage:*    *Daily smokers or those who smoked in the last 30 days*

**WP_END**     End of Section

**Section:**    **Smoking Behaviour (SB)**

**SB_BEG**     Beginning of Section

Note:        This block requires SS_Stat.

**SB_C10**     If SS_Stat=1 (Daily), go to SB_Q10
             Else if SS_Stat=2 (Occasional), go to SB_Q20
             Otherwise, go to SB_END

**SB_Q10**     **How soon after you wake up do you smoke your first cigarette?**

1            Within 5 minutes
2            6 to 30 minutes
3            31 to 60 minutes
4            More than 60 minutes
             DK, RF

*Coverage:*    *Current daily smokers*

| SB_Q20 | What strength of cigarettes do you usually smoke? |
|---|---|

| 1 | **Ultra or extra light** |
|---|---|
| 2 | **Light** |
| 3 | **Ultra or extra mild** |
| 4 | **Mild** |
| 5 | **Regular** ...................................................................................(Go to SB_END) |
|   | DK, RF ...................................................................................(Go to SB_END) |

*Coverage:*      *Current smokers*

| SB_Q30 | Do you smoke light or mild cigarettes because: |
|---|---|

**... you believe they reduce the risks of smoking without having to actually give up smoking?**

| 1 | Yes |
|---|---|
| 2 | No |
|   | DK, RF |

*Coverage:*      *Current smokers not smoking regular cigarettes*

| SB_Q40 | Do you smoke light or mild cigarettes because: |
|---|---|

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

| 1 | Yes |
|---|---|
| 2 | No |
|   | DK, RF |

*Coverage:*      *Current smokers not smoking regular cigarettes*

| SB_Q50 | Do you smoke light or mild cigarettes because: |
|---|---|

**... you believe they reduce the risk to your health, compared to regular cigarettes?**

| 1 | Yes |
|---|---|
| 2 | No |
|   | DK, RF |

*Coverage:*      *Current smokers not smoking regular cigarettes*

| 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_Q11 |
|---|---|
|   | Otherwise, go to CB_END |

**CB_Q11**      **What is the full brand name of the cigarettes you usually smoke?**

| | |
|---|---|
| 01 | Belvedere Extra Mild Lights Regular Size |
| 02 | Belvedere Extra Mild Regular Size |
| 03 | Belvedere Medium Regular Size |
| 04 | Benson & Hedges Lights 100's |
| 05 | Canadian Classics Extra Light Regular Size |
| 06 | Canadian Classics Light Regular Size |
| 07 | Canadian Classics Regular Size |
| 08 | Craven Menthol King Size |
| 09 | Du Maurier Extra Light Regular Size |
| 10 | Du Maurier King Size |
| 11 | Du Maurier Light King Size |
| 12 | Du Maurier Light Regular Size |
| 13 | Du Maurier Regular Size |
| 14 | Du Maurier Special Mild King Size |
| 15 | Du Maurier Ultra Light King Size |
| 16 | Export 'A' Full Flavour Regular Size |
| 17 | Export 'A' Light Regular Size |
| 18 | Export 'A' Medium Regular Size |
| 19 | Export 'A' Ultra Light Regular Size |
| 20 | Matinée Extra Mild King Size |
| 21 | Matinée Extra Mild Regular Size |
| 22 | Matinée Slims Extra Mild King Size |
| 23 | Number 7 Extra Mild Regular Size |
| 24 | Number 7 Lights Regular Size |
| 25 | Number 7 Regular Size |
| 26 | Peter Jackson  Regular 20 |
| 27 | Peter Jackson King Size |
| 28 | Peter Jackson Light Regular |
| 29 | Player's Extra Light King Size |
| 30 | Player's Extra Light Regular Size |
| 31 | Player's Light King Size |
| 32 | Player's Light Regular Size |
| 33 | Player's Light Smooth Regular Size |
| 34 | Player's Regular Size |
| 35 | No regular brand |
| 36 | Other (specify) ...............................................................................(Go to CB_S11) |
| | DK, RF |

Default:      (Go to CB_Q20)

*Coverage:*      *Current smokers*

**CB_S11**      What is the full brand name of the cigarettes you usually smoke?

_____(80 spaces)

| | |
|---|---|
| **CB_Q20** | **At the present time, do you roll your own or make your own cigarettes?** |

| | |
|---|---|
| 1 | **All the time** |
| 2 | **Most of the time** |
| 3 | **Sometimes** |
| 4 | **Never** |
| | DK, RF |

*Coverage:*    *Current smokers*

**CB_END**    End of Section

**Section:**    **Cigarette Access (CA)**

**CA_BEG**    Beginning of Section

Note:    This block requires SS_Stat and PA_Q01. AGE=PA_Q01.

**CA_C10**    If SS_Stat=1 (Daily) or SS_Stat=2 (Occasional), go to CA_Q10
Otherwise, go to CA_END

**CA_Q10**    **Where do you usually get your cigarettes? (Do you buy them, or does someone usually give them to you? Where do you buy them? Who do you get them from?)**

| | |
|---|---|
| 01 | I buy them from a vending machine |
| 02 | I buy them at a small grocery/corner store |
| 03 | I buy them at a supermarket |
| 04 | I buy them at a drug store |
| 05 | I buy them at a gasoline station |
| 06 | I buy them at another kind of store |
| 07 | I buy them from a friend or someone else |
| 08 | I buy them by mail order |
| 09 | I buy them from the Internet |
| 10 | My brother or sister gives them to me |
| 11 | My mother or father gives them to me |
| 12 | A friend or someone else gives them to me |
| 13 | I take them from my mother, father or siblings |
| 14 | Other.......................................................................................(Go to CA_S10) |
| | DK, RF |

*Coverage:*    *Current smokers*

**CA_S10**    Where do you usually get your cigarettes?

_____(80 spaces)

**CA_C20**    If (do not buy from stores) and AGE<19, go to CA_Q20
Else if (buy from store) and AGE<19, go to CA_Q30
Otherwise, go to CA _END

**CA_Q20**  **In the past 12 months, have you bought or have you tried to buy cigarettes from a store?**

1  Yes
2  No .........................................................................................(Go to CA_Q50)
   DK, RF ...................................................................................(Go to CA_Q50)

*Coverage:*  *Current smokers between the age of 15-18 who don't usually buy cigarettes from a store*

**CA_Q30**  **In the past 12 months, have you been asked for ID when buying cigarettes in a store for yourself or for someone else?**

1  Yes
2  No
   DK, RF

*Coverage:*  *Current smokers between the age of 15-18 who usually buy cigarettes from a store or bought them in the past 12 months*

**CA_Q40**  **In the past 12 months, has anyone in a store refused to sell you cigarettes?**

1  Yes
2  No
   DK, RF

*Coverage:*  *Current smokers between the age of 15-18 who usually buy cigarettes from a store or bought them in the past 12 months*

**CA_Q50**  **In the past 12 months, have you asked anyone to buy cigarettes for you?**

1  Yes
2  No
   DK, RF

*Coverage:*  *Current smokers between the age of 15-18*

**CA_END**  End of Section

**Section:**  **Cigarette Source (CS)**

**CS_BEG**  Beginning of Section

**CS_Q31**  **Have you ever purchased cigarettes for, or given cigarettes to, a minor?**

1  Yes
2  No .........................................................................................(Go to CS_END)
   DK, RF ...................................................................................(Go to CS_END)

*Coverage:*  *All respondents*

**CS_Q41**  **Did you purchase cigarettes for or give cigarettes to a minor within the last 12 months?**

1  Yes
2  No ...................................................................................(Go to CS_END)
  DK, RF ...........................................................................(Go to CS_END)

*Coverage:*  *Respondents who have ever purchased or gave cigarettes to a minor*

**CS_Q51**  **Did you purchase cigarettes for or give cigarettes to a minor within the last 30 days?**

1  Yes
2  No
  DK, RF

*Coverage:*  *Respondents who in the past 12 months have purchased or gave cigarettes to a minor*

**CS_END**  End of Section

**Section:**  **Cheaper Cigarettes (CC)**

**CC_BEG**  Beginning of Section

Note:  This block requires SS_Stat.

**CC_C10**  If SS_Stat=1 (Daily) or SS_Stat=2 (Occasional), go to CC_Q20
  Otherwise, go to CC_END

**CC_Q20**  **The next questions refer to efforts you may have made to buy cigarettes at a lower cost. In the past 6 months, did you buy:**

  **... a discount brand?**

1  Yes
2  No
  DK, RF

*Coverage:*  *Current smokers*

**CC_Q30**  In the past 6 months, did you buy:

  **... from a First Nation's Reserve?**

1  Yes
2  No
  DK, RF

*Coverage:*  *Current smokers*

**CC_Q40**      In the past 6 months, did you buy:

**... from the Internet?**

1      Yes
2      No
       DK, RF

*Coverage:*      *Current smokers*

**CC_Q50**      In the past 6 months, did you buy:

**... by mail order?**

1      Yes
2      No
       DK, RF

*Coverage:*      *Current smokers*

**CC_Q60**      In the past 6 months, did you buy cigarettes:

**... from outside your province?**

1      Yes
2      No
       DK, RF

*Coverage:*      *Current smokers*

**CC_Q70**      In the past 6 months, did you buy cigarettes:

**... that may have been smuggled?**

1      Yes
2      No
       DK, RF

*Coverage:*      *Current smokers*

**CC_Q80**      **Did you do anything else to buy cigarettes at a lower cost?**

1      Yes
2      No
       DK, RF

*Coverage:*      *Current smokers*

**CC_END**      End of section

**Section:**      **Fire Risk (FR)**

**FR_BEG**      Beginning of Section

Note:      This block requires SS_Stat.

**FR_C10**        If SS_Stat=1 (Daily) or SS_Stat=2 (Occasional), go to FR_Q10
Otherwise, go to FR_END

**FR_Q10**        **Many people will smoke in bed while watching television or reading. When was the last time you smoked in bed? Was it...?**

1        **In the past week**
2        **In the past month**
3        **Within one to six months**
4        **More than six months ago**
5        Never ........................................................................................(Go to FR_Q30)
         DK, RF ......................................................................................(Go to FR_Q30)

*Coverage:*        *Current smokers*

**FR_Q20**        **In the past year, how often did you smoke in bed?**

1        **Everyday**
2        **A few times a week**
3        **Once a week**
4        **Once a month or less**
5        Never
         DK, RF

*Coverage:*        *Respondents who have smoked in bed*

**FR_Q30**        **Sometimes people fall asleep with a lit cigarette. This could be in bed, on a sofa or in a chair. When was the last time this happened to you? Was it...?**

1        **In the past week**
2        **In the past month**
3        **Within one to six months**
4        **More than six months ago**
5        Never ........................................................................................(Go to FR_Q50)
         DK, RF ......................................................................................(Go to FR_Q50)

*Coverage:*        *Current smokers*

**FR_Q40**        **In the past year, how many times did this happen to you?**

1        Never
2        Once
3        Two to five times
4        More than five times
         DK, RF

*Coverage:*        *Respondents who have fallen asleep with a lit cigarette*

**FR_Q50**     Sometimes people leave a cigarette burning in an ashtray while attending to something else. When was the last time you did this? Was it...?

1     **In the past week**
2     **In the past month**
3     **Within one to six months**
4     **More than six months ago**
5     Never ........................................................................................(Go to FR_END)
6     Don't use ashtrays.....................................................................(Go to FR_END)
      DK, RF ......................................................................................(Go to FR_END)

*Coverage:*     *Current smokers*

**FR_Q60**     In the past year, how often did you leave a cigarette burning in an ashtray while attending to something else?

1     **Everyday**
2     **A few times a week**
3     **Once a week**
4     **Once a month or less**
5     Never
      DK, RF

*Coverage:*     *Respondents who have left a cigarette burning in an ashtray*

**FR_END**     End of section

**Section:**     **Smoking Cessation (SC)**

**SC_BEG**     Beginning of Section

Note:          This block requires SS_Stat.

**SC_C010**     If SS_Stat=3 (Former), go to SC_Q010
               Else if SS_Stat=1 (Daily) or SS_Stat=2 (Occasional), go to SC_C060
               Otherwise, go to SC_END

**SC_Q010**     When did you stop smoking?

1     **Less than 1 year ago**
2     **1 to 2 years ago** .......................................................................(Go to SC_Q040)
3     **3 to 5 years ago** .......................................................................(Go to SC_Q040)
4     **More than 5 years ago**...............................................................(Go to SC_Q040)
      DK, RF ......................................................................................(Go to SC_Q040)

*Coverage:*     *Former smokers*

**SC_Q020**     **In what month did you stop smoking?**

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

*Coverage:*      *Respondents who stopped smoking less than one year ago*

**SC_Q030**     **What was your main reason to quit smoking?**

01      **Health**
02      **Pregnancy or a baby in the household**
03      **Less stress in life**
04      **Cost of cigarettes**
05      **Smoking is less socially acceptable**
06      Some other reason ....................................................................(Go to SC_S030)
        DK, RF

*Coverage:*      *Respondents who stopped smoking less than one year ago*

**SC_S030**     What was your main reason to quit smoking?

        ____(80 spaces)

**SC_Q040**     **Approximately how many attempts to quit did you make before you quit
        smoking for good?**

        ____(2 spaces)          [Min:  1 Max: 94]
        DK, RF

*Coverage:*      *Former smokers*

**SC_Q050**     **On average, how many cigarettes were you smoking per day at the time
        you quit?**

        ____(2 spaces)          [Min:  1 Max: 94]
        DK, RF

*Coverage:*      *Former smokers*

**SC_C060**     If SS_Stat=1 (Daily) or SS_Stat=2 (Occasional), go to SC_Q060
        Otherwise, go to SC_C080

**SC_Q060**     **Are you seriously considering quitting within the next 6 months?**

1          Yes
2          No .........................................................................................(Go to SC_C080)
           DK, RF .................................................................................(Go to SC_C080)

*Coverage:*          *Current smokers*

**SC_Q070**     **Are you seriously considering quitting within the next 30 days?**

1          Yes
2          No
           DK, RF

*Coverage:*          *Current smokers who are considering quitting within the next six months*

**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
                Otherwise, go to SC_END

**SC_Q080**     **In the past year, how many times did you stop smoking for at least 24 hours because you were trying to quit?**

                ____(2 spaces)          [Min:  0 Max: 94]

00         None
           DK, RF

*Coverage:*          *Current smokers and former smokers who quit smoking in the past 12 months*

**SC_C090**     If SC_Q10=1 and SC_Q080=0 (former smokers who quit in the past year), go to SC_END
                If (SS_Stat=1 or SS_Stat=2) and (SC_Q080=0, DK or RF) (daily or occasional smokers who did not try to quit in the past year), go to SC_Q110
                Otherwise, go to SC_Q090

**SC_Q090**     **How many of these attempts lasted at least one week?**

                ____(2 spaces)          [Min:  0 Max: 52]

00         None
           DK, RF

*Coverage:*          *Current smokers who stopped smoking for at least 24 hours in the past 12 months and former smokers who quit smoking in the past 12 months*

**SC_C100**     If (SS_Stat=1 (Daily) or SS_Stat=2 (Occasional)) and SC_Q080>0, go to SC_Q100
                Otherwise, go to SC_END

**SC_Q100**     **What was the main reason you began to smoke again?**

01     To control body weight
02     Stress, need to relax or to calm down
03     Boredom
04     Addiction/habit
05     Lack of support or information
06     Going out more (bars, parties)
07     Increased availability
08     No reason/felt like it
09     Family or friends smoke
10     Other
       DK, RF

Default:     (Go to SC_END)

*Coverage:     Current smokers who tried to quit smoking in the past 12 months*

**SC_Q110**     **Have you tried to quit smoking?**

1     Yes
2     No
      DK, RF

*Coverage:     Current smokers who did not try to quit in the past year*

**SC_END**     End of Section

**Section:**     **Cessation Methods (CM)**

**CM_BEG**     Beginning of Section

Note:     This block requires SS_Stat, SC_Q010 and SC_Q080.

**CM_C05**     If SC_Q110 = (2,DK,RF), go to CM_END
               Otherwise, go to CM_C10

**CM_C10**     If SS_Stat=1 (Daily) or SS_Stat=2 (Occasional) and SC_Q080=0, DK or RF, go
               to CM_Q10
               If SS_Stat=1 (Daily) or SS_Stat=2 (Occasional) and (SC_Q080>0 and
               SC_Q080<95) go to CM_Q20
               Else if SS_Stat=3 (Former) and (SC_Q010=1 or SC_Q010=2), go to CM_Q20
               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)

*Coverage:     Respondents who did not try to quit smoking in the last year (SC_Q080=0)*

| CM_Q20 | **Now, I am going to ask you about methods you might have used to quit smoking in the past 2 years.** |
|---|---|
| | **In the past 2 years, did you use a nicotine patch?** |

1      Yes
2      No
     DK, RF

*Coverage:*      *Current and former smokers who tried to quit or quit smoking in the past two years*

| CM_Q40 | **In the past 2 years, did you use nicotine gum such as 'Nicorette'?** |
|---|---|

1      Yes
2      No
     DK, RF

*Coverage:*      *Current and former smokers who tried to quit or quit smoking in the past two years*

| CM_Q60 | **In the past 2 years, did you use a product such as 'Zyban'?** |
|---|---|

1      Yes
2      No
     DK, RF

*Coverage:*      *Current and former smokers who tried to quit or quit smoking in the past two years*

| 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<br>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?** 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**
     DK, RF

*Coverage:*      *Current and former smokers who tried to quit or quit smoking in the past two years*

| CM_END | End of Section |
|---|---|

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

| **OM_BEG** | Beginning of Section |
|---|---|

Note:      This block requires SS_Stat, SC_Q010, SC_Q080, CM_Q10, CM_Q20, CM_Q40 and CM_Q60.

**OM_C030**   If ((SS_Stat=1(Daily) or SS_Stat=2 (Occasional)) and (SC_Q080>0 and SC_Q080<96)) or CM_Q10=1 or (SS_Stat=3 (Former) and (SC_Q010=1 or SC_Q10=2))) (former smoker who quit in last two years), go to OM_Q030
Otherwise, go to OM_END

**OM_Q030**   **Did you make a deal with a friend or family member to quit smoking together?**

1   Yes
2   No
    DK, RF

*Coverage:*   *Current and former smokers who tried to quit or quit smoking in the past two years*

**OM_Q070**   **Did you reduce the number of cigarettes you smoked as a strategy to quit?**

1   Yes
2   No
    DK, RF

*Coverage:*   *Current and former smokers who tried to quit or quit smoking in the past two years*

**OM_Q080**   **Are you aware of any smoking cessation programs offered at your workplace?**

1   Yes
2   No ..............................................................................(Go to OM_C129)
    DK, RF ..........................................................................(Go to OM_C129)

*Coverage:*   *Current and former smokers who tried to quit or quit smoking in the past two years*

**OM_Q090**   **Have you used any of these programs?**

1   Yes
2   No
    DK, RF

*Coverage:*   *Current and former smokers who tried to quit or quit smoking in the past two years and who have smoking cessation programs offered at their workplace*

**OM_C129**   If (CM_Q20=2 and CM_Q40=2 and CM_Q60=2 and OM_Q030=2 and OM_Q070=2 and OM_Q080=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
    DK, RF

*Coverage:*   *Current and former smokers who tried to quit or quit smoking in the past two years without using any of the above mentioned methods*

| | |
|---|---|
| **OM_END** | End of Section |
| **Section:** | **Cessation Products (CP)** |
| **CP_BEG** | Beginning of Section |
| Note: | This block requires SS_Stat |
| **CP_C10** | If SS_Stat=1 (Daily) or SS_Stat=2 (Occasional) go to CP_Q10, Otherwise, go to CP_END |
| **CP_Q10** | **Sometimes smokers use products such as a nicotine patch or gum when they are not trying to quit smoking. Have you ever used such products when you were not able to smoke or when you wanted to smoke fewer cigarettes?  For example, in a meeting, on a plane, at school?** |

| | |
|---|---|
| 1 | Yes |
| 2 | No |
| | DK, RF |

*Coverage:*   *Current smokers*

| | |
|---|---|
| **CP_END** | End of Section |
| **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_Q010 Otherwise, go to HP_END |
| **HP_Q010** | **Now, I'd like to ask you about your visits with health professionals. In the past 12 months, did you see a doctor?** |

| | |
|---|---|
| 1 | Yes |
| 2 | No ......................................................................................(Go to HP_Q040) |
| | DK, RF ...............................................................................(Go to HP_Q040) |

*Coverage:*   *Current smokers*

| | |
|---|---|
| **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) |

*Coverage:*   *Current smokers who saw a doctor in the past 12 months*

**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
    DK, RF

*Coverage:*    *Current smokers who saw a doctor in the past 12 months and were advised to reduce or quit smoking*

**HP_Q040**    **In the past 12 months, did you see a dentist or dental hygienist?**

1    Yes
2    No ...............................................................................................(Go to HP_Q100)
    DK, RF .......................................................................................(Go to HP_Q100)

*Coverage:*    *Current smokers*

**HP_Q050**    **Did the dentist or dental hygienist advise you to reduce or quit smoking?**

1    Yes
2    No ...............................................................................................(Go to HP_Q100)
    DK, RF .......................................................................................(Go to HP_Q100)

*Coverage:*    *Current smokers who saw a dentist in the past 12 months*

**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
    DK, RF

*Coverage:*    *Current smokers who saw a dentist in the past 12 months and were advised to reduce or quit smoking*

**HP_Q100**    **In the past 12 months, did you talk with a pharmacist?**

1    Yes
2    No ...............................................................................................(Go to HP_END)
    DK, RF .......................................................................................(Go to HP_END)

*Coverage:*    *Current smokers*

**HP_Q110**    **Did the pharmacist advise you to reduce or quit smoking?**

1    Yes
2    No ...............................................................................................(Go to HP_END)
    DK, RF .......................................................................................(Go to HP_END)

*Coverage:*    *Current smokers who talked with a pharmacist in the past 12 months*

**HP_Q120**      **Did the pharmacist provide you with information on quit smoking aids such as the patch, a product like 'Zyban' or counselling programs?**

1      Yes
2      No
     DK, RF

*Coverage:*      *Current smokers who talked with a pharmacist in the past 12 months and were advised to reduce or quit smoking*

**HP_END**      End of Section

**Section:**      **Smoking and Pregnancy (SP)**

**SP_BEG**      Beginning of Section

Note:      This block requires SEX, PA_Q01, SS_Stat and SC_Q010.  AGE=PA_Q01.

**SP_C10**      If SEX=2 (Female) and (AGE>=20 and AGE<=44), go to SP_Q10
     Otherwise, go to SP_END

**SP_Q10**      **Now, a few questions about smoking and pregnancy. Have you been pregnant in the past 5 years?**

1      Yes ............................................................................................(Go to SP_C20)
2      No ..............................................................................................(Go to SP_END)
     DK, RF .......................................................................................(Go to SP_END)

*Coverage:*      *Women aged 20 to 44*

**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
     DK, RF

*Coverage:*      *Women aged 20 to 44 who are daily, occasional or former smokers (who quit less than five years ago) and were pregnant in the last five years*

**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)
     DK, RF

*Coverage:*      *Women aged 20 to 44 who were pregnant in the last five years*

| | |
|---|---|
| **SP_END** | End of Section |

**Section:** **Tobacco Products (TP)**

**TP_BEG** Beginning of Section

**TP_Q015** **Have you ever tried smoking a little cigar or cigarillos (plain or flavored)?**

1 Yes
2 No ........................................................................................(Go to TP_Q025)
  DK, RF ...................................................................................(Go to TP_Q025)

*Coverage:* *All respondents*

**TP_Q016** **In the past 30 days, did you smoke any little cigars or cigarillos (plain or flavored)?**

1 Yes
2 No
  DK, RF

*Coverage:* *Respondents who have ever smoked a cigar or cigarillo (plain or flavored)*

**TP_Q025** **Have you ever tried smoking a cigar (not including a little cigar/cigarillo plain or flavored)?**

1 Yes
2 No ........................................................................................(Go to TP_Q030)
  DK, RF ...................................................................................(Go to TP_Q030)

*Coverage:* *All respondents*

**TP_Q026** **In the past 30 days, did you smoke any cigars (not including little cigars/cigarillos plain or flavored)?**

1 Yes
2 No
  DK, RF

*Coverage:* *Respondents who have ever smoked a cigar*

**TP_Q030** **Have you ever tried smoking a pipe?**

1 Yes
2 No ........................................................................................(Go to TP_Q050)
  DK, RF ...................................................................................(Go to TP_Q050)

*Coverage:* *All respondents*

**TP_Q040** **In the past 30 days, did you smoke a pipe?**

1 Yes
2 No
  DK, RF

*Coverage:* *Respondents who have ever smoked a pipe*

**TP_Q050**     **Have you ever tried chewing tobacco, pinch or snuff?**

1     Yes
2     No ........................................................................................(Go to TP_Q075)
       DK, RF ...................................................................................(Go to TP_Q075)

*Coverage:*     *All respondents*

**TP_Q060**     **In the past 30 days, did you use any chewing tobacco, pinch or snuff?**

1     Yes
2     No
       DK, RF

*Coverage:*     *Respondents who have ever tried chewing tobacco, pinch or snuff*

**TP_Q075**     **Have you ever tried smoking herbal cigarettes (these are tobacco free cigarettes often found in natural food stores)?**

1     Yes
2     No .......................................................................................... (Go to TP_END)
       DK, RF ..................................................................................... (Go to TP_END)

*Coverage:*     *All respondents*

**TP_Q076**     **In the past 30 days, did you smoke any herbal cigarettes?**

1     Yes
2     No
       DK, RF

*Coverage:*     *Respondents who have ever tried to smoke herbal cigarettes*

**TP_END**     End of Section

**Section:**     **Opinions on Smoking (OS)**

**OS_BEG**     Beginning of Section

**OS_Q10**     **Which of the following statements comes closest to how you feel about smoking in restaurants?**

1     **Smoking should not be allowed in a restaurant**
2     **(Smoking should be) allowed only in a section of a restaurant that is enclosed**
3     **(Smoking should be) allowed only in a designated section of a restaurant**
4     **(Smoking should be) allowed anywhere in a restaurant**
       DK, RF

*Coverage:*     *All respondents*

| | |
|---|---|
| **OS_Q20** | **Which of the following statements comes closest to how you feel about smoking in <u>bars and taverns</u>?** |

1      **Smoking should not be allowed in a bar or tavern**
2      **(Smoking should be) allowed only in a section of a bar or tavern that is enclosed**
3      **(Smoking should be) allowed only in a designated section of a bar or tavern**
4      **(Smoking should be) allowed anywhere in a bar or tavern**
     DK, RF

*Coverage:*      *All respondents*

| | |
|---|---|
| **OS_Q30** | **Thinking about various types of workplaces such as offices, factories, stores, and construction sites, which of the following statements comes closest to how you feel about smoking <u>in the workplace</u>?** |

1      **Smoking should not be allowed in any area of the workplace, whether indoor or outdoor**
2      **(Smoking should be) allowed only in enclosed smoking areas in the workplace**
3      **(Smoking should be) allowed only in designated outdoor smoking areas of the workplace**
4      **(Smoking should be) allowed anywhere in the workplace, whether indoor or outdoor**
     DK, RF

*Coverage:*      *All respondents*

| | |
|---|---|
| **OS_Q40** | **In your opinion, who is the most responsible for young people starting to smoke?** |

01      **Young people themselves**
02      **Friends/peers**
03      **Parents**
04      **Other adults**
05      **Brother(s)/sister(s)**
06      **Celebrities**
07      **Tobacco industry**
08      **Government**
09      **Other** (do not specify)
     DK, RF

*Coverage:*      *All respondents*

**OS_END**      End of Section

**Section:**      **Exposure to Second-hand Smoke (EX)**

**EX_BEG**      Beginning of section

Note:      This block requires SS_Stat.

---

**EX_Q010**     **The next questions are about exposure to second-hand smoke in places other than your own home. Second-hand smoke is what smokers exhale and the smoke from a burning cigarette. In the past month, (excluding your own smoking), were you exposed to second-hand smoke:**

**... inside a car or other vehicle?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q020**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... inside someone else's home?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q030**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... on an outdoor patio of a restaurant or bar?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q040**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... inside a restaurant?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q050**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... inside a bar or tavern?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

---

**EX_Q060**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... at a bus stop or shelter?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q070**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... at an entrance to a building?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q080**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... at your workplace?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q090**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... at your school?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q100**     In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... at any other public place such as a shopping mall, arena, bingo hall, concert or sporting event?**

1       Yes
2       No
        DK, RF

*Coverage:*     *All respondents*

**EX_Q110**    In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... outdoors such as on a sidewalk or in a park?**

1    Yes
2    No
     DK, RF

*Coverage:*    *All respondents*

**EX_Q120**    In the past month, (excluding your own smoking), were you exposed to second-hand smoke:

**... anywhere else?**

1    Yes
2    No ...................................................................................(Go to EX_C130)
     DK, RF .............................................................................(Go to EX_C130)

*Coverage:*    *All respondents*

**EX_Q125**    **Where were you exposed to second-hand smoke in the past month?**

_____(80 spaces)

*Coverage:*    *Respondents who in the past 12 months were exposed to second-hand smoke in places other than those listed above*

**EX_C130**    If any EX_Q010 to EX_Q120=1, go to EX_Q130
               Otherwise, go to EX_END

**EX_Q130**    **Overall, (excluding your own smoking), in the past month were you exposed to second-hand smoke?**

1    **Every day**
2    **Almost every day**
3    **At least once a week**
4    **At least once in the past month**
     DK, RF

*Coverage:*    *Respondents who in the past month were exposed to second-hand smoke in places other than their own home*

**EX_END**    End of Section

**Section:**    **Language and Education (LA)**

**LA_BEG**    Beginning of Section

**LA_Q10**     **Now, a few general questions that will help us analyze the survey data. What language do you speak most often at home?**

1          English
2          French
3          Both English and French
4          Other
           DK, RF

*Coverage:*          *All respondents*

**LA_Q20**     **What is the highest grade or level of education you have ever reached?**

01          No schooling
02          Some elementary
03          Completed elementary
04          Some secondary
05          Completed secondary
06          Some community college, technical college, CEGEP or nurse's training
07          Completed community college, technical college, CEGEP or nurse's training
08          Some university or teacher's college
09          Completed university or teacher's college
10          Other education or training
           DK, RF

*Coverage:*          *All respondents*

**LA_END**     End of Section

**Section:**     **Labour Force (LF)**

**LF_BEG**     Beginning of Section

**LF_Q10**     **Did you work at a job or a business at any time in the past 12 months? Please include 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)

*Coverage:*          *All respondents*

**LF_Q20**     **Are you currently working at a job or a business?**

1          Yes
2          No
           DK, RF ...............................................................................(Go to LF_END)

*Coverage:*          *Respondents who have worked at a job or business in the past 12 months*

**LF_Q30**      **The next questions are about your (current job or business./main job or business in the past 12 months.) What kind of work (are/were) you doing? (For example: babysitting in own home, factory worker, forestry technician)**

        ____(50 spaces)
        DK, RF

*Coverage:*      *Respondents who have worked at a job or business in the past 12 months*

**LF_Q40**      **What (are/were) your most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**

        ____(50 spaces)
        DK, RF

*Coverage:*      *Respondents who have worked at a job or business in the past 12 months*

**LF_Q50**      **What best describes the smoking restrictions at your place of work? By place of work, we mean the area indoor or outdoor, in which you perform your duties. This could include a building, construction site, company vehicles or other peoples' homes.**

1      **My workplace is smoke free, that is, smoking is only allowed <u>outside</u> the building, worksite or company vehicle**
2      **Smoking is allowed in designated areas <u>within</u> the building, worksite or company vehicle**
3      **Smoking is not restricted at all**
4      Other - Respondent does not have a fixed workplace
       DK, RF

*Coverage:*      *Respondents who have worked at a job or business in the past 12 months*

**LF_END**      End of Section

**Section:**      **Student Income (SI)**

**SI_BEG**      Beginning of Section

Note:      This block requires PA_Q01.  AGE=PA_Q01.

**SI_C10**      If AGE<25, go to SI_Q10
                     Otherwise, go to SI_END

**SI_Q10**      **Are you currently attending a school, college or university?**

1      Yes
2      No ............................................................................................. (Go to SI_END)
       DK, RF ....................................................................................... (Go to SI_END)

*Coverage:*      *Respondents less than 25 years of age*

| | |
|---|---|
| **SI_Q20** | **Now think about money that you have each week to save or to spend on 'extras' such as gifts or entertainment, but not living expense items like rent or tuition.  About how much money do you have each week to save or spend on yourself?  Please include money from jobs, allowances or any other source.** |

____(4 spaces)          [Min:   0 Max: 2000]
DK, RF

*Coverage:*     *Respondents less than 25 years of age who are currently attending a school, college or university*

**SI_END**     End of Section

**Section:**     **Postal Code (PC)**

**PC_BEG**     Beginning of Section

**PC_Q10**     **To determine which geographic region you live in, could you tell me your postal code?**

____(6 spaces)

DK, RF ...........................................................................................(Go to PC_END)

*Coverage:*     *All respondents*

**PC_Q20**     **What are the first 3 digits of your postal code?**

____(3 spaces)

DK, RF ...........................................................................................(Go to PC_END)

*Coverage:*     *Respondents who did not provide their postal code*

**PC_END**     End of Section

**Section:**     **Marijuana Use (MU)**

**MU_BEG**     Beginning of Section

Note:     This block requires PA_Q01.  AGE=PA_Q01.

**MU_Q10**     **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.  Have you ever used or tried marijuana, cannabis or hashish?**

1     **Yes, just once**
2     **Yes, more than once**
3     **No** ...........................................................................................(Go to MU_END)
       DK, RF ........................................................................................ (Go to MU_END)

*Coverage:*     *All respondents*

**MU_Q20**　　**Have you used it in the past 12 months?**

1　　　Yes
2　　　No ..............................................................................................(Go to MU_Q40)
　　　　DK, RF ........................................................................................(Go to MU_Q40)

*Coverage:*　　*Respondents who have ever used or tried marijuana, cannabis or hashish*


**MU_C30**　　If MU_Q10=1, go to MU_Q40

**MU_Q30**　　**How often did you use marijuana, cannabis or hashish in the past 12 months?**

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**
　　　　DK, RF

*Coverage:*　　*Respondents who have ever used or tried marijuana, cannabis or hashish in the past 12 months*

**MU_Q40**　　**How old were you when you first did this?**

　　　　____(2 spaces)　　　　[Min: 4 Max: 94]
　　　　DK, RF

*Coverage:*　　*Respondents who have ever used or tried marijuana, cannabis or hashish*

**MU_END**　　End of Section

**CAI_SO**　　END OF INTERVIEW

　　　　____(1 spaces)

# INDEX

# Canadian Tobacco Use Monitoring Survey, Cycle 2, 2007
## Questionnaire