

SMS USA PHASE THREE BETA TEST: BASELINE SURVEY

First, a few questions to confirm you are eligible for the study:

1. What is your age? _____

2. Are you a...?
Male.....1
Female.....2
Decline to answer3

3. Do you own a cell phone?
I do not have/use a cell phone1
I do not own a cell phone but I use my family member's..... 2
I own a cell phone.....3
Decline to answer4

4. Do you know how to send and receive text messages?
Yes.....1
No2
Decline to answer3

5. Are you currently enrolled or intending to enroll in an unlimited text messaging plan?
Yes1
No.....2
No, but planning to enroll in the next 30 days.....3
Decline to answer.....4

6. How many days have you smoked cigarettes at all, even just a puff, in the last 7 days?
(Choose only one answer)
Have not smoked even a puff1
1 day2
2-3 days3
4-5 days4
6 or more days5
Decline to answer6

7. How many cigarettes do you smoke in an average day? _____
8. Are you seriously thinking of quitting smoking cigarettes?
- | | |
|---|---|
| No, not thinking of quitting..... | 1 |
| Sometime, but not within the next 6 months..... | 2 |
| Yes, within the next 6 months..... | 3 |
| Yes, within the next 30 days..... | 4 |
| Decline to answer..... | 5 |

Now, we have some questions about your cell phone use.

9. How long have you had this cell phone number?
- | | |
|-----------------------------------|---|
| Less than 1 month..... | 1 |
| 1 month to 6 months..... | 2 |
| More than 6 months to 1 year..... | 3 |
| More than 1 year to 2 years..... | 4 |
| More than 2 years to 3 years..... | 5 |
| More than 3 years to 4 years..... | 6 |
| More than 5 years..... | 7 |
| Decline to answer..... | 8 |
10. On an average day, how many minutes do you spend talking on your cell phone?
- | | |
|-----------------------------------|---|
| 0 minutes..... | 1 |
| 1 minute to 30 minutes..... | 2 |
| 31 minutes to 1 hour..... | 3 |
| More than 1 hour to 2 hours..... | 4 |
| More than 2 hours to 3 hours..... | 5 |
| More than 3 hours..... | 6 |
| Decline to answer..... | 7 |
11. How often do you send and receive text messages?
- | | |
|---|---|
| I do not send or receive text messages..... | 1 |
| Less than once a month..... | 2 |
| Once a month..... | 3 |
| Once every few weeks..... | 4 |
| Once a week..... | 5 |
| A few days per week..... | 6 |
| Every day / Almost every day..... | 7 |
| Decline to answer..... | 8 |
12. On an average day, how many text messages do you **send**? _____

13. On an average day, how many text messages do you **receive**? _____

Next are some questions about your smoking habits.

14. From 0 being not at all important to 10 being extremely important – how important is it right now to you that you quit smoking?

0 1 2 3 4 5 6 7 8 9 10

15. From 0 being not at all confident and 10 being extremely confident – how confident are you right now that you can quit smoking?

0 1 2 3 4 5 6 7 8 9 10

16. How old were you when you had your first cigarette? _____

17. How many years have you smoked cigarettes (not including any length of time where you were quit)?

Less than 1 year1
 1 years to less than 2 years2
 2 years to less than 3 years3
 3 years to less than 4 years4
 4 years to less than 5 years4
 More than 5 years.....6
 Decline to answer7

18. On average, how many cigarettes do you smoke per day?

0-10 cigs/day.....1
 11-20 cigs/day2
 21-30 cigs/day3
 >31 cigs/day4
 Decline to answer5

19. Do you smoke more frequently in the first hours of the morning than during the rest of the day?

Yes1
 No2
 Decline to answer3

20. How soon after you wake up do you have your first cigarette? (in minutes)
- | | |
|------------------------|---|
| 0-5 | 1 |
| 6-30 | 2 |
| 31-60 | 3 |
| >60 | 4 |
| Decline to answer..... | 5 |
21. Which cigarette of the day would you hate to give up most?
- | | |
|---------------------------|---|
| First in the morning..... | 1 |
| Any other | 2 |
| Decline to answer..... | 3 |
22. Do you find it difficult to refrain from smoking when you are in places where it is forbidden, like in church, at the library, or in a movie theater?
- | | |
|-------------------------|---|
| Yes | 1 |
| No | 2 |
| Decline to answer | 3 |
23. Do you smoke if you are so ill that you are in bed most of the day?
- | | |
|-------------------------|---|
| Yes | 1 |
| No | 2 |
| Decline to answer | 3 |
24. How many other people live in your household that smoke? _____
25. Since you first started smoking, how many times have you tried to quit smoking for 24 hours or more?
- | | |
|-------------------------|---|
| Never..... | 6 |
| 1 time | 1 |
| 2 times | 2 |
| 3 times | 3 |
| 4 times | 4 |
| 5 or more times | 5 |
| Decline to answer | 7 |

26. [For those report at least one quit attempt ever in their lives]
 Within the last year, have you tried to quit for at least 24 hours or more?
- | | |
|----------------------------|---|
| No, never | 6 |
| Yes, 1 time | 1 |
| Yes, 2 times | 2 |
| Yes, 3 times | 3 |
| Yes, 4 times | 4 |
| Yes, 5 or more times | 5 |
| Decline to answer | 7 |
27. Which of the following reasons have influenced your decision to quit lately? (CHOOSE ALL THAT APPLY)
- | | |
|---|----|
| Family pressures | 1 |
| Peer pressures | 2 |
| Social pressures | 3 |
| Illness / doctor's recommendation..... | 4 |
| To be healthier..... | 5 |
| To protect the health of loved ones | 6 |
| To save money / cost of cigarettes..... | 7 |
| To set an example for my children | 8 |
| Not to disturb those around me..... | 9 |
| Other (Explain)..... | 10 |
- If you said 'other', please write in your answer here:
-
28. What concerns do you have about quitting smoking? (CHOOSE ALL THAT APPLY)
- | | |
|---|----|
| I will miss the taste | 1 |
| I am not sure how I will handle stress / problems..... | 2 |
| I fear the cravings | 3 |
| I will feel uncomfortable in social situations..... | 4 |
| I will be bored | 5 |
| I will be more nervous..... | 6 |
| I will become gloomy / depressed..... | 7 |
| I will gain weight | 8 |
| Seeing those who smoke will make me crave | 9 |
| I fear cravings when I have drinks (alcohol, coffee, etc) | 10 |
| Other | 11 |
| None of these | 12 |
- If you said 'other', please write in your answer here:
-

29. Do you plan to use any of the following methods while participating in our program?

(CHOOSE ALL THAT APPLY)

- Medication (such as Zyban, the patch)1
- Quit lines2
- Group therapy.....3
- Individual therapy.....4
- Acupuncture/Hypnosis.....6
- Other7
- I do not plan to use any additional method..... 8
- Decline to answer.....9

If you said 'other', please write in your answer here:

30. How well do each of the following statements describe you? (CHOOSE ONE ANSWER FOR EACH STATEMENT) [Questions are randomized]

	Not at all true	Somewhat true	Moderately true	Very true	Extremely true
a. After not smoking for while, I need to smoke to relieve feelings of restlessness and irritability.	[]	[]	[]	[]	[]
b. Whenever I go without a smoke for a few hours, I experience craving.	[]	[]	[]	[]	[]
c. After not smoking for a while, I need to smoke in order to keep myself from experiencing any discomfort.	[]	[]	[]	[]	[]

d. When I'm really craving a cigarette, it feels like I'm in the grip of some unknown force that I cannot control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel a sense of control over my smoking. I can "take it or leave it" at any time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I tend to avoid restaurants that don't allow smoking, even if I would otherwise enjoy the food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sometimes I decline offers to visit with my non-smoking friends because I know that I'll feel uncomfortable if I smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Even if traveling a long distance, I'd rather not travel by airplane because I wouldn't be allowed to smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Since the time when I became a regular smoker, the amount I smoke has either stayed the same or has decreased somewhat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Compared to when I first started smoking, I need to smoke a lot more now in order to get what I want out of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k. Compared to when I first started smoking, I can smoke much, much more now before I start to feel nauseated or ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It's hard to estimate how many cigarettes I smoke per day because the number often changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My smoking pattern is very irregular throughout the day. It is not unusual for me to smoke many cigarettes in an hour, then not have another one until hours later.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The number of cigarettes I smoke per day is often influenced by other factors – how I'm feeling, what I'm doing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I smoke at different rates in different situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. My smoking is not much affected by other things. I smoke about the same amount whether I'm relaxing or working, happy or sad, alone or with others, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My cigarette smoking is fairly regular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

throughout the day.					
r. I smoke consistently and regularly throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I smoke about the same amount on weekends as on weekdays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. On a scale of 1 to 5, with 1 being very sure and 5 being not sure at all, how sure are you that you could resist smoking cigarettes in the following situations...? [Questions are randomized]

	Very sure				Not sure at all
a. When your best friend is smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When you are bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When you are at a party with all your friends smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When your date is smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now some questions about your relationships and people in your life.

45. Please read each statement carefully. Indicate how you feel about each statement.

[Questions are randomized]

	Strongly disagree	Somewhat disagree	Neither disagree or agree	Somewhat agree	Strongly agree	Decline to answer
a. There is a special person who is around when I am in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is a special person with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family really tries to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a special person who is a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My friends really try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can count on my friends when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can talk about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

my problems with my family.						
i. I have friends with whom I can share my joys and sorrows.	[]	[]	[]	[]	[]	[]
j. There is a special person in my life who cares about my feelings.	[]	[]	[]	[]	[]	[]
k. My family is willing to help me make decisions.	[]	[]	[]	[]	[]	[]
l. I can talk about my problems with my friends.	[]	[]	[]	[]	[]	[]

46. How much support do you think you will receive from the people you live with when you decide to quit?

- I live by myself6
- They will not support at all5
- They will not support all that much4
- They will be neutral3
- They will somewhat support2
- They will strongly support1

47. How much support do you think you will get from your friends when you decide to quit?

- I do not have any friends6
- They will not support at all5
- They will not support all that much4
- They will be neutral3
- They will somewhat support2
- They will strongly support1

Now, we have just a few more questions to help us classify your answers.

32. What is your marital status?

- Married.....1
- Divorced2
- Widowed3
- Living with someone as a couple4
- Separated5
- Single6
- Decline to answer7

33. What is your highest level of education?

- Less than high school1
- Some high school.....2
- High School or equivalent (e.g. GED)3
- Some college, but no degree4
- Associate’s degree5
- College degree (e.g. B.A., B.S.).....6
- Some graduate school, but no degree7
- Graduate school (e.g. M.S., M.D., Ph.D.)8
- Decline to answer9

34. What is your employment status?

- Employed full time.....1
- Employed part time2
- Self-employed3
- Not employed, but looking for work4
- Not employed and not looking for work5
- Student.....6
- Homemaker7
- Decline to answer8

35. How many adults aside from you over 18 years of age live in your household? _____

36. How many children under the age of 18 live in your household? _____

37. Which of the following income categories best describes your total household annual income?

Less than \$15,000	1
\$15,000 to \$24,999	2
\$25,000 to \$34,999	3
\$35,000 to \$49,999	4
\$50,000 to \$74,999	5
\$75,000 to \$99,999	6
\$100,000 to \$124,999	7
\$125,000 to \$149,999	8
\$150,000 to \$199,999	9
\$200,000 to \$249,999	10
\$250,000 or more	11
I do not know	12
Decline to answer	13

38. Do you consider yourself...?

White or Caucasian	1
Black or African American	2
Asian	3
Native Hawaiian or Other Pacific Islander	4
Native American or Alaskan Native	5
Mixed racial background	6
Other	7
Decline to answer	8

39. Are you of Hispanic origin, such as Latin American, Mexican, Puerto Rican, or Cuban?

Yes, of Hispanic origin	1
No, not of Hispanic origin	2
Decline to answer	3

40. Please provide us with your contact information below. Please be assured that this information will only be used for purposes of the survey, such as to deliver the check and/or gift certificate. Your name will not be associated in any way with your responses that you provide.

Your First Name: _____ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Your email address: _____
 Cell Phone Number: _____
 Alternate Phone Number: _____