

# HEALTHY ILLINOIS SURVEY



**The survey should be completed by the adult (age 18 or older) living in your household with the next birthday.**

## **Confidential Information**

*Information contained on this form which would permit identification of any individual or establishment will be held in strict confidence by NORC and IDPH, will be used only for purposes stated in this survey, and will not be disclosed or released to anyone other than authorized staff of NORC or IDPH without the consent of the individual.*

## INSTRUCTIONS

- Start at the top of the next page.
- Please fill out the survey and return to NORC using the provided, postage-paid envelope.
- If possible, please fill out the survey using black or blue ink.

**1** Please answer each question by checking the box to the left of your answer, like this:

<sup>1</sup>  Yes

<sup>2</sup>  No

**2** In some places, you may be instructed to skip over questions in the survey. You will see an arrow with a note, as shown below. If there is no instruction, go to the next question.

<sup>1</sup>  Yes → Go to question **4**

<sup>2</sup>  No

## FREQUENTLY ASKED QUESTIONS

### Who is sponsoring the survey?

- The survey is sponsored by the Illinois Department of Public Health (IDPH), as required by Illinois law (P.A.102-0483).

### What is NORC?

- NORC at the University of Chicago is an objective, non-partisan research institution that has been contracted by IDPH to conduct the Healthy Illinois Survey.

### How was I selected?

- Your address was randomly selected from all addresses in your area. Your household is representing hundreds of other households like yours, and so your participation is critical for IDPH to get an accurate picture of all households.

### What is the survey about?

- The health experiences and behaviors of adults in your household. Your answers will help improve the health of Illinois residents now and in the years ahead by providing doctors and health researchers with crucial information about the health of our communities.

### How long will it take to complete the survey?

- The time it takes to complete the survey depends on your answers, but for most households, the survey will take about 25 minutes.

### How will you protect my privacy?

- We follow strict procedures to protect your information and use your answers only for statistical analyses. More information about your privacy can be found at [www.norc.org/privacy.html#item2-research-participants](http://www.norc.org/privacy.html#item2-research-participants)

### Do I have to do this?

- Your participation is completely voluntary, but information gathered through this survey will help the Illinois Department of Public Health when they are making decisions and evaluating health care programs in your community.

## Start here.

### General Health

#### 1 What is your age?

\_\_\_\_\_ Age in years

<sup>77</sup>  Don't know/Not sure

#### 2 What sex were you assigned at birth, on your original birth certificate?

<sup>1</sup>  Male

<sup>2</sup>  Female

#### 3 Do you currently describe yourself as male, female, non-binary, or transgender?

<sup>1</sup>  Male

<sup>2</sup>  Female

<sup>3</sup>  Non-binary

<sup>4</sup>  Transgender

<sup>77</sup>  Don't know/Not sure

#### 4 Would you say that in general your health is:

<sup>1</sup>  Excellent

<sup>2</sup>  Very Good

<sup>3</sup>  Good

<sup>4</sup>  Fair

<sup>5</sup>  Poor

<sup>77</sup>  Don't know/Not sure

#### 5 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

\_\_\_\_\_ Number of days (1-30)

<sup>88</sup>  None

<sup>77</sup>  Don't know/Not sure

#### 6 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

\_\_\_\_\_ Number of days (1-30)

<sup>88</sup>  None

<sup>77</sup>  Don't know/Not sure

#### 7 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, dance, playing basketball, taking an exercise class, gardening, or walking for exercise?

<sup>1</sup>  Yes

<sup>2</sup>  No

<sup>77</sup>  Don't know/Not sure

#### 8 On average, how many hours of sleep do you get in a 24-hour period? *Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour, and less than 30 minutes (less than 1/2 hour) down to the previous whole hour.*

\_\_\_\_\_ Number of hours (1-24)

<sup>77</sup>  Don't know/Not sure

### Health Care Access

#### 9 Do you have at least one person you think of as your personal doctor or health care provider?

<sup>1</sup>  Yes

<sup>2</sup>  No

<sup>77</sup>  Don't know/Not sure

#### 10 About how long has it been since you last visited a doctor or health care provider for a routine checkup? *A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.*

<sup>1</sup>  Within the past year

<sup>2</sup>  One or more years ago

<sup>8</sup>  Never

<sup>77</sup>  Don't know/Not sure

→ Go to next page

**11** What is the main source of your health care coverage?

- 1 Plan purchased through an employer or union (includes plans purchased through another person's employer)
- 2 Private Non-Government Plan (that you or another family member buys on your own)
- 3 Medicare
- 4 Medicaid or other state program
- 5 Tricare (formerly Champus), VA, or Military
- 6 Alaska Native, Indian Health Service, or Tribal Health Services
- 7 Some other source
- 8 No coverage of any type
- 77 Don't know/Not sure

**12** Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**13** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year ago, but not more than 2 years ago
- 4 More than 2 years ago
- 88 Never
- 77 Don't know/Not sure

**14** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

*If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.*

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 4 None
- 77 Don't know/Not sure

**Chronic Health Conditions**

**15** Have you ever been told by a doctor, nurse, or other health professional that you had high blood pressure?

*By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.*

- 1 Yes → Go to question **15a**
- 2 No
- 77 Don't know/Not sure } → Go to question **16**

**15a** Was this only when you were pregnant?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**16** Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

- 1 Within the past year (Less than 1 year ago)
- 2 Within the past two years (At least 1 year ago but less than 2 years ago)
- 3 Within the past three years (At least 2 years ago but less than 3 years ago)
- 4 Within the past four years (At least 3 years ago but less than 4 years ago)
- 5 Within the past five years (At least 4 years ago but less than 5 years ago)
- 6 Five (5) or more years ago
- 88 Never
- 77 Don't Know/Not Sure } → Go to question **18**

**17** Have you ever been told by a doctor, nurse, or other health professional that your cholesterol is high?

*By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.*

- 1 Yes
- 2 No
- 77 Don't know/Not sure

Has a doctor, nurse, or other health professional ever told you that you had...

	Yes	No	Don't know/Not sure
18 angina or coronary heart disease?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
19 a stroke?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
20 heart attack, also called a myocardial infarction?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
21 C.O.P.D. (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
22 some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? <i>Arthritis diagnoses include: rheumatism, polymyalgia rheumatica, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis, spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
23 skin cancer that is <u>not</u> melanoma?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
24 melanoma or any other type of cancer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
25 a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
26 kidney disease, not including kidney stones, bladder infection or incontinence? <i>Incontinence is not being able to control urine flow.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>

27 Has a doctor, nurse, or other health professional ever told you that you had asthma?

- 1  Yes → Go to question 27a  
 2  No  
 77  Don't know/Not sure } → Go to question 28

27a Do you still have asthma?

- 1  Yes  
 2  No  
 77  Don't know/Not sure

→ Go to next page

**28** Has a doctor, nurse, or other health professional ever told you that you had diabetes?

- Yes → Go to question **28a**
- No → Go to question **29**
- No, but pre-diabetes or borderline diabetes. → Go to question **29a**
- <sup>77</sup> Don't know/Not sure → Go to question **29**

**28a** Was this only when you were pregnant?

- Yes → Go to question **30**
- No
- <sup>77</sup> Don't know/Not sure

**29** Has a doctor, nurse, or other health professional ever told you that you had pre-diabetes or borderline diabetes?

- Yes → Go to question **29a**
- No
- <sup>77</sup> Don't know/Not sure } Go to question **30**

**29a** Was this only when you were pregnant?

- Yes
- No
- <sup>77</sup> Don't know/Not sure

**30** When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

- Within the past year (anytime less than 12 months ago)
- Within the last 2 years (1 year but less than 2 years ago)
- Within the last 3 years (2 years but less than 3 years ago)
- Within the last 5 years (3 to 4 years but less than 5 years ago)
- Within the last 10 years (5 to 9 years but less than 10 years ago)
- 10 years ago or more
- <sup>88</sup> Never
- <sup>77</sup> Don't Know/Not Sure

## About You

**31** Are you Hispanic, Latino/a, or of Spanish origin?

- Yes
- No
- <sup>77</sup> Don't know/Not sure } Go to question **33**

**32** Would you say you are:

*Please select all that apply.*

- Mexican, Mexican-American, or Chicano/a
- Central American
- South American
- Puerto Rican
- Cuban
- Dominican
- Another Hispanic, Latino/a, or Spanish Origin
- <sup>77</sup> Don't know/Not sure

**33** Are you Middle Eastern or North African?

*Individuals who are descendants or originate from the Middle East (Bahrain, Cyprus, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, the Syrian Arab Republic, Turkey, the United Arab Emirates, and Yemen) or North Africa (Algeria, Egypt, Libya, Morocco, Sudan, Tunisia, and West Sahara).*

- Yes
- No
- <sup>77</sup> Don't know/Not sure

**34** Which one or more of the following would you say is your race?

Please select all that apply.

- 10  White
- 20  Black or African American
- 30  American Indian or Alaska Native
  - 31  What is your main tribe?
- 40  Asian
  - 41  Asian Indian
  - 42  Chinese
  - 43  Filipino
  - 44  Japanese
  - 45  Korean
  - 46  Vietnamese
  - 47  Other Asian
- 50  Native Hawaiian or Pacific Islander
  - 51  Native Hawaiian
  - 52  Guamanian or Chamorro
  - 53  Samoan
  - 54  Other Pacific Islander
- 60  Other
- 77  Don't know/Not sure

**35** If you selected more than one option at question 34, which one of these groups best represents your race?

Please choose only one.

- 10  White
- 20  Black or African American
- 30  American Indian or Alaska Native
- 40  Asian
  - 41  Asian Indian
  - 42  Chinese
  - 43  Filipino
  - 44  Japanese
  - 45  Korean
  - 46  Vietnamese
  - 47  Other Asian
- 50  Pacific Islander
  - 51  Native Hawaiian
  - 52  Guamanian or Chamorro
  - 53  Samoan
  - 54  Other Pacific Islander
- 60  Other
- 77  Don't know/Not sure

**36** What language do you prefer for communication?

Please choose only one.

- 1  English
- 2  Spanish
- 3  Polish
- 4  Chinese, including Cantonese and Mandarin
- 5  Tagalog
- 6  German
- 7  Korean
- 8  Arabic
- 9  Urdu
- 10  Russian
- 11  Italian
- 12  Gujarati
- 13  Greek
- 14  Hindi
- 60  Other
- 77  Don't know/Not sure

**37** Are you currently pregnant?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**38** Do you think of yourself as:

- 1  Gay or lesbian
  - 2  Straight, that is not gay or lesbian
  - 3  Bisexual
  - 4  Something else
  - 77  Don't know/Not sure
- } → Go to question **42**
- Go to question **39**
- Go to question **40**

→ Go to next page

**39** By something else, do you mean that you:

- 1  Are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
- 2  Are transgender, transsexual or gender variant
- 3  Have not figured out your sexuality or are in the process of figuring it out
- 4  Do not think of yourself as having sexuality
- 5  Do not use labels to identify yourself
- 6  Are something else → Go to question **41**
- 77  Don't know/Not sure → Go to question **40**

Go to question **42**

**40** By "don't know," do you mean:

- 1  You don't understand the question
- 2  You understand the question, but have not figured out your sexuality or are in the process of figuring it out
- 3  You mean something else → Go to question **41**
- 77  Don't know/Not sure → Go to question **42**

Go to question **42**

**41** Please describe your sexual orientation.

77  Don't know/Not sure

**42** Are you currently:

- 1  Married
- 2  Divorced
- 3  Widowed
- 4  Separated
- 5  Never married
- 6  A member of an unmarried couple
- 7  A member of a civil union
- 77  Don't know/Not sure

**43** What is the highest grade or year of school you completed?

- 1  Less than high school graduation
- 2  High school graduate (Grade 12 or GED)
- 3  Some college or Technical School
- 4  Associate Degree
- 5  Bachelor's Degree
- 6  Graduate or Professional Degree
- 77  Don't know/Not sure

**44** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

*Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**45** Are you currently:

- 1  Employed for wages
- 2  Self-employed
- 3  Out of work for 1 year or more
- 4  Out of work for less than 1 year
- 5  A homemaker
- 6  A student
- 7  Retired
- 8  Unable to work
- 77  Don't know/Not sure

Go to question **48**

**46** Do you have more than one job?

*This means more than one employer, not just multiple job sites.*

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**47** In a typical week, how often would you say you work from home?

- 1  All of the time
- 2  Most of the time
- 3  Some of the time
- 4  A little of the time
- 5  None of the time
- 77  Don't know/Not sure



**48 Do you own or rent your home?**

- Own
- Rent
- Some other arrangement
- <sup>77</sup> Don't know/Not sure

The next several questions are about how many people, **including yourself**, live in this household. Please count people who spend a majority of their time living in the household.

**49**  Number of people ages 18 and over

**50**  Number of children ages 13-17

**51**  Number of children ages 12 and under

**52 What is your annual household income from all sources?**

*By household income we mean the combined income from everyone living in the household including roommates or those on disability income. Your answer is private and confidential and cannot be used to affect your benefits.*

- Less than \$10,000
- \$10,001 to \$15,000
- \$15,001 to \$20,000
- \$20,001 to \$25,000
- \$25,001 to \$35,000
- \$35,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 to \$200,000
- \$200,001 or more
- <sup>77</sup> Don't know/Not sure

**53 About how tall are you without shoes?**

*Please round to the nearest whole number for inches.*

\_\_\_\_\_ Feet \_\_\_\_\_ Inches

<sup>77</sup> Don't know/Not sure

**54 About how much do you weigh without shoes? If you are currently pregnant, please enter your weight before pregnancy.**

*Please round to the nearest whole number for pounds*

\_\_\_\_\_ Pounds

<sup>77</sup> Don't know/Not sure

**55 Are you deaf, or do you have serious difficulty hearing?**

- Yes
- No
- <sup>77</sup> Don't know/Not sure

**56 Are you blind, or do you have serious difficulty seeing, even when wearing glasses?**

- Yes
- No
- <sup>77</sup> Don't know/Not sure

**57 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

- Yes
- No
- <sup>77</sup> Don't know/Not sure

**58 Do you have serious difficulty walking or climbing stairs?**

- Yes
- No
- <sup>77</sup> Don't know/Not sure

**59 Do you have difficulty dressing or bathing?**

- Yes
- No
- <sup>77</sup> Don't know/Not sure

→ Go to next page

**60** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

### Social Determinants of Health

The next several questions are about non-medical factors that can influence people's health.

**61** In the past 30 days, have you lost employment or had hours reduced?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**62** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**63** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**64** During the last 12 months, was there a time when an electric, gas, oil, or water company threatened to shut off services?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**65** In the past 12 months, have you been evicted or forced to move?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**66** In the past 12 months, has your household had to "double up" or combine with another household?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**67** Suppose you have an emergency expense that costs \$400. Would you...  
*Please select all that apply.*

- 1 Put it on your credit card and pay it off in full at the next statement
- 2 Put it on your credit card and pay it off over time
- 3 Pay with the money currently in your checking/savings account or with cash
- 4 Use money from a bank loan or line of credit
- 5 Borrow from a friend or family member
- 6 Use a payday loan, deposit advance or overdraft
- 7 Sell something
- 8 Not be able to pay for the expense right now
- 9 Other (*Please describe what you would do.*)

- 77 Don't Know/ Not sure

**68** During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**69** During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 Don't know/not sure

**70** During the past 12 months how often were you unable to afford to eat balanced meals? Was that...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 Don't know/not sure

**71** How often do you get the social and emotional support that you need? Is that...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 Don't know/not sure

**72** During the past 30 days, how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know/Not sure
1. Nervous?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77
2. Hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77
3. Restless and fidgety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77
4. So depressed that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77
5. Everything was an effort?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77
6. Worthless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77
7. You lack companionship?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77
8. Left out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77
9. Alone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77

## Immunization

**73** During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**74** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**75** Have you ever had an H.P.V. vaccination?

*A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, GARDASIL, or CERVARIX.*

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 77 Don't know/Not sure

} Go to question **77**

**76** How many H.P.V. shots did you receive?

- 1 1 Shot
- 2 2 Shots
- 3 3 Shots/All shots
- 77 Don't know/Not sure

→ Go to next page

**77** Have you received a COVID-19 vaccine or booster in past 12 months?

- 1  Yes → Go to question **79**
- 2  No
- 77  Don't know/Not sure

**78** Do you plan to get a COVID-19 vaccine or booster in the next 12 months?

- 1  Yes
- 2  Maybe
- 3  No
- 77  Don't know/Not sure

## Tobacco Use & E-Cigarettes

**79** Have you smoked at least 100 cigarettes (approximately 5 packs) in your entire life?

*Please do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes, hookahs, or marijuana.*

- 1  Yes
- 2  No
- 77  Don't know/Not sure } → Go to question **84**

**80** Do you now smoke cigarettes:

- 1  Every day
- 2  Some days
- 3  Not at all
- 77  Don't know/Not sure } → Go to question **83**

**81** Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes? Would you say:

- 1  All of the time
- 2  Most of the time
- 3  Some of the time
- 4  None of the time
- 77  Don't know/Not sure

**82** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**83** How long has it been since you last smoked a cigarette, even one or two puffs?

- 1  Within the past month
- 2  Within the past 3 months
- 3  Within the past 6 months
- 4  Less than 1 year ago
- 5  More than 1 year but less than 5 years ago
- 6  More than 5 years but less than 10 years ago
- 7  10 years or more
- 8  Never smoked regularly
- 77  Don't know/Not sure

**84** Have you ever tried an e-cigarette or vaped, even one or two puffs? This would include products like Puff Bar, JUUL, Blu, and NJOY.

*Do not include using electronic vaping products with marijuana or cannabis.*

- 1  Yes → Go to question **85**
- 2  No
- 77  Don't know/Not sure } → Go to question **84a**

**84a** Have you ever been curious about using an e-cigarette? Would you say:

- 1  Definitely yes
- 2  Probably yes
- 3  Probably not
- 4  Definitely not
- 77  Don't know/Not sure } → Go to question **86**

**85** How often do you use e-cigarettes or vape now? Would you say:

- 1  Every day
- 2  Some days
- 3  Not at all
- 77  Don't know/Not sure

**86** Do you currently use chewing tobacco, snuff, or snus?

*Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.*

- 1  Every day
- 2  Some days
- 3  Not at all
- 77  Don't know/Not sure

## Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- 87** During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

\_\_\_\_\_ Number of Days (1-30)

- <sup>88</sup>  No drinks in the past 30 days } *Go to question* **92**  
<sup>77</sup>  Don't know/Not sure

- 88** During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

\_\_\_\_\_ Number of Drinks

- <sup>77</sup>  Don't know/Not sure

- 89** Please respond if you are NOT MALE

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on one occasion?

\_\_\_\_\_ Number of times

- <sup>88</sup>  None  
<sup>77</sup>  Don't know/Not sure

- 90** Please respond if you are MALE

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

\_\_\_\_\_ Number of times

- <sup>88</sup>  None  
<sup>77</sup>  Don't know/Not sure

- 91** During the past 30 days, what is the largest number of drinks you had on any occasion?

\_\_\_\_\_ Number of Drinks

- <sup>77</sup>  Don't know/Not sure

## Marijuana Use

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

- 92** During the past 30 days, on how many days did you use marijuana or cannabis?

\_\_\_\_\_ Number of Days (1-30)

- <sup>88</sup>  None  
<sup>77</sup>  Don't know/Not sure } *Go to question* **96**

- 93** When you used marijuana or cannabis during the past 30 days, was it usually for:

- <sup>1</sup>  Medical reasons (like to treat or decrease symptoms or health conditions)  
<sup>2</sup>  Non-medical reasons (like to have fun or fit in)  
<sup>3</sup>  Both medical and non-medical reasons  
<sup>77</sup>  Don't know/Not sure

- 94** During the past 30 days, how did you use marijuana? Did you...

*Please select all that apply.*

- <sup>1</sup>  Smoke it (like in a joint, bong, pipe, or blunt)  
<sup>2</sup>  Eat it (like in brownies, cakes, cookies, or candy)  
<sup>3</sup>  Drink it (like in tea, cola, or alcohol)  
<sup>4</sup>  Vape it (like in an e-cigarette-like vaporizer)  
<sup>5</sup>  Dab it (like using butane hash oil, wax, or concentrates)  
<sup>6</sup>  Apply it (like topical or creams)  
<sup>8</sup>  Other  
<sup>77</sup>  Don't know/Not sure

- 95** During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

- <sup>1</sup>  Smoke it (like in a joint, bong, pipe, or blunt)  
<sup>2</sup>  Eat it (like in brownies, cakes, cookies, or candy)  
<sup>3</sup>  Drink it (like in tea, cola, or alcohol)  
<sup>4</sup>  Vape it (like in an e-cigarette-like vaporizer)  
<sup>5</sup>  Dab it (like using butane hash oil, wax, or concentrates)  
<sup>6</sup>  Apply it (like topical or creams)  
<sup>8</sup>  Other  
<sup>77</sup>  Don't know/Not sure

→ *Go to next page*

## Your Neighborhood

**96** How long have you lived in your neighborhood?

- 1 Less than 1 year
- 2 At least 1 year, but less than 5 years
- 3 At least 5 years, but less than 10 years
- 4 At least 10 years, but less than 20 years
- 5 20 years or longer
- 77 Don't know/Not sure

Go to question **98**

**97** People move for many different reasons. Thinking of your most recent move, why did you move?

Please select all that apply.

- 1 To be closer to work or school
- 2 To be closer to family or friends
- 3 For better quality neighborhood or schools
- 4 Because you received an eviction notice
- 5 Because your previous home or apartment was foreclosed
- 6 Your rent increased at your previous home or apartment
- 7 Your landlord would not fix things at your previous home or apartment
- 8 To save money
- 9 To relocate to a new city
- 10 Because your family status changed (e.g., marriage, divorce, children, adult child moved out)
- 11 For a better quality or larger home
- 12 Because you bought a home
- 13 Some other reason
- 77 Don't know/Not sure

**98** About how many people in your neighborhood do you know well enough to ask for help if you needed it?

\_\_\_\_\_ Number of people

- 88 None
- 77 Don't know/Not sure

**99** How often do you feel safe in your neighborhood? Would you say:

- 1 All the time
- 2 Most of the time
- 3 Sometimes
- 4 Rarely or never
- 77 Don't know/Not sure

**100** In your neighborhood, how often does violence occur?

- 1 Every day
- 2 At least every week
- 3 At least every month
- 4 Every few months
- 5 Once a year or so
- 6 Not at all
- 77 Don't know/Not sure

**101** To what extent do you feel like you and your neighbors have the ability to impact your community? Would you say:

- 1 To a great extent
- 2 Somewhat
- 3 A little
- 4 Not at all
- 77 Don't know/Not sure

**102** To what extent do you trust your local government to do what's right for your community? Would you say:

- 1 To a great extent
- 2 Somewhat
- 3 A little
- 4 Not at all
- 77 Don't know/Not sure

**103** Next are a few statements about your neighborhood. Please indicate how much you agree with the following statements:

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know/Not sure</b>	<b>There are no sidewalks/no transit stops near my home</b>
<b>1.</b> The sidewalks in my neighborhood are well maintained (paved, even, and not a lot of cracks).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	77 <input type="checkbox"/>	78 <input type="checkbox"/>
<b>2.</b> It is easy to walk, scoot, or roll to a transit stop (bus, train) from my home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	77 <input type="checkbox"/>	78 <input type="checkbox"/>
<b>3.</b> My neighborhood is generally free from litter.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	77 <input type="checkbox"/>	<i>Not Applicable</i>
<b>4.</b> You really feel part of your neighborhood.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	77 <input type="checkbox"/>	<i>Not Applicable</i>

**104** In the past 12 months, how often did you or someone in your household use the parks, playgrounds, and/or sport fields in your neighborhood?

- 1  Once a week or more
- 2  Several times a month
- 3  At least once a month
- 4  A few times a year
- 5  Never
- 6  There are no parks, playgrounds, or sport fields in my neighborhood
- 77  Don't know/Not sure

**105** In the past 12 months, how often have you ridden a bicycle, adult tricycle, or adaptive bicycle in your neighborhood?

- 1  Once a week or more
- 2  Several times a month
- 3  At least once a month
- 4  A few times a year
- 5  Never
- 6  I am not physically able to ride a bike
- 77  Don't know/Not sure

**106** During the past 7 days, did you ever walk or use a wheelchair or scooter to get to and from places such as work, shopping, or other activities?

- 1  Yes
- 2  No
- 3  I am not physically able to walk or use a wheelchair or scooter
- 77  Don't know/Not sure

➔ Go to next page

## Diet & Nutrition

**107** How many total servings of fruit did you eat yesterday?

*A serving would equal one medium apple or a handful of grapes. Please think about all forms of fruits including cooked or raw, fresh, frozen, or canned.*

*Please think about all meals, snacks, and food consumed at home and away from home. If none, please enter 0.*

\_\_\_\_ Number of servings

<sup>77</sup>  Don't know/Not sure

**108** How many total servings of vegetables did you eat yesterday?

*A serving would equal a handful of broccoli or a cup of carrots. Please think about all forms of vegetables including cooked or raw, fresh, frozen, or canned.*

*Please think about all meals, snacks, and food consumed at home and away from home. If none, please enter 0.*

\_\_\_\_ Number of servings

<sup>77</sup>  Don't know/Not sure

**109** How easy or difficult is it for you to get fresh fruits and vegetables?

Would you say it is:

<sup>1</sup>  Very difficult

<sup>2</sup>  Somewhat difficult

<sup>3</sup>  Somewhat easy

<sup>4</sup>  Very easy

<sup>77</sup>  Don't know/Not sure

} *Go to question* **111**

**110** What are the reasons it is difficult to get fresh fruits and vegetables?

*Please select all that apply.*

<sup>1</sup>  The store(s) that sell fresh fruits and vegetables are not reasonably accessible where I live.

<sup>2</sup>  The quality of fresh fruits and vegetables where I shop is poor

<sup>3</sup>  Fresh fruits and vegetables are too expensive where I shop

<sup>4</sup>  The store(s) where I use my EBT/SNAP benefits do not sell fresh fruits and vegetables

<sup>5</sup>  Some other reason

<sup>77</sup>  Don't know/Not sure

**111** During the past 30 days, how many regular soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch, or other fruit-flavored drinks have you had?

*Do not include diet soda, sugar free drinks, or 100% juice. If none, please enter 0.*

<sup>1</sup>  \_\_\_\_ Drinks

<sup>d</sup>  per day

<sup>w</sup>  per week

<sup>m</sup>  per month

<sup>77</sup>  Don't know/Not sure

**112** During the past 30 days, how many drinks of 100% juice have you had?

*Do not include sweetened drinks like fruit punch or other fruit flavored drinks. If none, please enter 0.*

<sup>1</sup>  \_\_\_\_ Drinks

<sup>d</sup>  per day

<sup>w</sup>  per week

<sup>m</sup>  per month

<sup>77</sup>  Don't know/Not sure

**113** Which of the following best describes the water that you most often drink at home?  
Is it:

<sup>1</sup>  Unfiltered tap water

<sup>2</sup>  Filtered tap water

<sup>3</sup>  Bottled water

<sup>4</sup>  Water from another source

<sup>5</sup>  I don't drink water at home

<sup>77</sup>  Don't know/Not sure



## Childhood Events

The next set of questions asks you about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, you will be given a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

### 114 Looking back before you were 18 years of age...

	Yes	No	Don't know/Not sure
1. Did you live with anyone who was depressed, mentally ill, or suicidal?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
2. Did you live with anyone who was a problem drinker or alcoholic?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	77 <input type="checkbox"/>

### 115 Looking back before you were 18 years of age...

	Never	Once	More than once	Don't know/Not sure
1. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	77 <input type="checkbox"/>
2. Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	77 <input type="checkbox"/>
3. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	77 <input type="checkbox"/>
4. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	77 <input type="checkbox"/>
5. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	77 <input type="checkbox"/>
6. How often did anyone at least 5 years older than you or an adult, force you to have sex?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	77 <input type="checkbox"/>

### 116 Were your parents separated or divorced?

- 1  Yes
- 2  No
- 3  Parents not married
- 77  Don't know/Not sure

→ Go to next page

**117** For how much of your childhood was there an adult in your household who....

	<b>Never</b>	<b>A little of the time</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>	<b>Don't know/ Not sure</b>
<b>1.</b> Made you feel safe and protected?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	77 <input type="checkbox"/>
<b>2.</b> Tried hard to make sure your basic needs were met?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	77 <input type="checkbox"/>

For information and referral for the issues in the last few questions, you can reach Childhelp® toll-free at 1-800-4-A-CHILD (1-800-422-4453).

## TOBACCO FOLLOW-UP

IDPH would like to learn more detail about your tobacco use, knowledge, and beliefs. These questions apply to non-smokers, smokers, and people who used to smoke or use other tobacco. The information will be used for health planning and program evaluation in Illinois. The information you gave us today and any you and anyone in your household will give us in the future will be kept confidential.

**This section is optional.** If you would like to provide additional information on tobacco use, knowledge, and beliefs, please continue to through the end of this packet.

**If you prefer to finish the survey here,** please go to the last page of this booklet to provide the necessary information to receive your \$10 gift.

Please continue if you would like to answer the additional tobacco-related questions.

### Tobacco Use

**T1** Have you ever used cigarettes, cigars, cigarillos, small cigars, smokeless tobacco, chewing tobacco, dip, snuff, or snus, even once?

- Yes → Go to question **T2**  
 No → Go to page 26, question **T38**  
 Don't know/Not sure → Go to question **T2**

### Cigarettes

**T2** Have you ever smoked a cigarette, even 1 or 2 puffs?

- Yes → Go to question **T3**  
 No  
 Don't know/Not sure } → Go to page 21, question **T20**

**T3** How old were you when you first started smoking regularly?

- \_\_\_ Age in years  
 I never smoked regularly  
 Don't know/Not sure

**T4** Have you ever smoked menthol cigarettes for 6 months or more?

- Yes  
 No  
 Don't know/Not sure

**T5** Have you smoked a cigarette in the past 30 days?

Please include *both* non-menthol and menthol cigarettes.

- Yes → Go to page 20, question **T7**  
 No → Go to question **T6**  
 Don't know/Not sure → Go to page 20, question **T7**

**T6** About how long has it been since you last smoked cigarettes regularly?

- Within the past month (anytime less than 1 month ago)  
 Within the past 3 months (more than 1 month, but less than 3 months ago)  
 Within the past 6 months (more than 3 months, but less than 6 months ago)  
 Within the past year (more than 6 months, but less than 1 year ago)  
 Within the past 5 years (more than 1 year, but less than 5 years ago)  
 Within the past 10 years (more than 5 years, but less than 10 years ago)  
 10 or more years ago  
 I never smoked regularly  
 Don't know/Not sure
- Go to page 20, question **T12**

→ Go to next page

**T7** On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

1 PACK = 20 CIGARETTES

\_\_\_\_ Number of cigarettes per day

- <sup>55</sup>  More than 50 a day
- <sup>88</sup>  Less than one cigarette per day
- <sup>77</sup>  Don't know/Not sure

**T8** During the past 30 days, on how many days did you smoke cigarettes?

\_\_\_\_ Number of Days (1-30)

- <sup>77</sup>  Don't know/Not sure

**T9** How soon after you wake up do you have your first cigarette?

- <sup>1</sup>  Within 5 minutes
- <sup>2</sup>  6-30 minutes
- <sup>3</sup>  31-60 minutes
- <sup>4</sup>  After 60 minutes
- <sup>77</sup>  Don't know/Not sure

**T10** During the past 30 days, were the cigarettes that you usually smoked menthol?

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>77</sup>  Don't know/Not sure

**T11** During the past 30 days, what brand of cigarettes did you smoke the most often?

- <sup>1</sup>  American Spirit (Natural American Spirit)
- <sup>2</sup>  Basic (Branded Discount)
- <sup>3</sup>  Camel
- <sup>4</sup>  Doral (Branded Discount)
- <sup>5</sup>  Forsyth (Private Label)
- <sup>6</sup>  GPC (Branded Discount)
- <sup>7</sup>  Kool
- <sup>8</sup>  Marlboro (Other)
- <sup>9</sup>  Misty (Branded Discount)
- <sup>10</sup>  Newport (Other)
- <sup>11</sup>  Pall Mall
- <sup>12</sup>  Parliament
- <sup>13</sup>  Salem
- <sup>14</sup>  Sonoma (Branded Discount)
- <sup>15</sup>  USA Gold (Branded Discount)
- <sup>16</sup>  Virginia Slims
- <sup>17</sup>  Winston
- <sup>18</sup>  Marlboro Gold
- <sup>19</sup>  Marlboro Menthol
- <sup>20</sup>  Marlboro Red
- <sup>21</sup>  Newport Menthol Blue
- <sup>22</sup>  Newport Menthol Gold
- <sup>23</sup>  Newport Box
- <sup>96</sup>  Other

- <sup>66</sup>  Did not smoke a usual brand during the past 30 days
- <sup>77</sup>  Don't know/Not sure

**T12** Have you bought any cigarettes for yourself in the past 30 days?

- <sup>1</sup>  Yes → Go to page 21, question **T13**
- <sup>2</sup>  No
- <sup>77</sup>  Don't know/Not sure } → Go to page 21, question **T20**

**T13** Where did you buy cigarettes for yourself during the past 30 days most often?

- 1  At a convenience store or gas station
- 2  At a supermarket
- 3  At a liquor store
- 4  At a drug store
- 5  At a tobacco discount store
- 6  On an Indian Reservation
- 7  From a vending machine
- 8  On the internet
- 9  From another person
- 11  At a volume discount store like Wal-Mart, Sam's Club, or Costco
- 10  Other

77  Don't know/Not sure

**T14** Do you buy cigarettes by the pack or by the carton?

- 1  By the pack → Go to question **T15**
- 2  By the carton → Go to question **T16**
- 77  Don't know/Not sure → Go to question **T17**

**T15** The last time you bought a pack of cigarettes for yourself, what price did you pay?

\$ \_\_\_\_ Amount paid for last pack of cigarettes } Go to question **T17**

77  Don't know/Not sure

**T16** The last time you bought a carton of cigarettes for yourself, what price did you pay?

Please report the cost after discounts or coupons.

\$ \_\_\_\_ Amount paid for last carton of cigarettes

77  Don't know/Not sure

**T17** How often do you purchase cigarettes from a state other than Illinois? Would you say:

- 1  All the time
- 2  Sometimes
- 3  Rarely
- 4  Never
- 77  Don't know/Not sure

**T18** In the past 12 months, have you ever taken advantage of coupons, rebates, buy 1 get 1 free, or any other special promotions for cigarettes?

- 1  Yes → Go to question **T19**
- 2  No
- 77  Don't know/Not sure } Go to question **T20**

**T19** Where do you usually get the coupons you use?

- 1  From the store/cashier where cigarettes are purchased
- 2  In the mail from the cigarette company
- 3  Sent in a text message from the cigarette company
- 4  Sent in an email from the cigarette company
- 5  Printed from a website
- 6  From the cigarette package
- 77  Don't know/Not sure } Go to question **T20**

## Cigars

**T20** Have you ever smoked a cigar, cigarillo, or small cigar, even 1 or 2 puffs?

*Cigarillos are small, regular cigars. They are usually sold individually or in packs of 5 or 8. Some common brands are Black and Mild, Swisher Sweets Cigarillos, and Phillies Blunts, but there are others.*

*Small Cigars look like cigarettes that are usually brown in color and have a spongy filter like a cigarette. They are about the same size as cigarettes and are often sold in packs of 20. Some common brands are Prime Time little filter cigars and Winchester little filter cigars, but there are others.*

- 1  Yes → Go to question **T21**
- 2  No → Go to page 22, question **T26**
- 77  Don't know/Not sure → Go to question **T21**

**T21** Have you smoked at least 50 cigars, cigarillos, or small cigars in your entire life?

- 1  Yes
- 2  No
- 77  Don't know/Not sure } Go to page 22 question **T26**

→ Go to next page

**T22** Do you now smoke cigars, cigarillos, or small cigars every day, some days, or not at all?

- 1  Every day
- 2  Some days
- 3  Not at all → Go to question **T24**
- 77  Don't know/Not sure → Go to question **T26**

**T23** Are you trying to quit smoking cigars now or have you tried to quit in the past, or both?

- 1  Trying to quit now
- 2  Have tried to quit in the past
- 3  Both (trying to quit now and have tried in the past)
- 4  No, I have not tried to quit smoking cigars
- 77  Don't know/Not sure

**T24** About how long has it been since you last smoked cigars, cigarillos, or small cigars regularly?

- 1  Within the past month (any time less than 1 month ago) → Go to question **T25**
- 2  Within the past 3 months (more than 1 month, but less than 3 months ago)
- 3  Within the past 6 months (more than 3 months, but less than 6 months ago)
- 4  Within the past year (more than 6 months, but less than 1 year ago)
- 5  Within the past 4 years (more than 1 year, but less than 5 years ago)
- 6  Within the past 10 years (more than 5 years, but less than 10 years ago)
- 7  10 or more years ago
- 88  I never smoked cigars regularly
- 77  Don't know/Not sure

Go to question **T26**

**T25** Were any of the cigars, cigarillos, or small cigars that look like cigarettes that you smoked in the past 30 days flavored to taste like candy, fruit, chocolate, or other sweets?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

## Smokeless Tobacco

**T26** Have you ever used or tried any chewing tobacco, dip, snuff, or snus, even just one time?

*Smokeless tobacco is tobacco that is not burned but placed inside the mouth. It comes in many forms including:*

- Chewing tobacco, which is placed between the cheek and gums,
- Dip, moist snuff used like chewing tobacco,
- Snuff, which can be sniffed if dried, and
- Snus, a small pouch of moist snuff

- 1  Yes → Go to question **T27**
- 2  No → Go to page 23, question **T32**
- 77  Don't know/Not sure → Go to question **T27**

**T27** Have you used chewing tobacco, dip, snuff, or snus at least 20 times in your entire life?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**T28** During the past 30 days, what brand of chewing tobacco, dip, snuff, or snus did you use the most often?

*Please select the one you use the most often*

- 1  Beech-nut Regular
- 2  Copenhagen
- 3  Grizzly
- 4  Kodiak
- 5  Levi Garrett
- 6  Longhorn
- 7  Morgan's
- 8  Red Man
- 9  Red Man Golden Blend
- 10  Red Seal
- 11  Skoal
- 12  Southern Pride
- 13  Stoker Chew
- 14  Taylor's Pride
- 15  Timber Wolf
- 16  Gold River
- 17  Kayak
- 66  Did not use one brand more often during the past 30 days
- 88  Did not purchase in the past 30 days
- 96  Other

- 77  Don't know/Not sure

**T29** Are you trying to quit using smokeless tobacco now or have you tried to quit in the past, or both?

- 1 Trying to quit now
  - 2 Have tried to quit in the past
  - 3 Both (trying to quit now and have tried in the past)
  - 4 No, I have not tried to quit smokeless tobacco
  - 77 Don't know/Not sure
- Go to question **T30**
- Go to question **T32**

**T30** In your whole life, how many times have you stopped using smokeless tobacco for one day or longer because you were trying to quit using smokeless tobacco for good?

- \_\_\_\_\_ Number of times
- 888 None
  - 777 Don't know/Not sure

**T31** About how long has it been since you last used smokeless tobacco regularly?

- 1 Within the past month (any time less than 1 month ago)
  - 2 Within the past 3 months (more than 1 month, but less than 3 months ago)
  - 3 Within the past 6 months (more than 3 months, but less than 6 months ago)
  - 4 Within the past year (more than 6 months, but less than 1 year ago)
  - 5 Within the past 4 years (more than 1 year, but less than 5 years ago)
  - 6 Within the past 10 years (more than 5 years, but less than 10 years ago)
  - 7 10 or more years ago
  - 88 I never used smokeless tobacco regularly
  - 77 Don't know/Not sure
- Go to question **T32**

## Lung Cancer Screening

**T32** The next set of questions are about screening for lung cancer.

How old were you when you first started smoking cigarettes regularly?

\_\_\_\_\_ Age in years → Go to question **T33**

888 Never smoked cigarettes regularly → Go to question **T38**

777 Don't know/Not sure → Go to question **T33**

**T33** How old were you when you last smoked cigarettes regularly?

\_\_\_\_\_ Age in years

777 Don't know/Not sure

**T34** On average when you smoke/smoked regularly, about how many cigarettes do/did you usually smoke each day?

\_\_\_\_\_ Number of cigarettes

55 More than 50 a day

88 Less than one cigarette per day

777 Don't know/Not sure

**T35** The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped X-ray machine. Have you ever had a CT or CAT scan of your chest area?

1 Yes → Go to question **T36**

2 No

77 Don't know/Not sure → Go to question **T38**

**T36** Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

1 Yes → Go to page 24, question **T37**

2 No

77 Don't know/Not sure → Go to page 24, question **T38**

→ Go to next page

**T37** When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

- 1  Within the past year (anytime less than 12 months ago)
- 2  Within the past 2 years (more than 1 year but less than 2 years)
- 3  Within the past 3 years (more than 2 years but less than 3 years)
- 4  Within the past 5 years (more than 3 years but less than 5 years)
- 5  Within the past 10 years (more than 5 years but less than 10 years ago)
- 6  10 or more years ago
- 77  Don't know/Not sure

Go to question **T38**

## E-Cigarettes

**T38** Have you ever used or tried e-cigarettes, even just one time?

- 1  Yes → Go to question **T39**
- 2  No → Go to page 25, question **T45**
- 77  Don't know/Not sure → Go to question **T39**

**T39** If you have at least TRIED cigarettes and e-cigarettes, which did you use first?

- 1  Cigarettes
- 2  E-cigarettes
- 3  I haven't tried both cigarettes AND e-cigarettes
- 77  Don't know/Not sure

**T40** How old were you when you first tried an e-cigarette, even once or twice?

- \_\_\_ Age in years
- 77  Don't know/Not sure

**T41** When was the last time you used an e-cigarette, even one or two times?

- 1  Earlier today
- 2  Within the past 7 days (not today, but sometime during the past 7 days)
- 3  Within the past 30 days (not during the past 7 days, but sometime during the past 30 days)
- 4  Within the past 6 months (not during the past 30 days, but sometime during the past 6 months)
- 5  Within the past year (not during the past 6 months, but sometime during the past year)
- 6  Within the past 5 years (more than 1 year, but less than 5 years ago)
- 7  5 or more years ago
- 77  Don't know/Not sure

**T42** What is the MAIN reason you tried an e-cigarette?

- 1  Because I was curious
- 2  I thought it would be safer than trying cigarettes/something else
- 3  As part of a social activity/for fun/ someone invited me to try
- 4  I wanted to cut back on cigarettes and/or other tobacco
- 5  I wanted to quit cigarettes and/or other tobacco
- 6  I wanted to smoke indoors/other places where smoking is not allowed
- 7  I wanted to save more money (cheaper or long-term cost savings)
- 8  It doesn't have a distinctive odor while using it or after
- 9  It doesn't leave ash or litter like cigarette butts
- 10  The flavor sounded good
- 11  Other reason

- Don't know/Not sure



**T43** Are you trying to quit using e-cigarettes now or have you tried to quit in the past, or both?

- 1  Trying to quit now
  - 2  Have tried to quit in the past
  - 3  Both (trying to quit now and have tried in the past)
  - 4  No, I have not tried to quit e-cigarettes
  - 5  Not applicable, I was never a regular e-cigarette user
  - 77  Don't know/Not sure
- Go to question **T44**
- Go to question **T45**

**T44** In your whole life, how many times have you stopped using e-cigarettes for one day or longer because you were trying to quit using e-cigarettes for good?

\_\_\_\_\_ Number of times

- 666  Not applicable/Never a regular e-cigarette user
- 888  None
- 777  Don't know/Not sure

### Other Tobacco

**T45** Have you ever used or tried any other tobacco product we haven't asked about, even just one time? Other kinds of tobacco products could be tobacco pipe, roll-your-own, hookah or waterpipe, bidis, kreteks, orbs, or something else with nicotine and/or tobacco.

- 1  Yes → Go to question **T46**
- 2  No
- 77  Don't know/Not sure } Go to question **T48**

**T46** What other types of tobacco products have you used?

*Please select all that apply.*

- 1  Roll-Your-Own
- 2  Bidis
- 3  Kreteks
- 4  Hookah or waterpipe
- 5  Tobacco pipe
- 6  Orbs
- 7  Something else

- 77  Don't know/Not sure

**T47** Which of these other types of tobacco have you used in the past 30 days?

*Please select all that apply.*

- 1  Roll-Your-Own
- 2  Bidis
- 3  Kreteks
- 4  Hookah or waterpipe
- 5  Tobacco pipe
- 6  Orbs
- 7  Something else

- 77  Don't know/Not sure

### Cessation

**T48** A telephone quitline is a free telephone-based service that connects people who smoke cigarettes or other tobacco products with someone who can help them quit.

Are you aware of any quitline services that are available by phone or website to help people quit using tobacco?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**T49** Have you ever heard of the Illinois Tobacco Quitline 1-800-QUIT-YES?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**T50** Are you planning to stop smoking or using other tobacco products in the next 30 days?

- 1  Yes
- 2  No
- 66  Don't currently smoke cigarettes or use any tobacco products
- 77  Don't know/Not sure

→ Go to next page

**T51** If you decided to give up smoking or using other tobacco products altogether, how likely do you think you would be to succeed? Would you say:

- 1  Very likely
- 2  Somewhat likely
- 3  Somewhat unlikely
- 4  Very unlikely
- 66  Don't currently smoke cigarettes or use any tobacco products
- 77  Don't know/Not sure

**T52** When you try to quit smoking or using other tobacco products, do you plan to use a quitline to help you quit?

- 1  Yes
- 2  No
- 66  Don't currently smoke cigarettes or use any tobacco products
- 77  Don't know/Not sure

**T53** When you quit smoking or using any other tobacco product, did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline to help you quit?

- 1  Yes
- 2  No
- 66  Never smoked cigarettes or used any tobacco product/Never quit smoking cigarettes or quit using tobacco products in the past
- 77  Don't know/Not sure

**T54** In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? Do not include visits to a dentist.

- 1  Yes → Go to question **T55**
- 2  No
- 77  Don't know/Not sure } Go to page 27, question **T61**

**T55** During the past 12 months, did any doctor or other health professional ask if you smoke?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**T56** During the past 12 months, did any doctor or other health professional advise you not to smoke?

- 1  Yes → Go to question **T57**
  - 2  No
  - 3  I have never smoked/I haven't smoked in the past 12 months
  - 77  Don't know/Not sure
- } Go to page 27, question **T61**

**T57** In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills, like Zyban?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**T58** In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they suggest that you use a smoking cessation class, program, or counseling?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**T59** In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they refer you to a quitline, with telephone or web counseling services?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

**T60** Did they also provide a referral to a quitline by providing your name and contact information to the quitline to reach out to you?

- 1  Yes
- 2  No
- 77  Don't know/Not sure

## Oral Health

**T61** In the past 12 months, did a dentist perform an oral cancer screening exam?

*Oral cancer screening is an examination performed by a dentist or doctor to look for signs of cancer or precancerous conditions in your mouth. A dentist will feel for any lumps or irregular tissue changes in the neck, head, face, and oral cavity. When examining the mouth, a dentist should look for any sores or discolored tissue. This means a thorough look at parts of the mouth, including the lips, both outside and inside, the tongue from all sides and underneath, the insides of the cheeks, the roof of the mouth, and back of the throat.*

- <sup>1</sup>  Yes  
<sup>2</sup>  No  
<sup>77</sup>  Don't know/Not sure

**T62** In the past 12 months, did a dentist ask you if you smoke or use any tobacco product?

- <sup>1</sup>  Yes  
<sup>2</sup>  No  
<sup>77</sup>  Don't know/Not sure

**T63** In the past 12 months, did a dentist advise you to quit smoking or using tobacco?

- <sup>1</sup>  Yes  
<sup>2</sup>  No  
<sup>66</sup>  Haven't smoked or used any tobacco product in the past 12 months  
<sup>77</sup>  Don't know/Not sure

## Secondhand Smoke

**T64** Not including yourself, how many of the people who live in your household smoke cigarettes, cigars, or pipes?

*Please include children 5 and older in the household.*

- \_\_\_ Number of people who smoke in your household  
<sup>88</sup>  None  
<sup>77</sup>  Don't know/Not sure

**T65** During the past seven days, how many days did anyone, including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?

- \_\_\_ Number of days (1-7)  
<sup>88</sup>  None  
<sup>77</sup>  Don't know/Not sure

**T66** Which statement best describes the rules about smoking inside your home?

*Please do not include decks, garages, or porches.*

- <sup>1</sup>  Smoking is not allowed anywhere inside your home  
<sup>2</sup>  Smoking is allowed in some places or at some times  
<sup>3</sup>  Smoking is allowed anywhere inside the home  
<sup>77</sup>  Don't know/Not sure

**T67** During the past seven days, how many days were you exposed to vapors from other people using e-cigarettes or other electronic vaping products in indoor places?

- \_\_\_ Number of days (1-7)  
<sup>88</sup>  None → Go to page 28, question **T69**  
<sup>77</sup>  Don't know/Not sure

→ Go to next page

**T68** Where did it happen?

Please select all that apply.

- 1  In your home
- 2  In your family car
- 3  In other people's homes
- 4  In other people's cars
- 5  In public transportation (bus, train, etc.)
- 6  In the office
- 7  In the stairwell in a building
- 8  Inside an elevator
- 9  In lobbies, hallways, and other common areas in a building
- 10  In a shopping mall
- 11  In an indoor sporting place (indoor stadium, pool, gym, etc.)
- 12  At the entrance of a building
- 13  In a restaurant or bar
- 14  Other

77  Don't know/Not sure

**T69** During the past seven days, how many days were you exposed to vapors from other people using e-cigarettes or other electronic vaping products in outdoor places?

\_\_\_ Number of days (1-7)

88  None → Go to question **T71**

77  Don't know/Not sure

**T70** Where did it happen?

Please select all that apply.

- 1  Sidewalk
- 2  Outdoor parks
- 3  Outdoor dining areas
- 4  Outdoor sporting events
- 5  Outdoor workplaces
- 6  Outdoor county fairs
- 7  Outdoor concerts
- 8  Public transportation stops
- 9  Outdoor common areas
- 10  Other

77  Don't know/Not sure

**T71** During the past seven days, how many days were you exposed to secondhand smoke from other people smoking cigarettes in indoor places?

\_\_\_ Number of days (1-7)

88  None → Go to question **T73**

77  Don't know/Not sure

**T72** Where did it happen?

Please select all that apply.

- 1  In your home
- 2  In your family car
- 3  In other people's homes
- 4  In other people's cars
- 5  In public transportation (bus, train, etc.)
- 6  In the office
- 7  In the stairwell in a building
- 8  Inside an elevator
- 9  In lobbies, hallways, and other common areas in a building
- 10  In a shopping mall
- 11  In an indoor sporting place (indoor stadium, pool, gym, etc.)
- 12  At the entrance of a building
- 13  In a restaurant or bar
- 14  Other

77  Don't know/Not sure

**T73** During the past seven days, how many days were you exposed to secondhand smoke from other people smoking cigarettes in outdoor places?

\_\_\_ Number of days (1-7)

88  None → Go to page 29, question **T75**

77  Don't know/Not sure

**T74** Where did it happen?

Please select all that apply.

- 1 Sidewalk
- 2 Outdoor parks
- 3 Outdoor dining areas
- 4 Outdoor sporting events
- 5 Outdoor workplaces
- 6 Outdoor county fairs
- 7 Outdoor concerts
- 8 Public transportation stops
- 9 Outdoor common areas
- 10 Other

77 Don't know/Not sure

**T75** For each of the following statements, please select how strongly you feel about each statement.

It is acceptable for parents to smoke in front of children.

Would you say you:

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 77 Don't know/Not sure

**T76** Inhaling smoke from any tobacco product harms the health of adults and children.

Would you say you:

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 77 Don't know/Not sure

**T77** Children are more likely to smoke if their parents are smokers.

Would you say you:

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 77 Don't know/Not sure

**T78** How much does it bother you when you are exposed to other people's cigarette smoke?

Would you say it bothers you:

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Very Much
- 77 Don't know/Not sure

**T79** How much does it bother you when you are exposed to other people's e-cigarette aerosol or vapor?

Would you say it bothers you:

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Very Much
- 88 I have never been exposed to e-cigarette aerosol or vapor
- 77 Don't know/Not sure

### Heated Tobacco Products

**T80** The next section is about "heated tobacco products." These products heat tobacco sticks to produce an aerosol. They are different from e-cigarettes, which heat a liquid to produce an aerosol. Right now they are sold in some places with the brand name iQOS (eye-kose) or Marlboro Heatsticks, and might be referred to as "heat-not-burn tobacco products".

Before today, had you heard of "heated tobacco products"?

- 1 Yes → Go to question **T81**
- 2 No } → Go to page 30, question **T83**
- 77 Don't know/Not sure }

**T81** Have you ever tried a "heated tobacco product," even just one time?

- 1 Yes → Go to page 30, question **T82**
- 2 No } → Go to page 30, question **T83**
- 77 Don't know/Not sure }

→ Go to next page

**T82** During the past 30 days, how many days did you use a heated tobacco product?

\_\_\_ Number of days (1-30)

<sup>88</sup>  None

<sup>77</sup>  Don't know/Not sure

### Media Campaign

**T83** In the past month, do you recall seeing or hearing any advertisements about the dangers of tobacco use?

<sup>1</sup>  Yes → Go to question **T84**

<sup>2</sup>  No

<sup>77</sup>  Don't know/Not sure } Go to question **T88**

**T84** Where did you read, see, or hear this advertisement?

Please select all that apply.

<sup>1</sup>  Television

<sup>2</sup>  Radio

<sup>3</sup>  Outdoor billboard

<sup>4</sup>  Newspaper

<sup>5</sup>  Magazine

<sup>6</sup>  Internet

<sup>7</sup>  Bus signs

<sup>8</sup>  Movie screens

<sup>9</sup>  Other

<sup>77</sup>  Don't know/Not sure

**T85** What was the MAIN topic of the advertisement?

<sup>1</sup>  Quit smoking or chewing

<sup>2</sup>  Smoking causes diseases

<sup>3</sup>  Don't smoke in cars

<sup>4</sup>  Secondhand smoke awareness

<sup>5</sup>  Don't smoke around children

<sup>6</sup>  Dangers of secondhand aerosol from e-cigarettes

<sup>7</sup>  Parents need to be aware of new products

<sup>8</sup>  Other

<sup>77</sup>  Don't know/Not sure

**T86** Have you ever discussed any of these ads with anyone else?

<sup>1</sup>  Yes → Go to question **T87**

<sup>2</sup>  No

<sup>77</sup>  Don't know/Not sure } Go to question **T88**

**T87** Who else have you discussed these ads with?

Please select all that apply.

<sup>1</sup>  Children under 18

<sup>2</sup>  Children aged 18 or older

<sup>3</sup>  Siblings

<sup>4</sup>  Parents

<sup>5</sup>  Friends

<sup>6</sup>  Spouse or Significant Other

<sup>7</sup>  Other

<sup>77</sup>  Don't Know/Not Sure

**T88** Please select how strongly you feel about the following statement:

**Tobacco advertising is acceptable in grocery and convenience stores.**

Do you:

<sup>1</sup>  Strongly agree

<sup>2</sup>  Agree

<sup>3</sup>  Disagree

<sup>4</sup>  Strongly disagree

<sup>77</sup>  Don't know/Not sure

**T89** When you are on the internet, how often do you see ads for tobacco products?

Would you say:

<sup>1</sup>  Most of the time

<sup>2</sup>  Some of the time

<sup>3</sup>  Hardly ever

<sup>4</sup>  Never

<sup>5</sup>  I don't use the internet

<sup>6</sup>  I don't own a computer

<sup>77</sup>  Don't know/Not sure

## Tobacco Purchase and Related Policy

Next, please select how strongly do you feel about the following statements.

**T90** Stores should be penalized for the sale of tobacco products to persons under the minimum legal sales age.

Do you:

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 77 Don't know/Not sure

**T91** The sale of tobacco products is acceptable in pharmacies.

Do you:

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 77 Don't know/Not sure

**T92** Tobacco use by adults should not be allowed on school grounds or at any school events.

Do you:

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 77 Don't know/Not sure

**T93** Do you think the laws banning the sale of tobacco products to youth and young adults under purchase age have not been adequately enforced, adequately enforced, or excessively enforced?

- 1 Not adequately enforced
- 2 Adequately enforced
- 3 Excessively enforced
- 77 Don't know/Not sure

**T94** Overall, do you think that tobacco use is a serious problem in your community?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

**T95** Overall, do you think that tobacco use by teenagers is a serious problem in your community?

- 1 Yes
- 2 No
- 77 Don't know/Not sure

} → *Go to last page*

## Thank You!

Those are all the questions we have. We would like to thank you on behalf of the Illinois Department of Public Health for the time and effort you've spent answering these questions, and as a token of our appreciation we would like to send you a \$10 gift.

- <sup>1</sup>  I would like the \$10 gift  
<sup>2</sup>  I do not want the \$10 gift

Which payment option would you prefer?

- <sup>1</sup>  Electronic Gift Card  
<sup>2</sup>  Cash  
<sup>99</sup>  None

### If you chose cash:

What is the name and address where you would like the cash sent?

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Apartment: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### If you chose electronic gift card:

Please select an Electronic Gift Card:

- <sup>1</sup>  MASTERCARD Prepaid Card  
<sup>2</sup>  Amazon.com Gift Card  
<sup>3</sup>  Target eGiftCard™  
<sup>4</sup>  Walmart eGift Card

What is your email?

Email \_\_\_\_\_

We will process all \$10 gifts within ten (10) business days of your booklet returning to NORC. Please confirm the contact information you provided above is correct and legible. If you do not receive your gift within two weeks of returning your booklet, please reach out to us at [HealthyILSurvey@norc.org](mailto:HealthyILSurvey@norc.org) for assistance.

Thank you again. If you would like more information about the Healthy Illinois Survey, please email the study team at [HealthyILSurvey@norc.org](mailto:HealthyILSurvey@norc.org). If you have questions about your rights as a survey participant, you may call 877-778-2660.