

(MS600) UVM NORTHERN NEW ENGLAND WAVE 2

intro

This is the second survey in a two-part study. You previously participated in a survey where you were asked to list people with whom you discuss important health information. This survey will ask additional questions about those individuals, and will ask about your and their use of alcohol, tobacco, and/or marijuana. There are no right or wrong answers. Please answer as best you can.

SNSS1

[Not required]

In the past month, how often did you reach out to this person when you needed to talk?

	Not at all (1)	1-2 times (2)	3-4 times (3)	5 or more times (4)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNSS2

[Not required]

In the past month, did this person give you information to help you understand a problem related to your physical health?

	Yes (1)	No (2)	Don't know/Not sure (3)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNSS3

[Not required]

In the past month, did this person give you information to help you understand a problem related to your mental or emotional health needs?

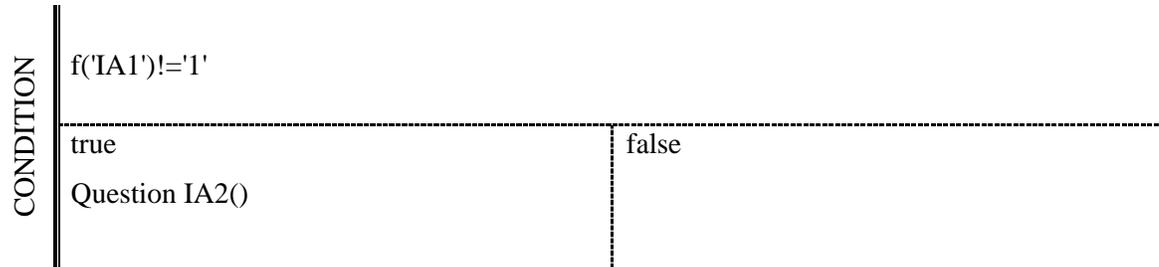
	Yes (1)	No (2)	Don't know/Not sure (3)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IA1

[Not required]

How often do you have a drink containing alcohol?

- Never (1)
- Monthly or less (2)
- Two to four times a month (3)
- Two to three times per week (4)
- Four or more times per week (5)



IA2

[Not required]

How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2 (1)
- 3 or 4 (2)
- 5 or 6 (3)
- 7 to 9 (4)
- 10 or more (5)

IA3

[Not required]

Have you ever felt you should cut down on your drinking?

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

IA4

[Not required]

Have people annoyed you by criticizing your drinking?

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

IA5

[Not required]

Have you ever felt bad or guilty about your drinking?

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

IA6

[Not required]

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hang over?

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

IA7 - slider

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=10 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

On a scale of 0 to 10 with 0 being not at all and 10 being very much, how much do you want to reduce your drinking or quit drinking right now?

IA8 - slider

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

On a scale of 0 to 100 percent with 0 percent being not at all confident and 100 percent being extremely confident, how confident are you that you will reduce your drinking or quit drinking in the next month?

SNA1

[Not required]

How often does each person listed have a drink containing alcohol when spending time with you?

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
^f('q1_1')^ (1)	<input type="checkbox"/>				
^f('q1_2')^ (2)	<input type="checkbox"/>				
^f('q1_3')^ (3)	<input type="checkbox"/>				
^f('q1_4')^ (4)	<input type="checkbox"/>				
^f('q1_5')^ (5)	<input type="checkbox"/>				
^f('q1_6')^ (6)	<input type="checkbox"/>				
^f('q1_7')^ (7)	<input type="checkbox"/>				

SNA2

[Not required]

How many drinks does this person typically have when drinking alcohol while spending time with you?

	0 (0)	1 or 2 (1)	3 or 4 (2)	5 or 6 (3)	7 to 9 (4)	10 or more (5)
^f('q1_1')^ (1)	<input type="checkbox"/>					
^f('q1_2')^ (2)	<input type="checkbox"/>					
^f('q1_3')^ (3)	<input type="checkbox"/>					
^f('q1_4')^ (4)	<input type="checkbox"/>					
^f('q1_5')^ (5)	<input type="checkbox"/>					
^f('q1_6')^ (6)	<input type="checkbox"/>					
^f('q1_7')^ (7)	<input type="checkbox"/>					

SNA3

[Not required]

Has this person ever encouraged you to drink more than you were comfortable with?

	Yes, often (1)	Yes, sometimes (2)	No (3)	Don't know/Don't remember (4)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes, often (1)	Yes, sometimes (2)	No (3)	Don't know/Don't remember (4)
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNA4

[Not required]

Has this person been concerned about your drinking or suggested you cut down?

	No (1)	Yes, but not in the last year (2)	Yes, during the last year (3)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNA5

[Not required]

Has this person reduced their drinking or quit drinking?

	Yes, in the past year (1)	Yes, more than a year ago (2)	No (3)	Don't know/Not sure (4)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END

Condition f('IA1')!= '1'

IT1

[Not required]

Have you smoked at least 100 cigarettes in your entire life? Note: 5 packs = 100 cigarettes. Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

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

CONDITI

f('IT1')== '1'

true

false

Question IT2()

IT2

[Not required]

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

- Every day (1)
- Some days (2)
- Not at all (3)
- Don't know/Not sure (4)

CONDITION	f('IT2')!='3'	
	true	false
	Question IT3()	

IT3

[Not required]

Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., in a place of worship, at the library, in the cinema)?

- Yes (1)
- No (2)

IT4

[Not required]

Do you smoke more frequently during the first hours after waking up than the rest of the day?

- Yes (1)
- No (2)

IT5

[Not required]

Do you smoke on days that you are so ill that you are in bed most of the day?

- Yes (1)
- No (2)

IT6 - slider

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=10 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

On a scale of 0 to 10 with 0 being not at all and 10 being very much, how much do you want to quit smoking cigarettes right now?

IT7 - slider

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

On a scale of 0 to 100 percent with 0 percent being not at all confident and 100 percent being extremely confident, how confident are you that you will quit smoking within the next month?

END || Condition f('IT2')!='3'

SNT1

[Not required]

To the best of your knowledge, do each of the following people currently smoke cigarettes every day, some days, or not at all?

	Every day (1)	Some days (2)	Not at all (3)	Don't know/Not sure (4)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNT2

[Not required]

Has this person reduced their smoking or quit smoking?

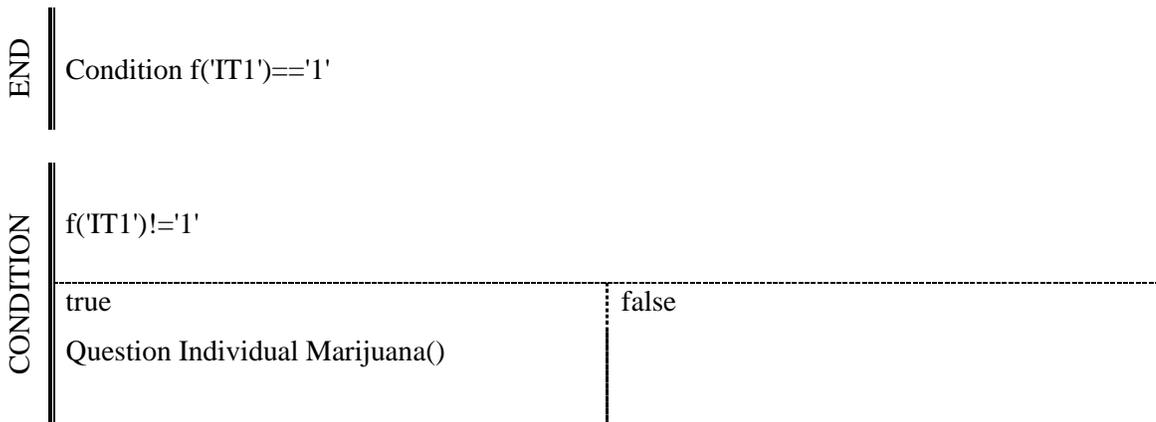
	Yes, in the past year (1)	Yes, more than a year ago (2)	No (3)	Don't know/Not sure (4)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNT3

[Not required]

Has this person been concerned about your smoking or suggested you cut down?

	No (1)	Yes, but not in the last year (2)	Yes, during the last year (3)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

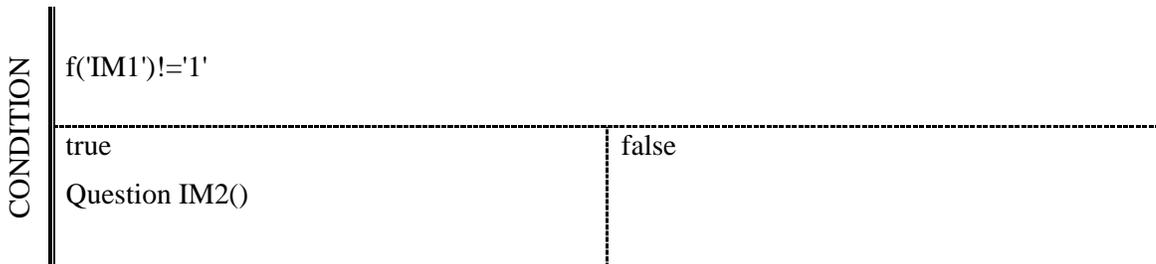


IM1

[Not required]

Over the past 6 months, how often did you use marijuana (cannabis)? Do not include use of cannabidiol (CBD)-only products.

- Never (1)
- Monthly or less (2)
- More than once a month, but less than once a week (3)
- 2-3 times a week (4)
- 4 or more times a week (5)



IM2

[Not required]

Over the past 6 months, have you ever used marijuana before midday?

- Never (1)
- Rarely (2)
- Often (3)

IM3

[Not required]

Over the past 6 months, have you ever used marijuana when you were alone?

- Never (1)
- Rarely (2)
- Often (3)

IM4 - slider

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=10 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

On a scale of 0 to 10 with 0 being not at all and 10 being very much, how much do you want to reduce your use of marijuana or stop using marijuana right now?

IM5 - slider

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

On a scale of 0 to 100 percent with 0 percent being not at all confident and 100 percent being extremely confident, how confident are you that you will reduce your use of marijuana or quit within the next month?

END || Condition f('IM1')!=1'

SNM1

[Not required]

To the best of your knowledge, how often do each of the following people use marijuana?

	Never (1)	Monthly or less (2)	More than once a month, but less than once a week (3)	2-3 times a week (4)	4 or more times a week (5)	Don't know/Not sure (6)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNM2

[Not required]

Has this person reduced their use of marijuana or quit using marijuana?

	Yes, in the past year (1)	Yes, more than a year ago (2)	No (3)	Don't know/Not sure (4)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNM3

[Not required]

Has this person been concerned about your use of marijuana or suggested you cut down?

	No (1)	Yes, but not in the last year (2)	Yes, during the last year (3)
^f('q1_1')^ (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_2')^ (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_3')^ (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_4')^ (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_5')^ (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_6')^ (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('q1_7')^ (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END

Condition f('IT1')!='1'

CS_001 - CS_001

[Not required]

Could you tell us how interesting or uninteresting you found the questions in this interview?

- Very interesting (1)
- Interesting (2)
- Neither interesting nor uninteresting (3)
- Uninteresting (4)
- Very uninteresting (5)