

Center for Tobacco Research and Intervention, University of Wisconsin School of Medicine and Public Health

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Participant Tobacco Survey

Thank you for filling out this survey. Please keep the following definitions in mind while you complete this survey.

Tobacco use means smoking cigarettes, smoking cigars, smoking pipes, chewing tobacco, and/or using snuff. Tobacco use does **not** include using electronic cigarettes or vaping.

CSP/CCS refers to the Community Support Program or Comprehensive Community Service program where you got this survey. This does **not** include other places from which you receive health or social services.

1. Place a checkmark on where you received the survey:

- Community Support Program (CSP)
 - Compressive Community Service (CCS)
-

2. Which of the following describes you?

- I currently use tobacco.
 - I have never used tobacco.
 - I used to use tobacco but quit _____ months or _____ years ago (please, specify how many months or years ago it was when you quit).
-

3. Have you noticed any stop smoking information posted in your CSP/CCS (such as flyers or posters about quitting smoking)? If **yes**, please use the comments field below to describe the information.

Yes

No

4. Comments:

If you never used tobacco or have quit using tobacco products, stop now--your survey is complete. Place your survey in the provided envelope, seal it, and give it to your clinic. If you want a chance to win one of six \$25.00 gift cards, fill out the enclosed information card and hand that into your clinic. Do not put your contact card in the envelope with your survey. Thank you.

If you currently smoke or use tobacco products, please continue.

5. Check all of the actions below that you took in the past six months. (Check all the apply)

- I tried to quit
 - I reduced my smoking
 - I used a smoking cessation medication
 - I called the Wisconsin Tobacco Quitline
 - I spoke to staff at my CSP/ CCS about my smoking
 - I spoke to a health care provider outside of my CSP/ CCS about my smoking
-

6. If you have tried to quit in the last six months for how many days did you not smoke? (If you didn't quit for a full day, write in "less than a day")

- _____ days
 - I didn't try to quit
-

7. Please circle the label on the following continuum below that best describes your interest in quitting smoking. For example, if you are **not** willing to quit using tobacco in the near future, but are willing to reduce your tobacco use or learn how to quit for the future, your answer would look like:

I am willing to try to quit smoking/using tobacco in the near future	I am willing to cut reduce my smoking/tobacco use or learn how to quit some day	I am willing to talk about my smoking/tobacco use with my treatment team	I prefer not to talk about my smoking/tobacco use
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Your answer:

I am willing to try to quit smoking/using tobacco in the near future	I am willing to cut reduce my smoking/tobacco use or learn how to quit some day	I am willing to talk about my smoking/tobacco use with my treatment team	I prefer not to talk about my smoking/tobacco use
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8. Does the staff at your CSP/CCS know that you use tobacco?

- Yes
- No
- I don't know

9. Does your recovery/care/treatment/goal plan have a goal of quitting or reducing smoking?

- Yes
- No

10. How often has the staff at your program talked with you about your tobacco use?

- Never
 - Only once
 - Once in a while
 - Often
 - Almost every time I have an appointment
-

11. Please indicate with a checkmark in the circle how often CSP/CSS staff talked to you about:

	Never	Only once	Once in a while	Often	At almost every visit
My past attempts to quit using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My beliefs about tobacco use and quitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important it was for me to quit tobacco use and if I was ready to quit and confident about quitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pros and cons of tobacco use and quitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Rewards of, Road Blocks to, Relevance of, and Risks of quitting tobacco use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping a smoking/tobacco use record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making a plan to reduce my tobacco use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making a plan for a practice quit attempt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a smoking cessation medicine like the nicotine patch or nicotine lozenge as a way to prepare for a quit attempt and while I'm still using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making a plan to quit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Which smoking medicine, like the nicotine patch or nicotine lozenge, I should use as part of my quit attempt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support I need during my quit attempt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. When I think about the amount of help I get for my smoking/tobacco use at my CSP/CCS:

- I wish they would give less help.
- Their help is just about right.
- I wish they would help more.

13. Think of conversations you have had with CSP/CCS staff about your smoking/tobacco use over the past six months. Indicate which category [(1) Seldom; (2) Sometimes; (3) Fairly often; (4) Very often; (5) Always] best describes these conversations. If you have not had conversations with CSP/CCS staff about your smoking/tobacco use, check “Never spoke with CSP/CCS staff about smoking/tobacco use”.

Conversations with CSP/CCS staff over the last six months show me that staff:	Never spoke with CSP/CCS staff about smoking/tobacco use	Seldom	Sometimes	Fairly often	Very often	Always
Appreciate my point of view on tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree on clear tobacco treatment goals for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree on a method I would use to achieve my tobacco treatment goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. For each numbered statement place a checkmark indicating how strongly you agree or disagree with each of the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree; no opinion	Agree	Strongly agree
1. It is important for me to quit using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It is not a good idea for a person who is coping with a mental illness to try to quit using tobacco until in full recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My tobacco use is no concern of my CSP/CCS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I want my CSP/CCS to help me to quit using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When my CSP/CCS addresses my tobacco use, I know that they care about the whole me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I want to quit using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. It's OK for my CSP/CCS to help me quit using tobacco as long as doing so doesn't interfere with my other treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I know I need help to quit using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I didn't come to this CSP/CCS to quit using tobacco so staff should not address my tobacco use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I want to quit using tobacco but don't think I can.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I'm not at all ready to quit using tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What additional help do you need about your smoking/tobacco use? What more could CSP/CCS staff do to help?

16. Additional comments:

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