TABLE OF CONTENTS

Survey Introduction	1
Household Smoking	1
Person Age	2
Smoking Status	2
Past Smoking	4
Weekly Pattern	5
Smoking Behaviour	7
Cigarette Brand	8
Cigarette Access	10
Cigarette Source	11
Cheaper Cigarettes	12
Fire Risk	13
Smoking Cessation	15
Cessation Methods	18
Other Cessation Methods	19
Cessation Products	21
Health Professionals	21
Smoking and Pregnancy	23
Tobacco Products	
Opinions on Smoking	25
Exposure to Second-hand Smoke	26
Language and Education	
Labour Force	30
Student Income	31
Postal Code	32
Marijuana Use	32

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 2	Yes 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 2 3 4 5	1 to 10 cigarettes 11 to 20 cigarettes 21 to 30 cigarettes 31 to 40 cigarettes 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 2	Yes 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 2	Yes 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 2 3 4	Allowed in certain rooms only Restricted in the presence of young children Allowed only if windows are open or with another type of ventilation 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 2 3	Every day(Go to SS_C30) Occasionally Not at all DK, RF
Coverage:	All respondents
SS_Q20	In the past 30 days, did you smoke any cigarettes?
1 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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

	Questionnane
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

	Questionnane
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, go to SB_END
SB_Q10	How soon after you wake up do you smoke your first cigarette?
1 2 3 4	Within 5 minutes 6 to 30 minutes 31 to 60 minutes More than 60 minutes DK, RF
Coverage:	Current daily smokers

Canadian Tobacco Use Monitoring Survey, Cycle 1, 2008
Questionnaire

	-
SB_Q20	What strength of cigarettes do you usually smoke?
1	Ultra or extra light
2	Light
3 4	Ultra or extra mild Mild
5	Regular
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_C12	If SS_Stat=1 (Daily) or if SS_Stat=2 (Occasional), go to CB_Q12 Otherwise, go to CB_END

CB_Q12	What is the full brand name of the cigarettes you usually smoke?
01	Belvedere Extra Mild Lights Regular Size
02	Belvedere Select Regular / (Extra Mild)
03	Belvedere Medium Regular Size
04	Benson & Hedges Sterling 100's / (Lights 100's)
05	Canadian Classics (White) Regular / (Extra Light)
06	Canadian Classics (Silver) Regular / (Light)
07	Canadian Classics Regular Size
08	Craven Menthol King Size
09	du Maurier Premiere / (Extra Light)
10	du Maurier King Size
11	du Maurier Distinct King Size / (Light)
12	du Maurier Distinct Regular / (Light)
13	du Maurier Regular Size
14	du Maurier Special King Size / (Special Mild)
15	du Maurier Prestige King Size / (Ultra Light)
16	Export 'A' Full Flavour Regular Size
17	Export 'A' Smooth Regular Size / (Light)
18	Export 'A' Medium Regular Size
19	Export 'A' Ultra Smooth Regular Size / (Ultra Light)
20 21	Matinée Mellow King Size / (Extra Mild) Matinée Mellow Regular Size / (Extra Mild)
22	Matinée Slims King Size / (Slims Extra Mild)
22	Number 7 (Silver) Regular / (Extra Mild)
23	Number 7 (Blue) Regular / (Lights)
25	Number 7 Regular Size
26	Peter Jackson Regular 20
27	Peter Jackson King Size
28	Peter Jackson Select Flavour King Size / (Light)
29	Player's Smooth Flavour King Size / (Extra Light)
30	Player's Smooth Flavour Regular Size / (Extra Light)
31	Player's Rich Flavour King Size / (Light)
32	Player's Rich Flavour Regular Size / (Light)
33	Player's Light Smooth Regular Size
34	Player's Regular Size
35	No regular brand
36	Other (specify)(Go to CB_S12)
	DK, RF
Default:	(Go to CB_Q20)
Note:	The light and mild labels have now been removed by the 3 major tobacco companies. Because of this, we had to make changes to the list of cigarette brands. We have added the new names of cigarette brands with the new descriptor underlined and we also kept, in brackets, the light or mild descriptor that used to appear on the packaging.
Coverage:	Current smokers
CB_S12	What is the full brand name of the cigarettes you usually smoke?
	(80 spaces)

Canadian Tobacco Use Monitoring Survey, Cycle 1, 2008
Questionnaire

CB_Q20	At the present time, do you roll your own or make your own cigarettes?
1 2 3 4	All the time Most of the time Sometimes 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 02 03 04 05 06 07 08 09 10 11 12 13 14	I buy them from a vending machine I buy them at a small grocery/corner store I buy them at a supermarket I buy them at a drug store I buy them at a gasoline station I buy them at another kind of store I buy them from a friend or someone else I buy them from the Internet I buy them from the Internet My brother or sister gives them to me A friend or someone else gives them to me I take them from my mother, father or siblings Other
Coverage:	Current smokers
CA_S10	Where do you usually get your cigarettes?
CA_C20	(80 spaces) 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes No DK, RF
Coverage:	Current smokers
CC_Q30	In the past 6 months, did you buy:
	from a First Nation's Reserve?
1 2	Yes No DK, RF
Coverage:	Current smokers

CC_Q40	In the past 6 months, did you buy:
	from the Internet?
1 2	Yes No DK, RF
Coverage:	Current smokers
CC_Q50	In the past 6 months, did you buy:
	by mail order?
1 2	Yes No DK, RF
Coverage:	Current smokers
CC_Q60	In the past 6 months, did you buy cigarettes:
	from outside your province?
1 2	Yes No DK, RF
Coverage:	Current smokers
CC_Q70	In the past 6 months, did you buy cigarettes:
	that may have been smuggled?
1 2	Yes No DK, RF
Coverage:	Current smokers
CC_Q80	Did you do anything else to buy cigarettes at a lower cost?
1 2	Yes 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 2 3 4 5	In the past week In the past month Within one to six months More than six months ago Never
Coverage:	Current smokers
FR_Q20	In the past year, how often did you smoke in bed?
1 2 3 4 5	Everyday A few times a week Once a week Once a month or less 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 2 3 4 5	In the past week In the past month Within one to six months More than six months ago Never
Coverage:	Current smokers
FR_Q40	In the past year, how many times did this happen to you?
1 2 3 4	Never Once Two to five times
	More than five times DK, RF

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 2 3 4 5 6	In the past week In the past month Within one to six months More than six months ago Never
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 2 3 4 5	Everyday A few times a week Once a week Once a month or less 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 2 3 4 <i>Coverage:</i>	Less than 1 year ago 1 to 2 years ago

Canadian Tobacco Use Monitoring Survey, Cycle 1, 2008
Questionnaire

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
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 2	Yes 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 2	Yes 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 02 03 04 05 06 07 08 09 10	To control body weight Stress, need to relax or to calm down Boredom Addiction/habit Lack of support or information Going out more (bars, parties) Increased availability No reason/felt like it Family or friends smoke 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 2	Yes 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 2	Yes 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)

	Canadian Tobacco Use Monitoring Survey, Cycle 1, 2008 Questionnaire
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 2	Yes 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 2	Yes 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 2	Yes 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 Otherwise, go to CM_END
	What were your reasons for not using either a patch nighting gum or a

2000

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 2 3 4 5	You were concerned about possible side effects You didn't believe these products work You didn't have enough information about these products They cost too much 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes(Go to SP_C20) 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 2	Yes 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 2 3	Yes No Not applicable (no spouse/partner) DK, RF
Coverage:	Women aged 20 to 44 who were pregnant in the last five years

	Questionnaire
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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes No DK, RF
Coverage:	Respondents who have ever smoked a cigar
TP_Q030	Have you ever tried smoking a pipe?
1 2	Yes 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 2	Yes No DK, RF
Coverage:	Respondents who have ever smoked a pipe

TP_Q050	Have you ever tried chewing tobacco, pinch or snuff?
1 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Smoking should not be allowed in a restaurant (Smoking should be) allowed only in a section of a restaurant that is enclosed
3 4	(Smoking should be) allowed only in a designated section of a restaurant (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 2	Smoking should not be allowed in a bar or tavern (Smoking should be) allowed only in a section of a bar or tavern that is enclosed
3 4	(Smoking should be) allowed only in a designated section of a bar or tavern (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
2	indoor or outdoor (Smoking should be) allowed only in enclosed smoking areas in the
3	workplace (Smoking should be) allowed only in designated outdoor smoking areas of
4	the workplace (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 02 03 04 05 06 07 08 09	Young people themselves Friends/peers Parents Other adults Brother(s)/sister(s) Celebrities Tobacco industry Government 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2	Yes 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 2 3 4	Every day Almost every day At least once a week 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 2 3 4	English French Both English and French Other DK, RF
Coverage:	All respondents
LA_Q20	What is the highest grade or level of education you have ever reached?
01 02 03 04 05 06 07 08 09 10	No schooling Some elementary Completed elementary Some secondary Completed secondary Some community college, technical college, CEGEP or nurse's training Completed community college, technical college, CEGEP or nurse's training Some university or teacher's college Completed university or teacher's college 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 2	Yes 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 2	Yes 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
2	building, worksite or company vehicle Smoking is allowed in designated areas <u>within</u> the building, worksite or
3	company vehicle 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_Q20)
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 2 3	Yes, just once Yes, more than once No
Coverage:	All respondents

MU_Q20	Have you used it in the past 12 months?
1 2	Yes 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 2 3 4 5	Less than once a month 1 to 3 times a month Once a week More than once a week 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

С

CA_BEG	10
CA_C10	10
CA_C20	10
CA_END	11
CA_Q10	10
CA_Q20	11
CA_Q30	11
CA_Q40	11
CA_Q50	11
CA_S10	10
CAI_SO	33
CB_BEG	8
CB_C12	8
CB_END	10
CB_Q12	9
CB_Q20	10
CB_S12	9
CC_BEG	12
CC_C10	12
CC_END	13
CC_Q20	12
CC_Q30	12
CC_Q40	13
CC_Q50	
CC_Q60	13
CC_Q70	13
CC_Q80	13
CM_BEG	
CM_C05	
CM_C10	
CM_C80	19
CM_END	
CM_Q10	
CM_Q20	
CM_Q40	19
CM_Q60	
CM_Q80	
CP_BEG	
CP_C10	
CP_END	
CP_Q10	21

CS_	BEG	11
CS_	END	12
CS_	Q31	11
CS_	Q41	12
CS_	Q51	12
Е		
EX_	BEG	26
EX_	<u>C130</u>	29
EX_	END	29
EX_	<u>Q</u> 010	27
	Q020	
EX_	Q030	27
EX_	Q040	27
EX_	<u>Q</u> 050	27
	Q060	
EX_	Q070	28
EX_	Q080	28
	Q090	
EX_	Q100	28
EX_	Q110	29
	Q120	
EX_	Q125	29
EX_	Q130	29
F		
FR_	BEG	13
FR_	C10	14
FR_	END	15
FR_	Q10	14
FR_	Q20	14
FR_	Q30	14
FR_	Q40	14
FR_	Q50	15
FR_	Q60	15
Н		
HP_	BEG	21
HP_	<u>C</u> 010	21
	END	
	<u>Q</u> 010	
	Q020	
	Q030	
	Q040	
	Q050	

HP_Q060
HP_Q100
HP_Q110
HP_Q120
HS_BEG
HS_C301
HS_END
HS_Q101
HS_Q201
HS_Q301
HS_Q40
HS_Q50
HS_Q602
INTRO 1
L
LA_BEG
LA_END
LA_Q10
LA_Q20
LF_BEG
LF_END
LF_Q10
LF_Q20
LF_Q30
LF_Q40
LF_Q50
M
MU BEG
MU_C30
MU_END
MU_Q10
MU_Q20
MU_Q30
MU_Q40
0
-
OM_BEG
OM_C030
OM_C129
OM_END
OM_Q030
OM_Q070
OM_Q080
OM_Q090
OM_Q130
OS_BEG

OS_END
OS_Q10
OS_Q20
OS_Q30
OS_Q40
P
PA_BEG
PA_END
PA_Q012
PC_BEG
PC_END
PC_Q10
PC_Q20
PS_BEG
PS_C10
PS_C20
PS_C30
PS_C40
PS_END5
PS_Q10
PS_Q204
PS_Q304
PS_Q404
PS_Q40 4 S
S
S SB_BEG
S SB_BEG
S SB_BEG
S SB_BEG
S SB_BEG. 7 SB_C10 7 SB_END 8 SB_Q10 7 SB_Q20 8 SB_Q30 8 SB_Q40 8 SB_Q50 8 SC_BEG 15 SC_C010 15 SC_C060 16 SC_C090 17 SC_C090 17 SC_Q010 15 SC_Q010 15 SC_Q020 16 SC_Q030 16 SC_Q050 16
S SB_BEG

Canadian Tobacco Use Monitoring Survey, Cycle 1, 200)8
Questionnaire	

SC_Q08017	
SC_Q09017	
SC_Q100	
SC_Q110	
SC_S030 16	
SI_BEG	
SI_C10	
SI_END	
SI_Q10	
SI_Q20	
SP_BEG	
SP_C10	
SP_C20	
SP_END	
SP_Q10	
SP_Q20	
SP_Q30	
SS_BEG	
SS_C30	
SS_D40	
SS_END	
SS_Q10	
SS_Q20	
SS_Q30	
SS_Q40	
= <	

т
TP_BEG
TP_END
TP_Q01524
TP_Q016
TP_Q025
TP_Q02624
TP_Q03024
TP_Q04024
TP_Q05025
TP_Q06025
TP_Q07525
TP_Q07625
W
WP_BEG5
WP_C0105
WP_D0105
WP_END7
WP_Q10A5
WP_Q10B5
WP_Q10C
WP_Q10D6
WP_Q10E 6
WP_Q10F7
WP_Q10G7