

New York State Adult Tobacco Survey (NY ATS)
2024 Administration 1 Web Survey Items

SECTIONS	
<u>SCREENER</u>	2
<u>INFORMED CONSENT</u>	3
<u>GENERAL HEALTH</u>	4
<u>SECTIONS B AND C: TOBACCO USE AND PURCHASING</u>	5
<u>SECTION D: CESSATION</u>	8
<u>SECTION H: OTHER TOBACCO USE</u>	10
<u>SECTION F: ENVIRONMENTAL TOBACCO SMOKE</u>	16
<u>SECTION G: PERCEPTIONS</u>	17
<u>SECTION K: POLICY</u>	18
<u>SECTION J: MEDIA TRACKING</u>	20
<u>MORE GENERAL HEALTH</u>	22
<u>SECTION A: DEMOGRAPHICS</u>	23

[General Programming Notes]

- On the upper right side of each screen, a drop-down box offers two options:
 - English
 - EspañolIf “English” is selected, English versions of the questions appear.
If “Español” is selected, Spanish versions of the questions appear.
- A right-facing arrow appears below the display text, on the right side of each screen.
 - Unless otherwise noted, the user must activate (click or tap) the right-facing arrow to advance to the next screen.
- Display of item labels will be toggled on for testing but will be toggled off before sample members start accessing the survey.

SCREENER

[ASK ALL AND REQUIRE RESPONSE]

S1.

The past few years have shown New Yorkers how important it is to support public health. Your answers on this survey will help the New York State Department of Health monitor the health of all New Yorkers. Please complete our brief survey.

[The user must activate (click or tap) a right-facing arrow to advance to the next screen.]

[unlabeled] Enter your Access Code Here: [6-character text box]

Access Code / Código de acceso: _ _ _ _ _ _ [VALIDATE CORRECT CODE] [The text labelling this field must be the same for English and Spanish modes.]

[IF CODE DOES NOT VALIDATE]: It looks like the code you entered is invalid. Please re-enter the 6-letter access code that you received in the mail. Remember that you can only use the access code to take the survey one time.

[ASK ALL AND REQUIRE RESPONSE]

S2. To ensure that the full variety of New Yorkers are included, we must randomly invite one adult from within each household to complete the survey. We do this by asking for the adult with the next birthday. SC

Are you the adult age 18 or older in your household who will have the next birthday?

- 1 I am the adult with the next birthday. **[GO TO CINTSCR1]**
- 2 I am **not** the adult with the next birthday. **[GO TO S2_probe]**
- 3 I am **not** an adult and no adults live in this household. **[GO TO CLOSE_Y]**

[IF S2=2]

S2_probe. Is the adult with the next birthday available to complete the survey now?

- 1 Yes [Go to S2_now]
- 2 No [Go to S2_later]

[IF S2_probe=2]

S2_later. Please give the letter with the Access Code to the adult in your household with the next birthday and ask him or her to complete the survey soon.

The adult with the next birthday can log back into the survey later, using the code in the letter. You may close your browser now.

Once the adult with the next birthday is accessing the survey, click "Continue".

- 1 Continue **[Go to S2_2]**

[IF S2_probe=1]

S2_now. Please ask the adult with the next birthday to complete the rest of the survey now.

Once the adult with the next birthday is accessing the survey, click “Continue”.

1 Continue [Go to S2_2]

[IF S2_probe=1, SHOW AND REQUIRE RESPONSE]

S2_2. To ensure that the full variety of New Yorkers are included, we must randomly invite one adult from within each household to complete the survey. We do this by asking for the adult with the next birthday.

SC

Are you the adult age 18 or older in your household who will have the **next birthday**?

- 1 I am the adult with the next birthday. [GO TO CINTSCR1]
- 2 I am **not** the adult with the next birthday. [IF THIS IS SELECTED AND THE R CLICKS NEXT, STAY ON THIS SCREEN AND SHOW ERROR MESSAGE, “Please ask the adult with the next birthday to complete the survey.”]
- 3 I am **not** an adult and no adults live in this household. [GO TO CLOSE_Y]

[ASK ALL AND REQUIRE RESPONSE]

[SVY_UNAVAILABLE HOLDER].

“Thank you for your interest in the New Yorkers’ Health Survey. This survey is currently unavailable.”

INFORMED CONSENT

[ASK ALL AND REQUIRE RESPONSE]

CINTSCR1.

Please read this information about the survey and your rights as a participant, and then click to indicate whether you would like to participate.

This survey focuses on the health of people living in New York State. [REDACTED] is conducting this study with our partner, the New York State Department of Health.

Participation is easy, voluntary, and **very important**. Your answers will be kept private and confidential to the extent allowable by law. Completing the survey generally takes 10 - 15 minutes.

If you participate in this survey, we will send you \$20, as a token of our appreciation.

If you have any questions about this survey, please visit the study’s website: [REDACTED]. You may also contact our survey manager at [REDACTED].

Do you agree to participate in this survey?

1. I have read this information and agree to participate in this survey. [CONTINUE to A1]
2. I choose NOT to participate in this survey. [GO TO CLOSE_Z]

[ASK ALL AND REQUIRE RESPONSE]

A1. What is your age? [OPEN END NUM]
_____ years [RANGE: 0-96]
[IF NOT ≥ 18, TERMINATE; DISPLAY SCREEN_1 SCRIPT]

PROGRAMMER NOTE:

- Do not force any items after this point, unless explicitly stated. Include soft prompt warning for any skipped questions with the following message:

There is 1 unanswered question on this page. Would you like to continue?

GENERAL HEALTH

[ASK ALL]

I1. In general, would you say your health is:
SC

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

[ASK ALL]

I16. During the past month, how many times per week did you do physical activities or exercises to strengthen your muscles?

SC

- 1 Never
- 2 1-2 times per week
- 3 3-4 times per week
- 4 5 or more times per week

[ASK ALL]

I10. Do you have serious difficulty walking or climbing stairs?
SC

- 1 Yes
- 2 No

[ASK ALL]

I11. Do you have difficulty dressing or bathing?
SC

- 1 Yes
- 2 No

[ASK ALL]

I12. Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?

SC

1 Yes

2 No

[ASK ALL]

I13. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

SC

1 Yes

2 No

[ASK ALL]

D15. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

SC

1 Yes

2 No

SECTIONS B AND C: TOBACCO USE AND PURCHASING

[ASK ALL]

B3. Have you ever smoked a cigarette, even 1 or 2 puffs?

SC

1 Yes

2 No

[ASK IF B3=(1 OR MISSING)]

B1. Have you smoked at least 100 cigarettes in your entire life?

SC

1 Yes

2 No

[ASK IF B3=(1 OR MISSING)]

B2. Do you now smoke cigarettes every day, some days, or not at all?

SC

1 Every day

2 Some days

3 Not at all

[ASK IF B1=1 AND B2 = (1 OR 2)]

B5. During the past 30 days, on how many days did you smoke cigarettes?

OPEN END NUM

_____ days [RANGE 0-30]

[ASK IF B1=1 AND B2 = (1 OR 2)]

B6. On average, on the days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

OPEN END NUM

_____ cigarettes [RANGE 0-100]

[ASK IF B1=1 AND B2 = (1 OR 2)]

B15. In the past 12 months, have you cut back on the number of cigarettes you smoke?
SC

- 1 Yes
- 2 No

[ASK IF B1=1 AND B2 = (1 OR 2)]

B_C6. Do you usually smoke menthol or non-menthol cigarettes?
SC

- 1 Menthol
- 2 Non-menthol

[ASK IF B1=1 AND B2 = (1 OR 2)]

B8. On the days that you smoke, how soon after you wake up do you have your first cigarette? Would you say...
SC

- 1 Within 5 minutes
- 2 6-30 minutes
- 3 31-60 minutes
- 4 After 60 minutes

[SHOW IF B1=1 AND B2= (1 OR 2)]

C_INTRO. The next questions are about how you buy cigarettes.

[The user must activate (click or tap) a right-facing arrow to advance to the next screen.]

[ASK IF B1=1 AND B2= (1 OR 2)]

C2aR. The last time you bought cigarettes for yourself, did you buy them by the carton, pack, loose out of the pack, or did you roll your own?

SC

- 1 Carton
- 2 Pack
- 3 Loose out of the pack
- 4 Roll your own

[ASK IF C2aR = 1, 2, OR 3]

C2b. What price did you pay?

[IF C2aR=1, show on the same screen as C2b, under C2b]

C2b_1. Price Per Carton (\$) _____ [Range \$5.00 to \$150.00]

[IF C2aR=2, show on the same screen as C2b, under C2b]

C2b_2. Price Per Pack (\$) _____ [Range \$1.50 to \$20.00]

[IF C2aR=3, show on the same screen as C2b, under C2b]

C2b_3. Price Per Cigarette (\$) _____ [Range \$0.10 to \$1.00]

[ASK IF C2aR = 1 OR 2]

C16. Now thinking about your last...

SC

- [IF C2aR = 1] FILL:** cigarette carton
- [IF C2aR = 2] FILL:** cigarette pack

...purchase, what brand did you purchase?

- 4 American Spirit
- 16 Camel
- 36 Marlboro
- 50 Newport
- 58 Pall Mall
- 60 Parliament
- 67 Signal
- 89 Seneca
- 71 USA Gold
- 86 I don't have a usual brand
- 87 I roll my own cigarettes
- 88 I purchased a generic brand
- 96 I purchased another brand

[ALLOW ENTRY INTO C16_oth IF C16=96]

C16_oth. Please specify the other brand. _____ [OPEN END CHA VALIDATION: MIN 1 MAX 60]

[ASK IF B1=1 AND B2= (1 OR 2)]

C18. In the past 12 months, has the price of cigarettes influenced you to...

SC-SCROLLING MATRIX

[PRESENT IN RANDOM ORDER]

	Yes (1)	No (2)
C18a. Smoke less		
C18b. Buy your cigarettes at a different location		
C18c. Change your usual brand		
C18d_4. Switch to other tobacco products such as cigars, little cigars, chewing tobacco, snuff, dip, snus, nicotine pouches, vaping nicotine products, or hookah?		
C18f. Roll your own cigarettes		

[ASK IF C18d_4=1]

C18d3. Which products have you switched to? Please select all that apply.

MC

- 1. Cigars, little cigars, or cigarillos
- 2. Chewing tobacco, snuff, dip, or snus
- 3. Vaping nicotine products or vapes
- 4. Hookah
- 5. Pipes
- 6. Nicotine pouches
- 7. Another product

[ALLOW ENTRY INTO C18d3_oth IF C18d3=7]

C18d3_oth. Please specify the product. _____ [OPEN END CHA VALIDATION: MIN 1 MAX 60]

SECTION D: CESSATION

[ASK IF B1=1 AND B2= (1 OR 2)]

D1. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

SC

- 1 Yes
- 2 No

[ASK IF B1=1 AND B2= 3]

D4x. In the past 12 months, have you smoked a cigarette, even 1 or 2 puffs?

SC

- 1 Yes
- 2 No

[ASK IF B1=1 AND B2= 3]

D4. About how long has it been since you last smoked cigarettes even a puff?

SC

- 1 Hours
- 2 Days
- 3 Weeks
- 4 Months
- 5 Years
- 6 Don't know

[ASK D5a AND D5b5 IF ANY OF THE FOLLOWING ARE TRUE:

- (B1=1, (B2=1 OR B2=2), AND D1=1) (CURRENT SMOKERS WITH QUIT ATTEMPT), OR
- (B1=1, B2=3, AND D4X = 1) (FORMER SMOKERS),
- (B1=1, (B2=1 OR B2=2) AND D1=2) (CURRENT SMOKERS WITHOUT QUIT ATTEMPT).]

D5.

[IF B1=1 AND B2=(1 OR 2) AND D1=1 (CURRENT SMOKERS WITH QUIT ATTEMPT), FILL: "When you tried to quit smoking,"]

[IF B1=1 AND B2=3 AND D4x=1 (FORMER SMOKERS), FILL: "When you quit smoking,"]

[IF B1=1 AND B2=(1 OR 2) AND D1=2 (CURRENT SMOKERS WITHOUT QUIT ATTEMPT), ASK D5A-D5B5, FILL: "In the past 12 months,"]

Did you...

SC-SCROLLING MATRIX

PRESENT IN RANDOM ORDER

	Yes (1)	No (2)
D5a. Gradually cut back on cigarettes		
D5b5. Switch to vaping nicotine products		

[ASK D5f1-D12i2 IF ANY OF THE FOLLOWING ARE TRUE:

- (B1=1, (B2=1 OR B2=2), AND D1=1) (CURRENT SMOKERS WITH QUIT ATTEMPT), OR
- (B1=1, B2=3, AND D4X = 1) (FORMER SMOKERS),

- (B1=1, (B2=1 OR B2=2) AND D1=2) (CURRENT SMOKERS WITHOUT QUIT ATTEMPT).]

D5_continued.

[IF B1=1 AND B2=(1 OR 2) AND D1=1 (CURRENT SMOKERS WITH QUIT ATTEMPT), FILL: “When you tried to quit smoking,”]

[IF B1=1 AND B2=3 AND D4x=1 (FORMER SMOKERS), FILL: “When you quit smoking,”]

[IF B1=1 AND B2=(1 OR 2) AND D1=2 (CURRENT SMOKERS WITHOUT QUIT ATTEMPT), ASK D5A-D5B5, FILL: “In the past 12 months,”]

Did you...

SC-SCROLLING MATRIX

PRESENT IN RANDOM ORDER

	Yes (1)	No (2)
[ASK IF D5a=2 OR MISSING] [IF D5a=1, FILL D5d=2] D5d. Give up cigarettes all at once		
D5f1. Use a nicotine patch, gum, inhaler, nasal spray, or lozenge		
D5f2. Use any of the following prescription drugs: Chantix, varenicline, Wellbutrin, Zyban, or bupropion		
D12a. Attend a stop-smoking clinic, cessation class, or support group		
D12b. Get counseling to help you stop smoking		
D12c. Get help from a free telephone quit line		
D12i2. Use an internet or web-based program or tool including smartphone apps and text messaging programs		

[ASK IF D15=1]

D16a. During the past 12 months, did any doctor, nurse or health professional ask if you vape nicotine?

SC

1 Yes

2 No

[ASK IF D15=1]

D16. During the past 12 months, did any doctor, nurse or health professional ask if you smoke?

SC

1 Yes

2 No

[ASK IF (D15=1 AND (B1=1 AND B2=(1 OR 2))) OR (D15=1 AND B1=1 AND B2=3 AND D4x=1)]

D17. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

SC

1 Yes

2 No

[ASK IF D17=1 OR 2]

D18. [IF D17=1, FILL: When a doctor, nurse, or other health professional advised you to quit smoking, did he/she do any of the following?]

[IF D17=2, FILL: In the past 12 months, has a doctor, nurse, or other health professional done any of the following?]

SC-SCROLLING MATRIX
PRESENT IN RANDOM ORDER

	Yes (1)	No (2)
D18a2a. Prescribe or recommend a nicotine patch, gum, an inhaler, nasal spray, or lozenge?		
D18a2b. Prescribe or recommend pills such as Chantix, varenicline, Wellbutrin, Zyban, or bupropion?		
D18b. Suggest that you set a specific date to stop smoking?		
D18c. Suggest that you use a smoking cessation class, program, or counseling?		
D18d. Suggest you call a telephone quit line?		
D18e. Provide you with booklets, videos, or other materials to help you quit smoking on your own?		
D18f. Schedule a follow-up visit to discuss your progress?		

[ASK IF B1=1 AND B2=(1 OR 2)]

D19. How much do you want to quit smoking? Would you say...

SC

- 1 Not at all
- 2 A little
- 3 Somewhat
- 4 A lot

[ASK IF D19=(2, 3, OR 4)]

D21. Are you planning to stop smoking within the next 30 days?

SC

- 1 Yes
- 2 No

[ASK IF D19=(2, 3, OR 4)]

D22. If you decided to give up smoking altogether in the next 12 months, how likely do you think you would be to succeed? Would you say...

SC

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely

SECTION H: OTHER TOBACCO USE

[ASK ALL] [Show on the same screen with the first question in this section.]

CIGAR_INTRO. The next questions are about traditional cigars, cigarillos, and little filtered cigars. Please do not include the use of marijuana, cannabis, or blunts when answering these questions.

H9_2a. Traditional cigars contain tightly rolled tobacco that is wrapped in a tobacco leaf such as Macanudo, Romeo y Julieta, Arturo Fuente, and Cohiba.

SC



Do you now use traditional cigars every day, some days, rarely, or not at all?

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all

[ASK IF H9_2a = 1, 2, OR 3]

H9_2a2. The last time you smoked a traditional cigar, what flavor did you smoke?

SC

1. Original, plain, or regular
2. Fruit flavor, such as grape, strawberry, peach, apple
3. Alcohol flavor, such as wine, cognac, rum, Irish cream
4. Candy flavor, such as chocolate, vanilla
5. Mint flavor, such as wintergreen, frost, spearmint, peppermint
6. Menthol
7. Another flavor

[ALLOW ENTRY INTO H9_2a2_oth IF H9_2a2=7]

H9_2a2_oth. Please specify the flavor. _____ **[OPEN END CHA VALIDATION: MIN 1 MAX 60]**

[ASK ALL]

H9_2b. Cigarillos and little filtered cigars are smaller than traditional cigars. They are usually brown. Some are the same size as cigarettes, and some come with filters or with plastic or wooden tips. Some common brands are Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Zig Zag, Prime Time, and Cheyenne. Please do not include the use of marijuana, cannabis, or blunts when answering these questions.

SC



Do you now use cigarillos or little filtered cigars every day, some days, rarely, or not at all?

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all

[ASK IF H9_2b = 1, 2, OR 3]

H9_2b2. The last time you smoked a cigarillo or little filtered cigar, what flavor did you smoke?
SC

1. Original, plain, or regular
2. Fruit flavor, such as grape, strawberry, peach, apple
3. Alcohol flavor, such as wine, cognac, rum, Irish cream
4. Candy flavor, such as chocolate, vanilla
5. Mint flavor, such as wintergreen, frost, spearmint, peppermint
6. Menthol
7. Another flavor

[ALLOW ENTRY INTO H9_2b2_oth IF H9_2b2=7]

H9_2b2_oth. Please specify the flavor. _____ [OPEN END CHA VALIDATION: MIN 1 MAX 60]

[ASK ALL]



H11a. Do you now use chewing tobacco, snuff, dip, or snus such as Copenhagen, Grizzly, Skoal, or Camel Snus, every day, some days, rarely, or not at all?

SC

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all

[ASK ALL]

H12a5. The next questions are about vaping products or vapes. You may also know them as JUUL, e-cigarettes, vape pens, Suorin, or mods. Vapes can be sold with nicotine, with cannabis/marijuana, or with neither of these.

The questions in this section are about vapes with nicotine.

SC



Do you now vape nicotine every day, some days, rarely, or not at all?

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all

[ASK IF H12a5=(4 OR MISSING)]

H12a5_1. Have you ever tried vaping nicotine, even just one time in your life?

SC

- 1 Yes
- 2 No

[ASK IF (H12a5 = 1, 2, OR 3) OR H12a5_1=1]

H12a2_9. Do you usually vape with nicotine?

SC

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

[ASK IF (H12a5 = 1, 2, OR 3) OR (H12a5_1=1)]

H12a2_7a3. The last time you vaped, what flavor did you use?

SC

1. Tobacco or regular
2. Mint flavor, such as wintergreen, frost, spearmint, peppermint
3. Menthol
4. Fruit flavor, such as citrus, apple, berry, cherry, peach, grape
5. Alcohol flavor, such as sweet scotch, whiskey
6. Candy flavor, such as chocolate, vanilla
7. Spiced flavor, such as clove, spice, or herb flavored
8. Cooling, ice, or frosty
9. Another flavor
10. Unflavored

[ALLOW ENTRY INTO H12a2_7a3_oth IF H12a2_7a3=9]

H12a2_7a3_oth. Please specify the flavor. _____ [OPEN END CHA VALIDATION:
MIN 1 MAX 60]

[ASK IF (H12a5 = 1, 2, OR 3)]

C21. How do you usually get vapes for yourself? Would you say that...

SC

- 1 You buy vapes in person from a store
- 2 You buy vapes online
- 3 You buy vapes from another person
- 4 Someone else gives you vapes

[ASK IF (H12a5 = 1, 2, OR 3)]

D1d. In the past 12 months have you stopped vaping nicotine for a day or longer because you were trying to quit?

SC

- 1 Yes
- 2 No

[ASK ALL]



H13. Do you now smoke tobacco from a water pipe or hookah every day, some days, rarely, or not at all?
SC

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all

[ASK ALL]



H17. Do you now use nicotine pouches like Zyn, On, and Velo every day, some days, rarely, or not at all?
SC

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all

[ASK ALL] [Show on the same screen with H15.]

H15_INTRO. Please note that the next question asks about your personal use of cannabis/marijuana. We will keep your answers confidential. To protect your privacy, we urge you to keep your survey answers private.

H15. Do you now smoke cannabis/marijuana every day, some days, rarely, or not at all?
SC

1. Every day
2. Some days
3. Rarely
4. Not at all

[ASK ALL]

H16. Do you now smoke part or all of a cigar with marijuana or cannabis in it (a blunt) every day, some days, rarely, or not at all?

SC

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all

[SHOW TO ALL] [Show on the same screen with H12a2_8a2.]

H12a2_8_INTRO. The next questions ask about vaping cannabis/marijuana. This includes concentrates, waxes, or hash oils.

[ASK ALL]

H12a2_8a2. Have you ever vaped cannabis/marijuana?

SC

- 1 Yes
- 2 No

[ASK IF H12a2_8a2=1]

H12a2_8b2. Do you now vape cannabis/marijuana every day, some days, rarely, or not at all?

SC

1. Every day
2. Some days
3. Rarely
4. Not at all

[ASK ALL]

ATTN_CK. The following question is designed to ensure that people are at a high attention level throughout the survey. Please select “Some days” as your answer to this question.

SC

1. Every day
2. Some days
3. Rarely
4. Not at all

[PROGRAMMING NOTE: IF ATTN_CK ≠ 2 “Some days” THEN DISPLAY THE FOLLOWING TEXT]

ATTN_CK_Text. “This survey is important. Please read and respond to each question carefully.”

SECTION F: ENVIRONMENTAL TOBACCO SMOKE

[ASK ALL]

A10c. Do you live in an apartment, condominium, townhome, or other multi-unit dwelling?

SC

- 1 Yes
- 2 No

[ASK IF A10c=1]

K5d3. During the last 12 months of living in your unit, how often has tobacco smoke entered into your personal living space from somewhere else in or around the building?

SC

- 1 Daily
- 2 A few times a week
- 3 Once a week
- 4 Once every couple of weeks
- 5 Once a month or less
- 6 Never

[ASK ALL]

F9a. Not including yourself, does any adult who lives in your home currently smoke cigarettes, cigars, pipes, or hookah?

SC

- 1 Yes
- 2 No

[ASK ALL]

F3bi. During the past 7 days, did anyone smoke cigarettes, cigars, pipes, or hookah anywhere inside your home?

SC

- 1 Yes
- 2 No

[ASK ALL]

F4bi. During the past 7 days, did anyone smoke cigarettes, cigars, pipes, or hookah anywhere inside your family car?

SC

- 1 Yes
- 2 No
- 9 I do not have a family car

[ASK ALL]

F14a. The last time you went to a bar in your community in the past 30 days, did you see someone smoking tobacco indoors?

SC

- 1 Yes
- 2 No
- 3 Don't know
- 4 I have not been to a bar in the past 30 days

[ASK ALL]

F14a2. The last time you went to a restaurant in your community in the past 30 days, did you see someone smoking tobacco indoors?

SC

- 1 Yes
- 2 No
- 3 Don't know
- 4 I have not been to a restaurant in the past 30 days

SECTION G: PERCEPTIONS

[ASK ALL]

G70. How harmful to the environment are discarded cigarette butts and filters?

- 1 Not at all harmful
- 2 Somewhat harmful

- 3 Very harmful
- 4 Don't know

[ASK ALL]

G71. How harmful to the environment are discarded vaping products (like pods, cartridges, batteries, and e-liquid containers)?

- 1 Not at all harmful
- 2 Somewhat harmful
- 3 Very harmful
- 4 Don't know

[ASK ALL]

G68. How much do you think people harm themselves when they smoke marijuana or cannabis?
SC

- 1 No harm
- 2 A little harm
- 3 Some harm
- 4 A lot of harm

SECTION K: POLICY

[ASK ALL]

K5d1x. What is your opinion about policies that ban smoking in apartment buildings, condominiums, and other multi-unit complexes, including indoor areas, private balconies and patios? Are you...

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K_J90a. What is your opinion about policies that limit the number of stores that sell tobacco in your community? Are you...

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K73. What is your opinion about policies that ban the sale of menthol cigarettes? Are you...

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K75. What is your opinion about policies that ban the sale of flavored tobacco products like flavored cigars, little cigars, smokeless tobacco, and hookah?

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K76. What is your opinion about a policy that ends the sale of all tobacco products in New York within 10 years?

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K77. Currently, smoking tobacco is not allowed in bars in the state of New York. What is your opinion about policies that ban tobacco smoking in bars? Are you...

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K78. Currently, smoking cannabis is not allowed in bars in the state of New York. What is your opinion about policies that ban cannabis smoking in bars? Are you...

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K81. What is your opinion about a policy that would ban the sale of all tobacco products to those born after a certain date? For example, those born in the year 2010 or later would never be sold tobacco.

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K82. What is your opinion about a policy that would ban the sale of vaping products with high nicotine levels? Would you be...

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K83. What is your opinion about an additional state tax on vaping products? Would you be...

SC

- 1 Strongly in favor
- 2 Somewhat in favor
- 3 Neither in favor nor against
- 4 Somewhat against
- 5 Strongly against

[ASK ALL]

K_J95_2. How much do you think tobacco product marketing in retail stores influences youth tobacco use? Would you say it makes youth...

SC

- 1 Much more likely to use tobacco
- 2 Somewhat more likely to use tobacco
- 3 Does not influence whether youth use tobacco

SECTION J: MEDIA TRACKING AND CESSATION RESOURCES

[SHOW TO ALL]

J_INTRO. The next questions ask about your media use, awareness of resources for quitting tobacco, and anti-tobacco advertisements that may have been shown in New York.

[The user must activate (click or tap) a right-facing arrow to advance to the next screen.]

[ASK ALL]

J107. In a typical week, about how often do you use the Internet? Would you say...

SC

- 1 Almost constantly
- 2 Several times a day
- 3 About once a day
- 4 Several times a week
- 5 Once a week
- 6 Less than once a week
- 7 Never

[SHOW TO ALL]

J_106INTRO. The next questions ask about your social media use.

[The user must activate (click or tap) a right-facing arrow to advance to the next screen.]

[ASK ALL]

J106d. On average, how often do you use TikTok?

SC

- 1 Never
- 2 Less than once a month

- 3 Monthly
- 4 A few times a month
- 5 Weekly
- 6 A few times a week
- 7 Daily
- 8 Several times per day

[ASK ALL]

J106b. On average, how often do you use Facebook?

SC

- 1 Never
- 2 Less than once a month
- 3 Monthly
- 4 A few times a month
- 5 Weekly
- 6 A few times a week
- 7 Daily
- 8 Several times per day

[ASK ALL]

J106c. On average, how often do you use Instagram?

SC

- 1 Never
- 2 Less than once a month
- 3 Monthly
- 4 A few times a month
- 5 Weekly
- 6 A few times a week
- 7 Daily
- 8 Several times per day

[ASK ALL]

D_J29. Have you heard of the New York State Smokers' Quitline?

SC

- 1 Yes
- 2 No

[ASK ALL]

Jadsint1w. Now we would like to show you some advertisements that you may have recently seen on television or online. Some of these ads might have been shown in the area where you live. Please make sure your computer's volume is set to an appropriate level. If the videos do not work, you will still be able to see images of the ads. When you are ready, please click the right-facing arrow button below to view the first advertisement. After you view each ad, there will be a few questions that ask about your opinions of the ad.

PROGRAMMER NOTES:

RESPONDENTS WILL VIEW ADS AND RESPOND TO A SERIES OF QUESTIONS (J32_Xc, J109_Xd) AFTER EACH AD. RESPONDENTS WILL BE SHOWN A TOTAL OF FIVE ADS:

- ALL RESPONDENTS WILL VIEW THE FIVE ADS OUTLINED IN THE TABLE BELOW.

RANDOMIZE AND RECORD ORDER OF ADS

AD_ORDER. RECORD WHICH VIDEO WAS VIEWED...

	How You're Seen_Baseball (189)	How You're Seen_Birthday (190)	How You're Seen_Family (191)	How You're Seen_Office Break (192)	How You're Seen_Smoking Cessation (193)
AD_ORDER a. FIRST					
AD_ORDER b. SECOND					
AD_ORDER c. THIRD					
Ad_ORDER d. FOURTH					
Ad_ORDER e. FIFTH					

[REPEAT THE FOLLOWING LOOP FOR EACH AD]

SHOW AD X [FORCE RESPONDENT TO STAY ON SCREEN FOR 15 SECONDS BEFORE ENABLING THE  BUTTON]

[UNDER EACH AD, SHOW THIS TEXT] In the event that the video does not load properly, please wait 15 seconds for the forward arrow to appear.

[ASK ALL]

J32_Xc. Were you able to view this video?

SC

- 1 Yes
- 2 No

[IF J32_Xc= (2 OR MISSING), SHOW SCREENSHOT _X]

[IF J32_Xc= (2 OR MISSING), DISPLAY]:

Screenshot_X. Now we would like to show you some screen shots from an advertisement that has been shown on television or online. Once you have viewed the images displayed below, please click on the forward arrow below to continue with the survey.

[ASK ALL]

J109_Xd. During the past 3 months, how frequently have you seen this ad on TV or online?

SC

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

MORE GENERAL HEALTH

[ASK ALL]

I5. 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?

_____ days [RANGE 0-30]

[ASK ALL]

I14. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

SC

- 1 Yes
- 2 No

[ASK ALL]

I15. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

SC

- 1 Yes
- 2 No

SECTION A: DEMOGRAPHICS

[ASK ALL]

A2_2. Are you Hispanic, Latino, or Spanish origin?

SC

- 1 Yes
- 2 No

[ASK ALL]

A3_2. What is your race? Do you consider yourself...

MC

Please select all that apply.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Race not listed here

[ALLOW ENTRY INTO A3_2_oth IF A3_2=6]

A3_2_oth. Please specify your race not listed here. _____ [OPEN END CHARACTERS]
VALIDATION: MIN 1 MAX 60]

[ASK IF A3_2=3]

A3_2a. You said you are Asian. Which one or more of the following would you use to describe yourself?

Please select all that apply.

- 1 Asian Indian
- 2 Bangladeshi
- 3 Burmese
- 4 Cambodian
- 5 Chinese
- 6 Filipino
- 7 Hmong
- 8 Indonesian

- 9 Japanese
- 10 Korean
- 11 Laotian
- 12 Malaysian
- 13 Nepalese
- 14 Pakistani
- 15 Sri Lankan
- 16 Taiwanese
- 17 Thai
- 18 Tibetan
- 19 Vietnamese
- 20 Asian group not listed here

[ALLOW ENTRY INTO A3_2a_oth IF A3_2a =20]

A3_2a_oth. Please specify the Asian group not listed here. _____ [OPEN END CHA
VALIDATION: MIN 1 MAX 60]

[ASK IF A3_2=4]

A3_2b. You said you are Native Hawaiian or Other Pacific Islander. Which one or more of the following would you use to describe yourself?

Please select all that apply.

- 1 Fijian
- 2 Guamanian
- 3 Native Hawaiian
- 4 Samoan
- 5 Tongan
- 6 Pacific Island group not listed here

[ALLOW ENTRY INTO A3_2b_oth IF A3_2b=6]

A3_2b_oth. Please specify the Pacific Island group not listed here. _____ [OPEN END CHA
VALIDATION: MIN 1 MAX 60]

[ASK ALL]

A15. What is the primary language spoken in your home?
_____ [OPEN END CHA VALIDATION: MIN 1 MAX 60]

[ASK ALL]

A5_4. What is the highest level of school you completed?
SC

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8
- 3 Grades 9 through 11
- 4 Grade 12 (high school graduate) or GED
- 5 Some college, no degree
- 6 Associate's degree (AA, AS)
- 7 College graduate (BA, BS)
- 8 At least some graduate or professional school

9 Graduate or professional degree

[ASK ALL]

L1_2. What is your current relationship status?

SC

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 Living with a partner

[ASK ALL]

A7_2. What is your current employment status? Please select only one response, your main status now.

SC

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for 1 year or less
- 5 Homemaker
- 6 Student
- 7 Retired
- 8 Unable to work

[ASK ALL]

A9_2. What is the primary source of your health care coverage?

- 1 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 2 A plan that you or another family member buys on your own
- 3 Medicare, for people 65 and older or for people with certain disabilities
- 4 Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability
- 5 TRICARE (formerly CHAMPUS), VA, or Military
- 6 Alaska Native, Indian Health Service, Tribal Health Services
- 7 Other
- 8 No coverage of any type

[ALLOW ENTRY INTO A9_2_oth IF A9_2=7]

A9_2_oth. Please specify the primary source of your health care coverage. _____ **[OPEN
END CHA VALIDATION: MIN 1 MAX 60]**

[ASK ALL]

L26. Is this house/apartment owned or rented by you or someone in your family?

SC

- 1 Owned or being bought
- 2 Rented
- 3 Other arrangement

[ASK IF L26=2]

L27. Are you or anyone in your family paying lower rent because the Federal, State, or local government is paying part of the cost?

SC

- 1 Yes
- 2 No

[ASK ALL]

A10d. Do you live in public housing?

SC

- 1 Yes
- 2 No

[ASK ALL]

L25. How many adults age 18 and older are living or staying in your household?

Include yourself and everyone who is 18 and older living or staying in your household for more than 2 months.

SC

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6 or more

[ASK ALL]

L2_3. How many children younger than 18 are living or staying in your household?

Include any children who are living or staying in your household for more than 2 months.

SC

- 0 0 (none)
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6 or more

[ASK ALL]

C19. In the past 12 months, did you or anyone living with you buy native brand cigarettes, which are cigarettes made by Native American tribes?

SC *Examples of native brands: Seneca, Signal, Market, Niagara, Smokin' Joe.*

*Do **not** include American Spirit, which is **not** a native brand.*

- 1 Yes
- 2 No

[ASK ALL]

A6_3. What was your sex at birth?

SC

- 1 Male
- 2 Female
- 3 Intersex
- 4 Sex at birth not listed

[ALLOW ENTRY INTO A6_3_oth IF A6_3=4]

A6_3_oth. Please specify your sex at birth. _____ [OPEN END CHA VALIDATION: MIN 1 MAX 60]

[ASK ALL]

A6_3a. How do you describe your gender? Do you identify as...

SC

- 1 A man
- 2 A woman
- 3 Gender queer, gender nonconforming or non-binary
- 4 Transgender, man
- 5 Transgender, woman
- 6 Transgender, nonconforming
- 7 Another gender not listed

[ALLOW ENTRY INTO A6_3a_oth IF A6_3a=7]

A6_3a_oth. Please specify your gender identity. _____ [OPEN END CHA VALIDATION: MIN 1 MAX 60]

[ASK ALL]

L12a_3. Which of the following best describes your sexual orientation?

SC

- 1 Lesbian or gay
- 2 Straight or heterosexual, that is, not gay
- 3 Bisexual
- 4 Questioning
- 5 Asexual
- 6 Pansexual
- 7 Other sexual orientation not listed

[ALLOW ENTRY INTO L12a_3_oth IF L12a_3=7]

L12a_3_oth. Please specify your sexual orientation. _____ [OPEN END CHA VALIDATION: MIN 1 MAX 60]

[ASK ALL]

L24. Which of the following categories best describes the total income of your family from all sources in 2023?

SC

- 1 Less than \$12,000
- 2 \$12,000 to under \$18,000
- 3 \$18,000 to under \$22,000
- 4 \$22,000 to under \$26,000
- 5 \$26,000 to under \$30,000
- 6 \$30,000 to under \$50,000
- 7 \$50,000 to under \$70,000
- 8 \$70,000 or more
- 9 Prefer not to say

[ASK ALL]

A10. What county do you live in?

DROP DOWN MENU

SC

- | | | |
|------------------|-----------------|-------------------|
| 001. Albany | 045. Jefferson | 089. St. Lawrence |
| 003. Allegany | 047. Kings | 091. Saratoga |
| 005. Bronx | 049. Lewis | 093. Schenectady |
| 007. Broome | 051. Livingston | 095. Schoharie |
| 009. Cattaraugus | 053. Madison | 097. Schuyler |
| 011. Cayuga | 055. Monroe | 099. Seneca |
| 013. Chatauqua | 057. Montgomery | 101. Steuben |
| 015. Chemung | 059. Nassau | 103. Suffolk |
| 017. Chenango | 061. New York | 105. Sullivan |
| 019. Clinton | 063. Niagara | 107. Tioga |
| 021. Columbia | 065. Oneida | 109. Tompkins |
| 023. Cortland | 067. Onondaga | 111. Ulster |
| 025. Delaware | 069. Ontario | 113. Warren |
| 027. Dutchess | 071. Orange | 115. Washington |
| 029. Erie | 073. Orleans | 117. Wayne |
| 031. Essex | 075. Oswego | 119. Westchester |
| 033. Franklin | 077. Otsego | 121. Wyoming |
| 035. Fulton | 079. Putnam | 123. Yates |
| 037. Genessee | 081. Queens | |
| 039. Greene | 083. Rensselaer | |
| 041. Hamilton | 085. Richmond | |
| 043. Herkimer | 087. Rockland | |

INCENTIVE1. Those are all the questions that we have for you. As a thanks for your participation, we would like to offer you \$20.

Would you like to receive an electronic Amazon.com gift card or a check?

SC

1. Electronic Amazon.com gift card
2. Check
3. I decline the \$20

[ASK IF INCENTIVE1=1]

INCENTIVE2. Please provide the email address you would like to use to receive your \$20 electronic Amazon.com gift code.

OPEN END CHA

e-mail _____ [ALLOW 50 CHARACTERS]
Confirm e-mail _____ [THIS FIELD MUST MATCH ABOVE]

[Include soft prompt warning if either email field is left blank:

INC2_BLANK. “We can only send an Amazon gift code if you give your email address. If you meant to leave this blank, just continue. Otherwise please provide your email address.”]

[DISPLAY IF INCENTIVE2 IS NOT MISSING]

INC2_NoMiss_Text. We will send the gift code to you at the e-mail address you just provided, [INSERT RESPONDENT E-MAIL ADDRESS FROM INCENTIVE2]. Expect an e-mail from “Amazon.com Gift Card (gc-orders@gc.email.amazon.com)” containing the gift code within the next two weeks.

[DISPLAY IF INCENTIVE2 IS MISSING]

INC2_MISSING. We did not get your email address and so cannot send an Amazon gift code to you. If you have any questions or concerns, please send an email to [REDACTED]. [Backing up is not possible. No web survey incentive will be sent to people who submit their survey without providing either their full name or a valid email address.]

INCENTIVE3. In order to mail you the \$20 check for completing this survey, we’ll need you to provide your contact information. What is your full name?

INCENTIVE3a. First name _____ [ALLOW 20 CHARACTERS]

INCENTIVE3b. Last name _____ [ALLOW 20 CHARACTERS]

[Include soft prompt warning if either name field is left blank:

INC3_BLANK. “We can only send a check if we have both your first name and your last name. If you meant to leave this blank, just continue. Otherwise please provide your full name.”]

[DISPLAY IF INCENTIVE3a AND INCENTIVE3b IS NOT MISSING]

INC3_NoMiss_Text. We will send the check to you at the address where you received the invitation to complete this survey. You should receive the check in about 4-6 weeks.

[DISPLAY IF INCENTIVE3a OR INCENTIVE3b IS MISSING]

INC3_MISSING. We did not get your full name so we cannot send you a check. If you have any questions or concerns, please send an email to [REDACTED]. [Backing up is not possible. No web survey incentive will be sent to people who submit their survey without providing either their full name or a valid email address.]

CLOSE. “Thank you for your participation in this important survey.”

CLOSE OUT SCRIPTS:

SCREEN_1: “Unfortunately, you are not eligible to participate in this survey at this time. Thank you for your interest in the New Yorkers’ Health Survey.” **[TERMINATE]**

[IF S2=3 or S2_2=3]

CLOSE_Y: “Thank you for your interest in the New Yorkers’ Health Survey.”

[IF CINTSCR1=2]

CLOSE_Z: “Thank you for your interest in the New Yorkers’ Health Survey. You have decided not to participate.”