







Summary of the 2022 Adult Tobacco Surveys for the State of Nebraska

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Statistical Summary

Source: Nebraska Adult Tobacco Survey 2022 (NE ATS 2022)

Adult Tobacco Use in Nebraska		95%	% CI
	%	<u>Lower</u>	<u>Upper</u>
Ever Tried			
Have Tried a Cigarette	62.1%	62.0%	62.2%
Have Tried an E-Cigarette	25.8%	25.8%	25.9%
Have Tried a Cigar/Cigarillo/Small Cigar	41.2%	41.1%	41.3%
Have Tried Smokeless Tobacco	23.0%	23.0%	23.1%
Current Use			
Smoke Cigarettes Currently	11.7%	11.7%	11.8%
Use E-Cigarettes Currently	7.3%	7.3%	7.4%
Smoke Cigars/Cigarillos/Small Cigars Currently	2.8%	2.7%	2.8%
Use Smokeless Tobacco Currently	1.9%	1.9%	2.0%
Exposure to Secondhand Smoke			
Homes with Smoke-Free Rules	91.8%	91.7%	91.8%
Cessation			
Smokers Who Have Attempted to Quit	79.7%	79.5%	79.9%
Mass Media Recall			
Read, Saw, or Heard Ad(s) About Dangers of Tobacco Use – Within Past Month	58.3%	58.2%	58.4%
Policy and Taxes			
Support for Increasing Cigarette Tax and Spending on Prevention	73.8%	73.7%	73.8%
Support for Increasing Tobacco Tax (Tobacco Users)	52.9%	52.7%	53.1%

Demographics

Age		Marital Status	
18-24	12.3%	Married	54.7%
25-64	62.5%	Unmarried (All other statuses)	45.3%
65+	25.2%		
		Housing	
Gender		Own	66.5%
Male	49.7%	Rent	30.1%
Female	50.3%	Other Arrangement	3.3%
Education		Employment Status	
Less Than or Equal to GED/High School	34.8%	Employed for Wages	51.5%
Some college	34.6%	Self-Employed	11.5%
Associate's Degree	7.3%	Out of Work for More Than 1 Year	1.3%
Bachelor's Degree or Higher	23.2%	Out of Work for Less Than 1 Year	1.6%
		A Homemaker	4.1%
Income		A Student	4.5%
Less than \$35,000	30.6%	Retired	20.2%
\$35,000 to \$74,999	33.8%	Unable to Work	5.2%
\$75,000 and Above	35.6%		
		Military Service	
Ethnicity		Have ever Served on Active Duty in the United	11.0%
Hispanic or Latino(a)	14.5%	States Armed Forces	
Non-Hispanic or Latino(a)	85.5%	Never Served on Active Duty in the United States Armed Forces	89.0%
Race			
White (Non-Person of Color)	72.7%		
Person of Color	27.3%		

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Introduction

Tobacco use remains the leading preventable cause of death in the United States. Annually, approximately 480,000 Americans die prematurely due to tobacco use including 2,500 Nebraskans.¹

Each year Tobacco Free Nebraska (TFN), a program within the Nebraska Department of Health and Human Services – Division of Public Health, conducts the Nebraska Adult Tobacco Survey (ATS). The ATS monitors tobacco-related issues including trends among different groups of Nebraskans, new or emerging product evolution, and opportunities to support cessation efforts. This report summarizes the major findings from the ATS conducted in calendar year 2022.

Study Design and Method

TFN contracted with the Bureau of Sociological Research (BOSR), University of Nebraska – Lincoln to complete the ATS. The ATS sampling design, data collection, data cleaning, and weighting strategies were modeled closely after the 2022 Behavioral Risk Factor Surveillance System (BRFSS). The target population for the ATS is adult Nebraskans (18 years and older) residing in a private residence or college housing. A probability sample of all households with telephones in the state of Nebraska was utilized. Landline and Cell Phone samples were drawn separately. A disproportionate stratified sample for the landline was employed, whereas cellular telephone numbers were drawn from commercially available frames at random. The total sample was stratified by the six Behavioral Health regions in Nebraska with two additional strata for Lincoln and Omaha. Please refer to Figure 1 for a description of the regions.

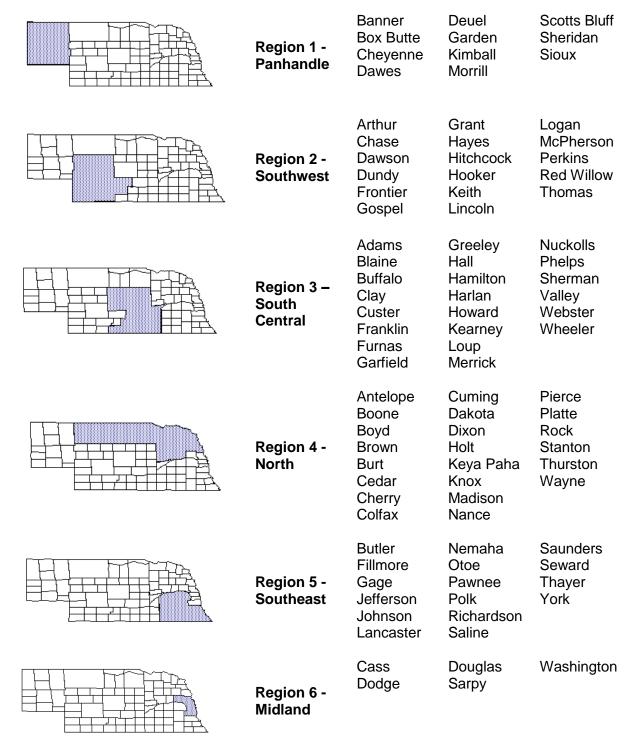
NEBRASKA ADULT TOBACCO SURVEY

Adult Tobacco Survey is a statewide landline and cellular telephone survey of adults aged 18 years or older. Core questions assess adults' knowledge, attitudes, and behaviors related to tobacco use. secondhand smoke exposure, use of cessation assistance. and their awareness of and support for evidence-based policy interventions.

¹ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Page 105.

Figure 1

Definitions of Regions



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BOSR purchased the 2022 ATS sample from Marketing Systems Group on a quarterly basis for all four quarters.

Upon speaking with a person, a series of qualification questions are asked to determine whether a household was reached and whether the household members were eligible. For the landline survey, the interviewer created a household roster by asking how many adult men and adult women live in the household. From there one adult is randomly chosen by WinCATI as the selected respondent. Cell phones are largely personal devices, therefore, the person who answered the cell phone was the selected respondent as long as they met the eligibility requirements.

The 2022 ATS had an annual target of 3200 completed interviews (400 interviews, combined, from each stratum). Sample sizes were adjusted slightly in each order based on previous sample performance and the number of completed interviews needed to meet the annual target.

Data Collection and Process

The questionnaire for the 2022 ATS (Appendix A) was developed by TFN and implemented by BOSR in both English and Spanish. The questionnaire was programmed and administered in the WinCATI software. Sampled phone numbers were called by professionally trained BOSR interviewers from January 24, 2022, to February 13, 2023. Interviews were conducted during each calendar month in 2022. Calls were made 7 days a week, during both daytime and evening hours.

Response Rate

Using the American Association for Public Opinion Research (AAPOR)'s standard definitions for Response Rate 4, the landline survey had a response rate of 46.1% (n=774 completed interviews, 24 partial interviews) and the cell phone survey had a response rate of 57.6% (n=2210 completed interviews, 71 partial interviews).

Data Cleaning and Weighting

Data were exported from the BOSR's interviewing platform WinCATI and reviewed to exclude any duplicate cases. Responses that had reached the partial threshold with all of the demographic questions answered were coded.

Weighting

To ensure the results are representative and generalizable to all adult Nebraskans, the data were weighted by BOSR using the Stratum Weight, Design Weight, as well as Composite Weight for each completed interview.

The Stratum Weight accounts for the differences in the probability of being selected based on the geographic stratum. There are eight geographic strata that correspond to the six Behavioral Health Regions in Nebraska as well as an oversample for Lancaster and Douglas Counties. A stratum weight is calculated as:

 $Stratum\ Weight = \frac{Number\ of\ phone\ numbers\ drawn\ into\ the\ sample\ for\ that\ quarter}{Total\ number\ of\ phone\ numbers\ available}$

In order to combine the landline and cell phone samples, the Design Weight was applied taking into account the Stratum weight, the number of landline phone numbers in the household and the number of eligible adults in the household. The Design Weight was calculated (The BRFSS Data User Guide, 2013):

$$Design \ Weight = Stratum \ Weight \ \times \ \frac{1}{Number \ of \ Phones} \ \times Number \ of \ Adults$$

In above calculations, the number of adults was capped at three, and the number of phone numbers was capped at two to minimize weight variation. If there was missing data for the number of phones, that value was set as one. For Cell phone respondents, both the number of phones and the number of adults were set to one. Therefore, the Cell phone Design weight equaled the Stratum Weight.

A dual-use adjustment to the design weights was needed to account for the overlapping sample frames. The design weight was multiplied by this adjustment factor for records that had the potential to be in both sample frames, creating a composite weight.

The dual-use adjustment is calculated for three categories based on phone usage. The three dual-use categories include landline survey respondents that have a cell phone, cell phone survey respondents that have a landline, and respondents that are not dual users in that they use only a landline or only a cell phone.

The formula for calculating the composite weight is as follows:

$$Composite\ weight\ for\ dual\ use = design\ weight\ \times\ \frac{N\ effective\ value\ for\ category\ 1\ or\ 2}{N\ effective\ category\ 1\ +\ N\ effective\ category\ 2}$$

where the N effective sample size is

$$N \ effective = \frac{N}{DEFF}$$

where N is number of interviews and

$$DEFF = 1 + \left(\frac{Standard\ Deviation\ of\ Design\ Weight}{Mean\ Value\ of\ Design\ Weight}\right)^2$$

Finally, the adjusted design weight was then used as the input weight for raking to represent the total population by iteratively introducing and adjusting one demographic variable at a time.

Raking

The raking variables used in the ATS included age, sex, race/ethnicity, education, marital status, home ownership, phone source and region. Prior to raking, any missing data is imputed for each of the variables. Landline and cell phone data are imputed separately. The age variable is imputed using the mean age of the gender and race/ethnicity category of the region the respondent is assigned. Race is imputed using the most common race category for the region. Education, marital status, and home ownership are imputed using hot-deck imputation. After the data has been collected, the

region data is generated based on the self-reported county. On occasion, a respondent may not know in which county they live, or he or she will refuse this question. In this case, there is no county data to use to determine the region. However, prior to data collection, the sample is split into eight geographic strata that correspond to the regions described here. If a respondent does not provide a county during the survey, the region is imputed using the stratum to which the record was originally assigned.

The number of categories for each variable have been selected to match the BRFSS as closely as possible. However, there are some deviations to this based on what is publicly available for the population data as well as ensuring that there is enough data to produce statistically valid results. After the missing values have been imputed and the data has been collapsed, prior to raking, the frequencies of the collapsed data are checked to ensure that there is enough data in each category to proceed.

Live monitoring and verification callbacks were performed for quality assurance purpose. These margins are ordered starting with the smaller geographic regions and proceeding to the state population data. After each of these margins have been adjusted the process starts over with Race/Ethnicity by Region variable and continues until each of the margins reached fifty iterations or the margins have converged to 0.001. Some of these margins may be removed or collapsed further depending on the number of responses for the categories. The final weight in the dataset is named raked wt1.

Design Effects

The design effect due to weighting adjustments is 3.10, which represents the loss in statistical efficiency that results from unequal weights².

Disproportionate stratification was used for the 2022 ATS. The use of this type of sampling resulted in a sampling design effect of 0.0005³.

Appropriate adjustments need to be incorporated into statistical tests when using the 2022 ATS data. See Estimate of Sampling Error in Appendix B.

Limitations

In telephone surveys, timing must be carefully considered. BOSR monitored the time of day of the call and varied the day of the week and time of the follow-up call. Telephone only surveys also exclude those who do not have a telephone.

Questions

Any questions regarding this report or the data collected can be directed to the Tobacco Free Nebraska at the Nebraska Department of Health and Human Services by calling (402) 471-2101 or by sending an email to dhhs.tfn@nebraska.gov.

The formula used is: $1 + cv^2(w) = \frac{n(\sum_1^n w_i^2)}{(\sum_1^n w_i)^2}$. $deff = \frac{var_{complex}(\overline{y})}{var_{SRS}(\overline{y})}$. Used Q2 (Have you ever smoked a cigarette, even 1 or 2 puffs?) to calculate.

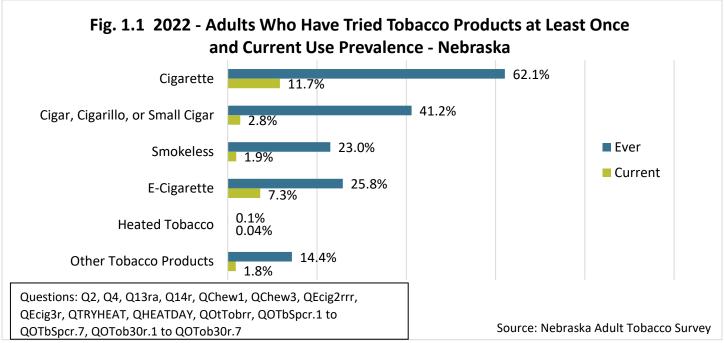
Adult Tobacco Use in Nebraska

The health burden of tobacco use falls primarily upon the adult population because nearly all health impacts (with some exception like fires, burns, and poisonings) of tobacco use are chronic medical conditions that take years or decades to develop; the impact of a tobacco-use decision in adolescence or young adulthood is not felt for many years.

In this report, current tobacco users (also referred to as tobacco users) were defined as someone who reported using any of the major tobacco products (cigarettes, cigars/cigarillos/small cigars, smokeless tobacco, or e-cigarettes) every day or some days and/or used any other tobacco products (heated tobacco products, roll-your-own, bidis, kreteks, hookah/waterpipe, tobacco pipe, orbs, or some other product) in the past 30 days. Non-tobacco users were defined as someone who was not currently using any amount of any major tobacco products or any other tobacco products in the past 30 days prior to the survey. Additionally, those who reported using a particular tobacco product in the past but did not use that product at all when the survey was administered were defined as former users of that tobacco product. Moreover, respondents who reported having never used a tobacco product or having tried within a certain amount⁴ of that product in their lifetime were categorized as "never smokers" of that product. *Please note that the findings throughout this report have been rounded to the nearest tenth or hundreth of a percent. As a result, the sum of individual percentages do not always add up to 100.0%. Regional figures are represented by their respective Behavioral Health Regions with additional analyses included for Lincoln alone and Omaha alone.

Ever Tried and Current Use Rates

When respondents were asked whether they had tried tobacco products at least once and their current use prevalence, a majority had tried cigarettes before (Fig. 1.1).

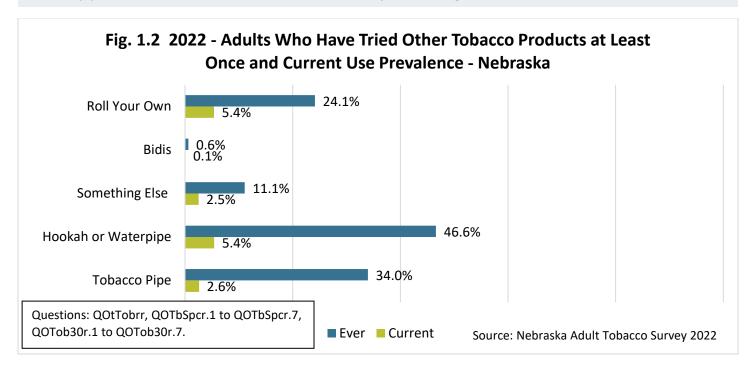


⁴ Cigarette smokers: smoked at least 100 cigarettes in their entire life;

Cigar, cigarillo, or small cigar smokers: smoked at least 50 cigars, cigarillos or small cigars in their entire life; Smokeless tobacco users: used chewing tobacco, dip, snuff, or snus at least 20 times in their entire life.

The figure above highlights the use of tobacco products by adults in Nebraska. Both ever-tried and current use are noted. The most-often used product with adults remained the combustible cigarette. Around six out of ten adults had tried a cigarette in their lifetime (62.1%) while 11.7% currently smoked cigarettes. About two-fifths of the adult population had tried a cigar, cigarillo, or small cigar (41.2%), but only 2.8% were regular cigar, cigarillo, or small cigar smokers. Less than one-third of the adults had tried smokeless tobacco in their life (23.0%) while those who reported current use accounted for 1.9% of the respondents. E-cigarettes had been tried by one-fourth of adults (25.8%) while 7.3% reported using them in the last month prior to the survey. Interestingly, the percentage of respondents who had ever tried other tobacco products is 14.4%, whereas only 1.8% reported current use. But there are likely sub-groups where prevalence is higher because of religious or cultural practices.

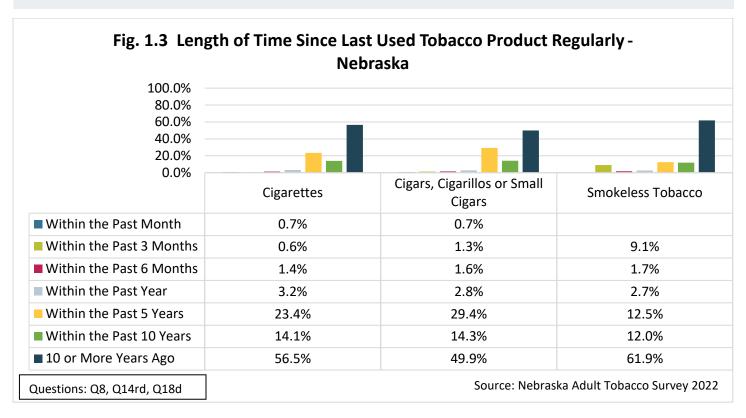
Nearly half (46.6%) of Nebraskans have tried smoking a hookah or waterpipe, roughly one-third (34.0%) have tried a tobacco pipe, and about one-fourth (24.1%) have tried roll your own (Fig. 1.2).



Nearly half (46.6%) of Nebraskans who have tried smoking other types of tobacco products report having tried smoking a hookah or waterpipe; 5.4% of those who have tried a hookah or waterpipe have used a hookah or waterpipe in the last 30 days. Roughly one-third (34.0%) of respondents indicated they have tried a tobacco pipe, with 2.6% having used a tobacco pipe in the last 30 days. About one-fourth (24.1%) have tried roll your own tobacco products, with 5.4% having used roll your own tobacco products in the last 30 days. Some (11.1%) reported having tried something else, with 2.5% having used something else in the last 30 days. Few (0.6%) indicated that they have tried bidis, with 0.1% of respondents reporting they have used bidis in the last 30 days. *Please note that the number of users who ever-tried or currently used Kreteks or Orbs tobacco products was extremely small, so data are not shown here.

Time Elapsed Since Tobacco Use

More than half of the cigarette smokers and smokeless tobacco users have not been using that tobacco product regularly for over 10 years (Fig. 1.3).



For most cigarette smokers (56.5%) and smokeless tobacco users (61.9%) it had been 10 or more years since they quit using the product regularly. For cigar, cigarillo, or small cigar smokers, 29.4% had used them within the past 5 years, over double that of smokeless tobacco users (12.5%).

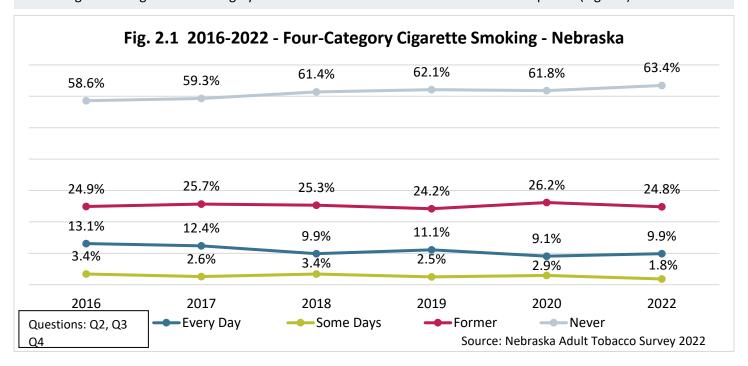
As seen in the table below, those who had ever-tried an e-cigarette (28.5%), cigarette (18.9%), and other tobacco products (12.6%) are more likely to become current users than those who had ever tried smokeless tobacco (8.4%) and cigars, cigarillos or small cigars (6.7%). *Please note that the number of users who ever tried or currently used heated tobacco was extremely small, so data are not shown here.

2022 Ratio of Current User to Ever-Tried by Tobacco Product	
Product	Ratio (Current User/Ever Tried)
Cigarette	18.9%
Cigar, Cigarillo, or Small Cigar	6.7%
Smokeless Tobacco	8.4%
E-Cigarette	28.5%
Other Tobacco Products	12.6%
	Source: Nebraska Adult Tobacco Survey 2022

Cigarette Smoking

Cigarette Smoking Status 2016-2022

The categories of cigarette smoking by adults remained stable over the measurement period (Fig. 2.1).

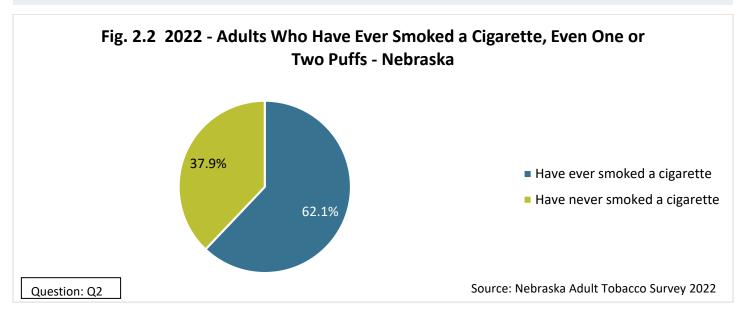


The number of adults indicating they smoke cigarettes every day increased from 9.1% in 2020 to 9.9% in 2022. A comparable number of adults indicated they are former smokers in 2020 (26.2%) and 2022 (24.8%). The percentage of former smokers remained essentially unchanged at about one in four adults (24.8%) in 2022. The percentage of individuals who reported never having smoked increased slightly from 61.8% in 2020 to 63.4% in 2022. (Data not available for 2021).

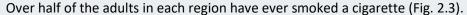
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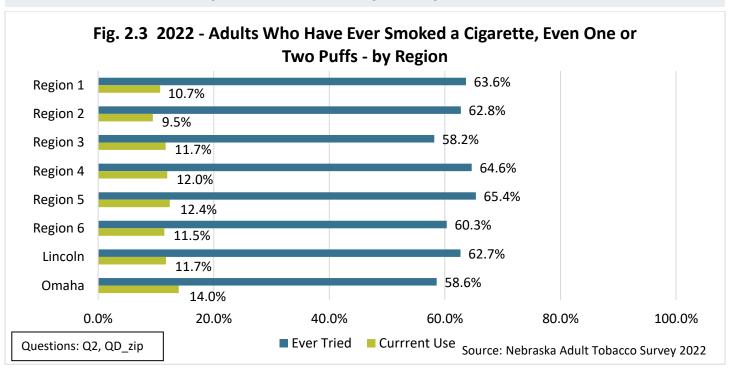
Ever Smoked a Cigarette

The majority of adults in Nebraska have tried smoking a cigarette (Fig. 2.2).



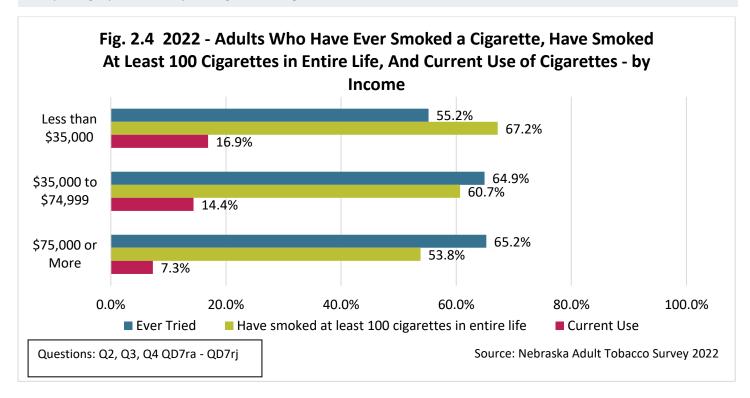
The figure above (2.2) highlights the percentage of adults in Nebraska (62.1%) who have ever smoked a cigarette, even one or two puffs.





A higher percentage of adults from Region 5 (65.4%) have ever smoked a cigarette, even one or two puffs, while the lowest rate comes from Region 3 (58.2%).

Those within the lowest income category were the least likely to have ever smoked a cigarette, yet were the most likely category to currently use cigarettes (Fig. 2.4).

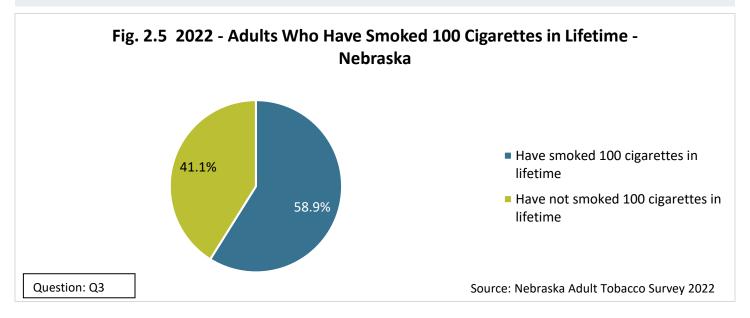


The figure above (2.4) displays the percentage of Nebraska adults who ever smoked a cigarette, even one or two puffs (Ever Tried), the rate in which those who reported yes, they have ever smoked a cigarette, even one or two puffs, have also smoked at least 100 cigarettes in their entire life (Have smoked at least 100 cigarettes in entire life), and the rate in which those who reported yes, they have smoked at least 100 cigarettes in their entire life, currently smoke cigarettes either every day or some days (Current Use) by annual household income. While adults from higher income households are more likely to have ever tried a cigarette, the opposite is true when it comes to adults who have ever smoked at least 100 cigarettes in their lifetime and those who are current cigarette users. For instance, adults with an annual household income of less than \$35,000 are less likely to have ever tried smoking (55.2%) than adults with an annual household income of \$75,000 or more (65.2%). However, among the 55.2% of adults with an annual household income of less than \$35,000 who have ever smoked a cigarette, even one or two puffs, 67.2% of them have smoked at least 100 cigarettes in their entire life, while only 53.8% of the 65.2% of adults with an annual household income of \$75,000 or more who have ever smoked a cigarette, even one or two puffs, have smoked at least 100 cigarettes in their entire life.

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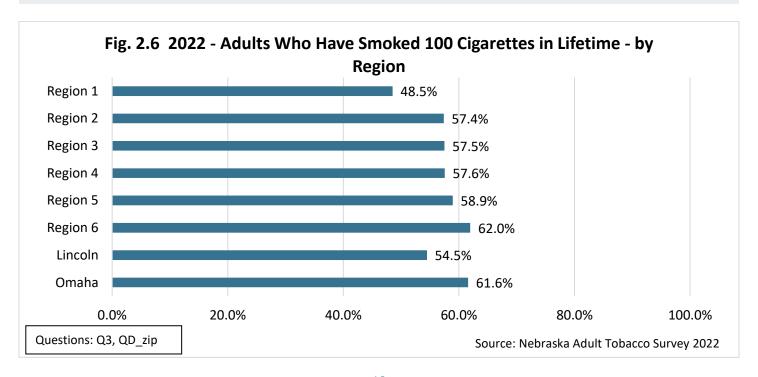
Smoked at Least 100 Cigarettes

The majority of adults who have ever smoked a cigarette have smoked at least 100 cigarettes in their lifetime (Fig. 2.5).



Among those who have ever smoked a cigarette, even one or two puffs, 58.9% indicated they have smoked at least 100 cigarettes in their lifetime.

Over half of adults who have ever smoked a cigarette, even one or two puffs, have smoked at least 100 cigarettes in their lifetime across nearly all Nebraska regions (Fig. 2.6).

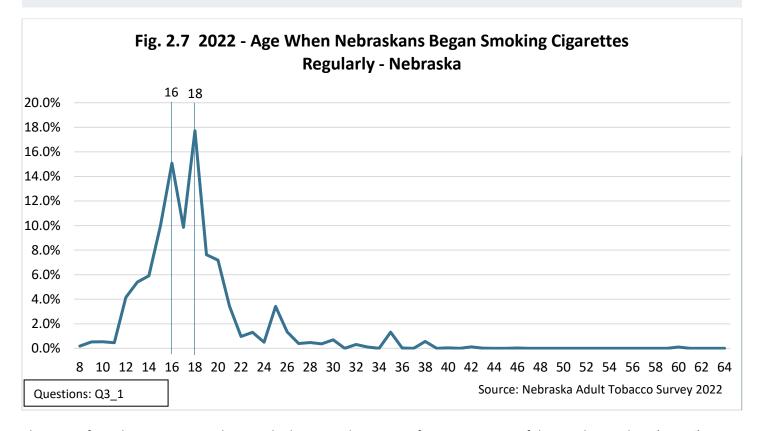


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Respondents from Region 6 (62.0%) report the highest rate of adults who have smoked at least 100 cigarettes in their lifetime, while respondents from Region 1 (48.5%) report the lowest rate.

Age When Started Smoking Regularly

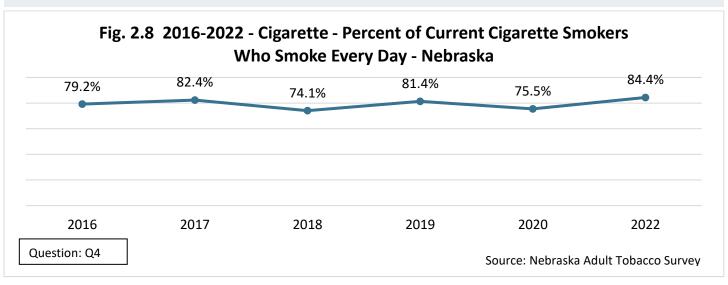
Just over two-fifths (42.6%) of Nebraskans who began smoking cigarettes regularly started between the ages of 16 and 18 years old (Fig. 2.7).



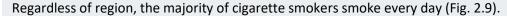
The start of regular cigarette smoking peaked at 16 and 18 years of age. A majority of the regular smokers (90.7%) started smoking cigarettes before or at 24 years old. These results revealed the importance of youth tobacco prevention.

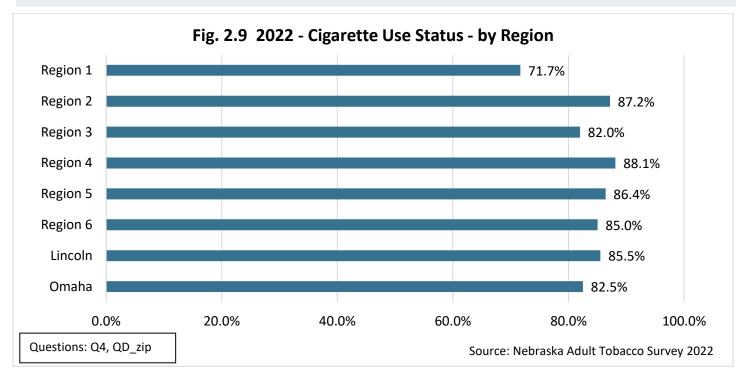
Currently Smoke





Among current cigarette smokers, those who report smoking every day rose to 84.4% in 2022, after having dropped to 75.5% in 2020. (Data not available for 2021).

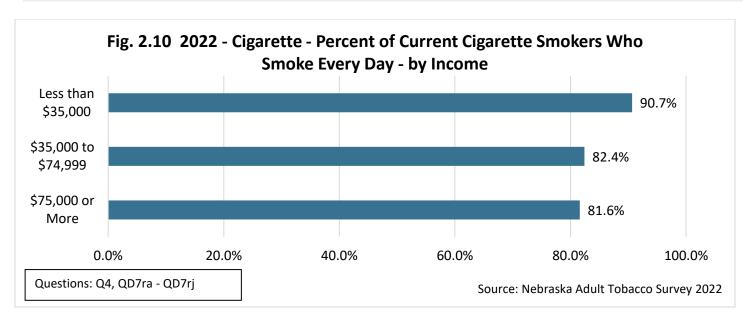




Cigarette smokers from Region 1 smoke every day (71.7%) at lower rates than other Nebraska regions, and Nebraskan smokers from Region 4 smoke every day (88.1%) at higher rates than other Nebraska regions.

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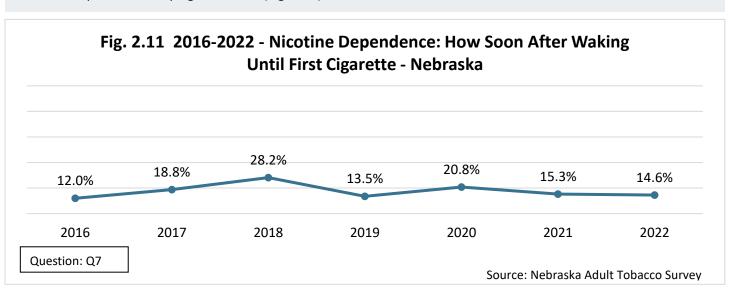
Nebraskan cigarette smokers with an annual household income of less than \$35,000 report smoking every day at higher rates than their counterparts with an annual household income of \$35,000 or more (Fig. 2.10).



Nebraskan smokers with an annual household income of less than \$35,000 report smoking every day (90.7%) at higher rates than Nebraskans with higher annual household incomes. There is little difference in daily smoking rates among Nebraskan smokers with an annual household income of \$35,000 to \$74,999 (82.4%) and Nebraskan smokers with an annual household income of \$75,000 or more (81.6%).

Time Before First Cigarette of the Day 2016-2022

Nicotine dependence drop again in 2022 (Fig. 2.11).



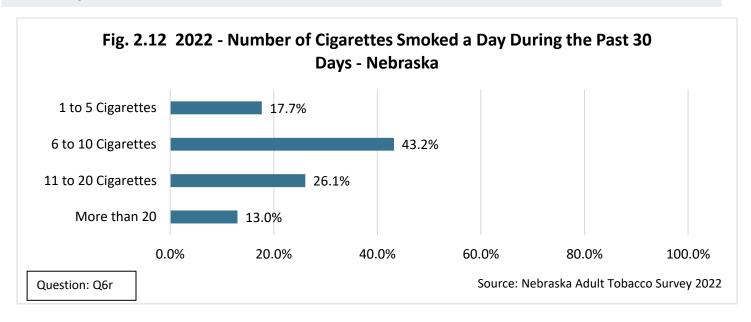
An indicator of the extent an individual is dependent on nicotine is the urgency with which they need nicotine after waking in the morning. In 2016, 12.0% of the respondents indicated they used their first cigarette within five minutes of waking. In 2018, that heavily addicted population more than doubled to 28.2%, and dropped to 13.5% in 2019, before

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increasing again in 2020 to 20.8%, potentially related to the pandemic situation as the heavily addicted population dropped in 2021 to 15.3%, and again to 14.6% in 2022.

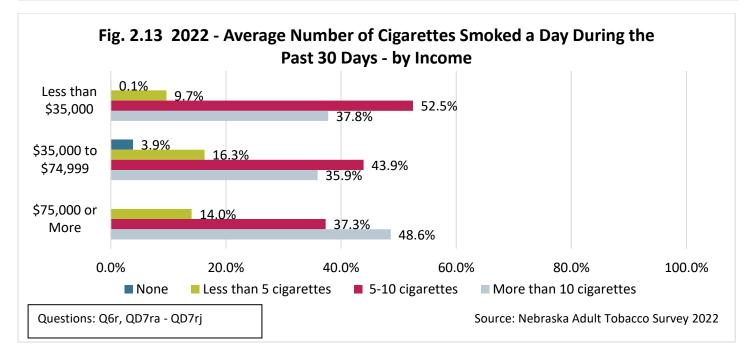
Average Number of Cigarettes Smoked a Day

Roughly two-fifths of Nebraskan cigarette smokers consumed an average of 6 to 10 cigarettes each day that they smoked (Fig. 2.12).



For 43.2% of Nebraskan cigarette smokers, the average number of cigarettes smoked in a day is 6 to 10, followed by 26.1% reporting that they smoke 11 to 20 cigarettes a day.

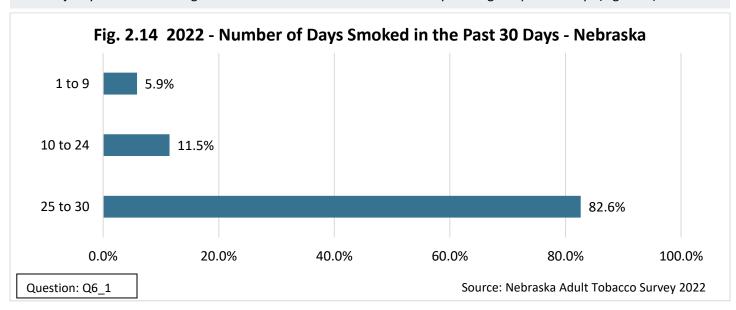
Adults within the highest income category report having smoked, on average, more than 10 cigarettes each day at higher rates than the lower two income categories (Fig. 2.13).



Among those who report smoking cigarettes either every day or some days, those with an annual household income of \$75,000 or more were more likely to report, on the average, that they smoked more than 10 cigarettes on days when they smoked during the past 30 days (48.6%) than those with an annual household income of \$35,000 to \$74,000 (35.9%), and those with an annual household income of less than \$35,000 (37.8%). Those with an annual household income of \$35,000 to \$74,000 reported, on the average, that they did not smoke at all (3.9%) at higher rates than the other annual household income categories.

Number of Days when Cigarettes Were Smoked

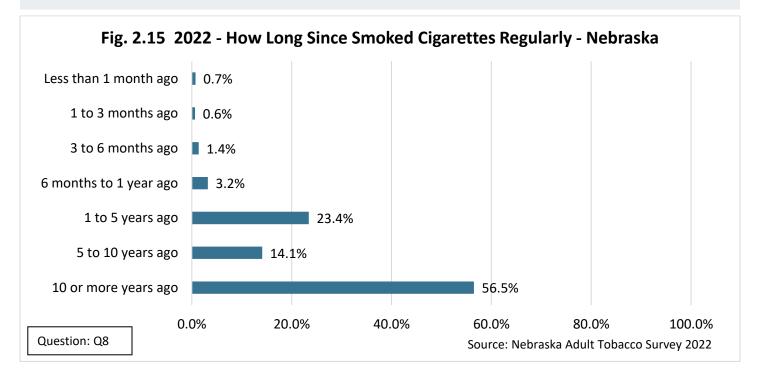
The majority of Nebraskan cigarette smokers have smoked 25 to 30 days during the past 30 days (Fig. 2.14).



The majority (82.6%) of Nebraskan cigarette smokers report smoking between 25 to 30 days during the past 30 days, indicating a dominant fraction of daily smokers. Over one in ten (11.5%) smoked on 10 to 24 days, while only 5.9% smoked on 1 to 9 days.

Length of Time Since Regularly Smoked

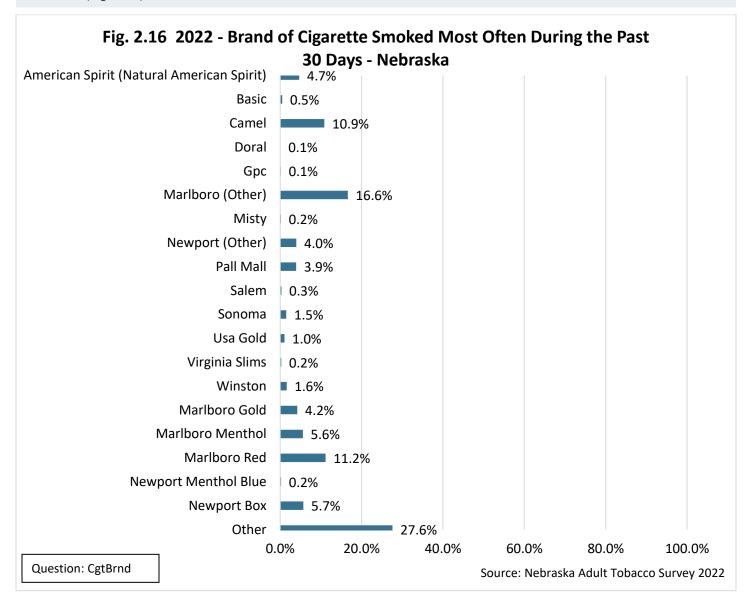
More than half of the former cigarette smokers have not smoked regularly for 10 years or more (Fig. 2.15).



For most cigarette smokers (56.5%), it had been 10 or more years since they quit using the product regularly.

Brand Smoked Most Often

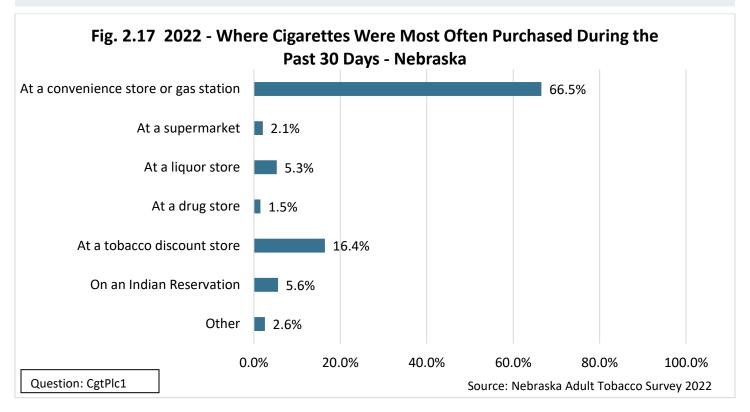
The most common brands smokers smoked during the past 30 days were Marlboro (other), Camel, or other brands not listed (Fig. 2.16).



The majority of smokers smoked a brand other than the brands listed (27.6%), Marlboro (other) (16.6%), or Camel (10.9%).

Location of Purchase

Most current smokers bought cigarettes for themselves during the past 30 days from a convenience store or gas station (Fig. 2.17).

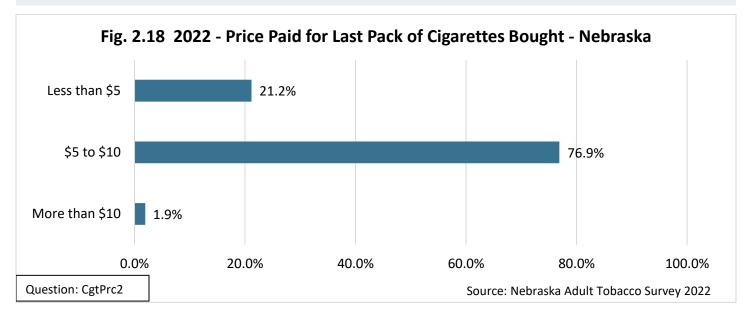


The majority of smokers (66.5%) bought their cigarettes from a convenience store or gas station, while 16.4% bought from a tobacco discount store.

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Price Paid for a Pack

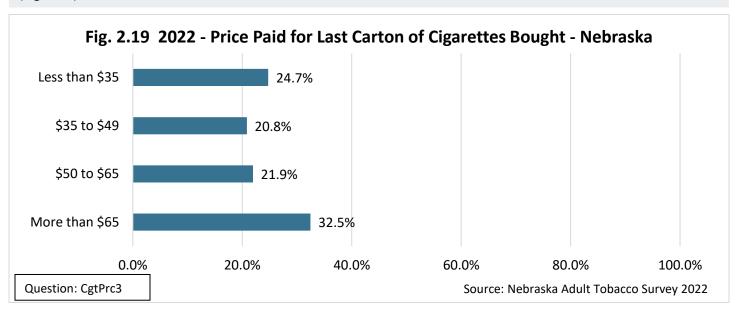
The majority of smokers paid \$5 to \$10 for a pack of cigarettes the last time they bought it for themselves (Fig. 2.18).



Those who paid \$5 to \$10 for a pack of cigarettes made up 76.9% of respondents, while those who paid less than \$5 made up 21.2% of respondents, and only 1.9% of respondents paid more than \$10.

Price Paid for a Carton

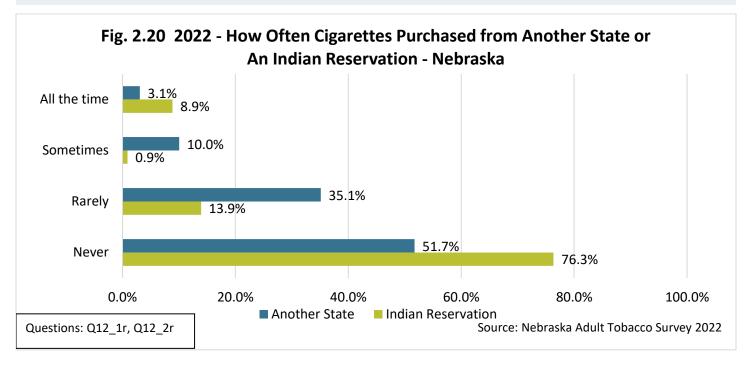
About one in three smokers paid over \$65 for a carton of cigarettes the last time they bought a carton for themselves (Fig. 2.19).



Those who paid more than \$65 for a carton of cigarettes made up 32.5% of respondents. Those who paid less than \$35 made up 24.7% of respondents.

Out of State and Indian Reservation Purchases

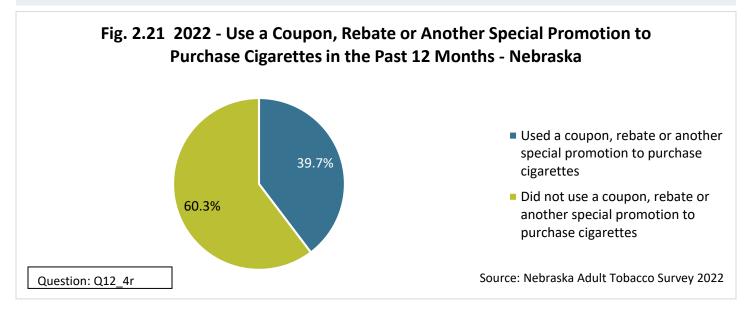
Few Nebraskan smokers regularly purchase cigarettes from another state or an Indian reservation (Fig. 2.20).



In 2022, over half (51.7% of Nebraskan smokers indicated that they never purchase cigarettes from out of state, while three-fourths (76.3%) never purchase cigarettes from an Indian reservation.

Use of Coupons or Other Promotions

Nearly four-fifths of the smokers had taken advantage of coupons, or other special promotions for cigarettes (Fig. 2.21).

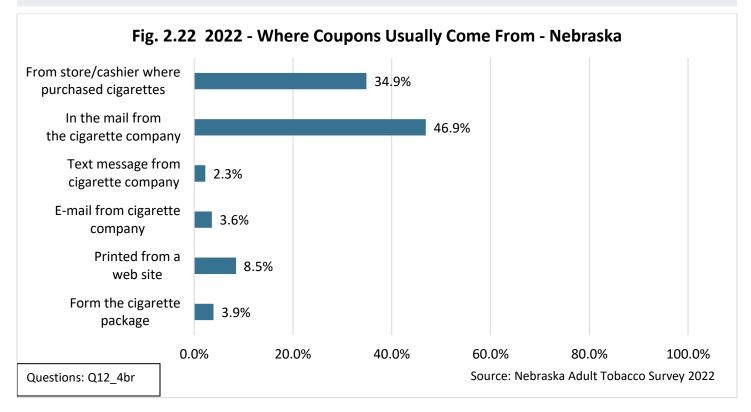


Nearly three-fifths of smokers (60.3%) had not taken advantage of promotions for cigarettes, while still a considerable portion (39.7%) had.

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Source of Coupons

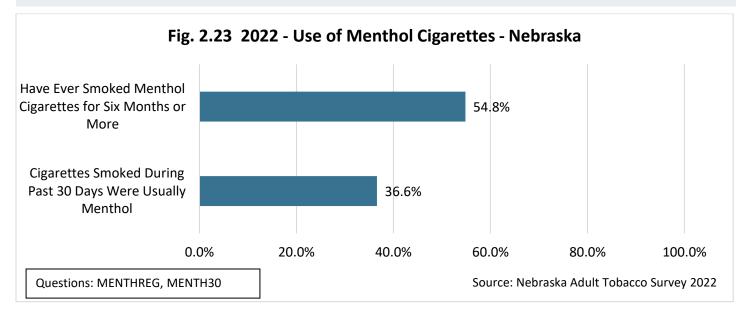
Almost half of current smokers, who reported using coupons got the coupons they used through the mail from a cigarette company (Fig. 2.22).



About half (46.9%) of respondents who are current smokers who have used coupons to purchase cigarettes got their coupons in the mail from a cigarette company, while 34.9% got them from a store or cashier where they purchased their cigarettes.

Use of Menthol Cigarettes

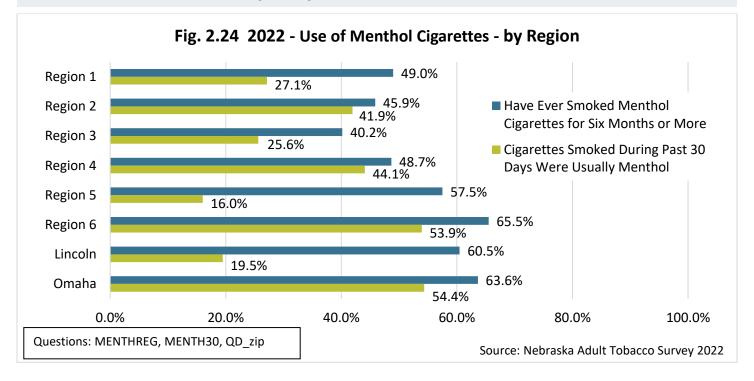
Over half of cigarette smokers had ever used menthol cigarettes for six months or more, and just over one-third had smoked menthol cigarettes in the past 30 days (Fig. 2.23).



Flavorings for combustible cigarettes were banned in the United States except for menthol, a type of flavoring similar to mint that also has a soothing effect for the smoker's mouth, throat, and lungs. In 2022, over half of respondents (54.8%) report having smoked menthol cigarettes for six months or more. Among that 54.8%, 36.6% of them usually smoked menthol cigarettes during the past 30 days.

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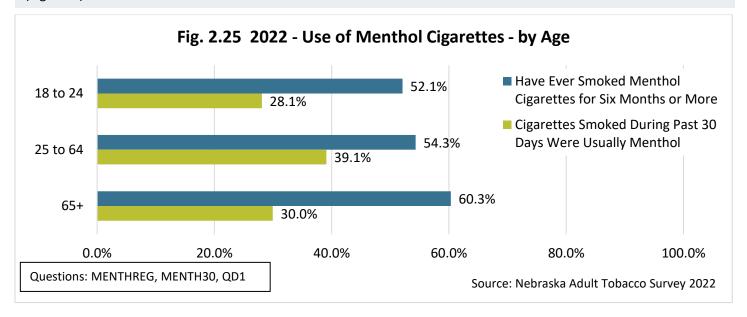
About two-fifths to around two-thirds of Nebraskan cigarette smokers had ever used menthol cigarettes for six months or more across all Nebraska regions (Fig. 2.24).



Some variation occurs in the rate of cigarette smokers who had ever used menthol cigarettes for six months or more across regions. The lowest rate (40.2%) occurs in Region 3 while the highest rate (65.5%) comes from Region 6. Similar variance occurs in the rate of cigarette smokers who usually smoked menthol cigarettes during the past 30 days, with the lowest rate (16.0%) coming from Region 5 and the highest rate (54.4%) coming from Omaha.

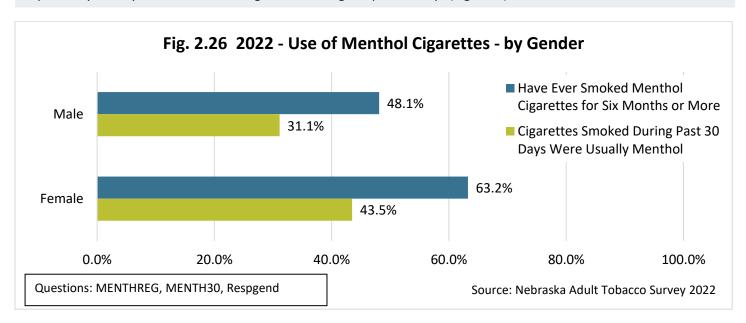
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Over half of cigarette smokers have ever used menthol cigarettes for six months or more regardless of age group (Fig. 2.25).



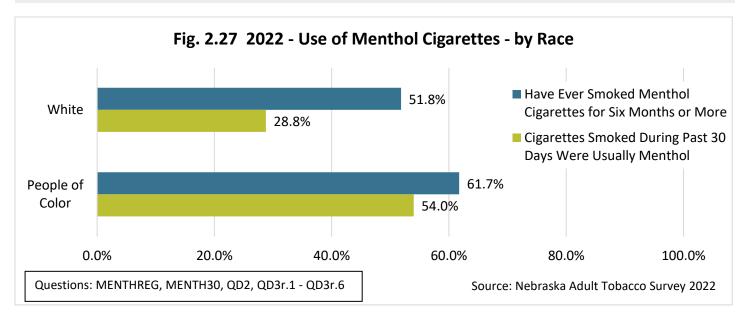
When looking at the prevalence of smokers who had ever used menthol cigarettes for six months or more across age groups, over half reported that they have used menthol cigarettes for six months or more regardless of age group, with those 65 years or older having the highest rate (60.3%). Nearly two-fifths (39.1%) of smokers aged 25 to 64 years who had ever smoked menthol cigarettes for six months or more had usually smoked menthol cigarettes during the past 30 days. The same is true of one-third (30.0%) of smokers aged 65 years or older, and slightly under one-third (28.1%) of smokers aged 18 to 24 years.

Women are more likely to have ever smoked menthol cigarettes for six months or more and they are more likely to report they usually smoked menthol cigarettes during the past 30 days (Fig. 2.26).



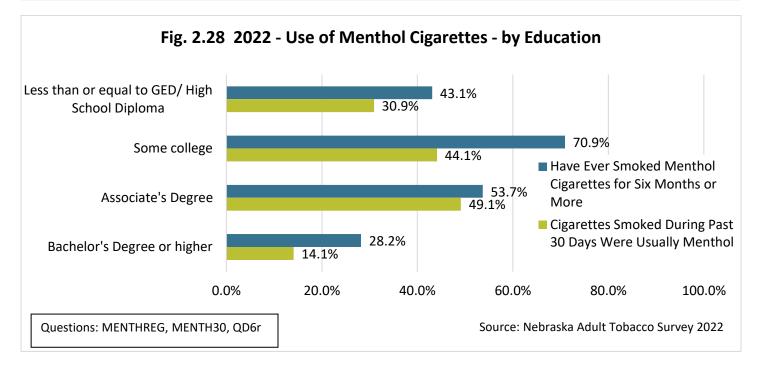
Menthol use for six months or more is more prevalent among women (63.2%) than men (48.1%) who smoke cigarettes, as is the use of menthol cigarettes during the past 30 days, with 43.5% of women and 31.1% of men reporting menthol cigarettes being their usually smoked cigarettes during the past 30 days.

Nebraskans of color report having smoked menthol cigarettes for six months or more and usually smoking menthol cigarettes during the past 30 days at higher rates than white Nebraskans (Fig. 2.27).



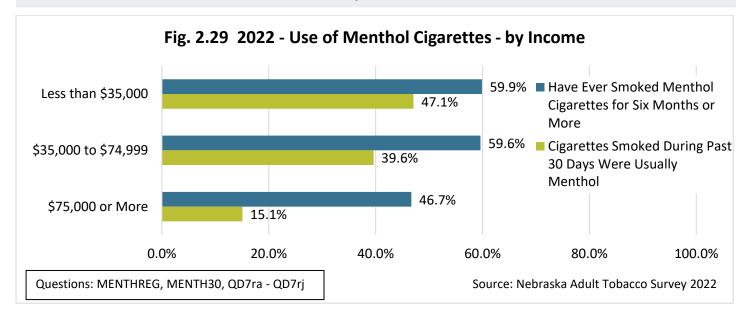
People of color (61.7%) report higher rates of having ever smoked menthol cigarettes for six months or more than white respondents (51.8%). Nebraskans of color who smoke cigarettes are also more likely to report usually smoking menthol cigarettes during the past 30 days (54.0%) than white Nebraskans (28.8%).

Respondents with a Bachelor's Degree or higher report the lowest rate across education categories in having ever smoked menthol cigarettes for six months or more and usually smoking menthol cigarettes during the past 30 days (Fig. 2.28).



Cigarette smokers with some college (70.9%) report the highest rate of smokers who have ever smoked menthol cigarettes for six months or more across education categories, while cigarette smokers with a Bachelor's Degree or higher (28.2%) report the lowest rate across education categories. Nebraskan cigarette smokers with an Associate's Degree report usually smoking menthol cigarettes during the past 30 days (49.1%) at higher rates than respondents from any other education category. Respondents with a Bachelor's Degree or higher report usually smoking menthol cigarettes during the past 30 days (14.1%) at lower rates than respondents with other levels of educational attainment.

Respondents with an annual household income of \$75,000 or more report having ever smoked menthol cigarettes for six months or more and usually smoking menthol cigarettes during the past 30 days at lower rates than those with an annual household income less than \$75,000 (Fig. 2.29).

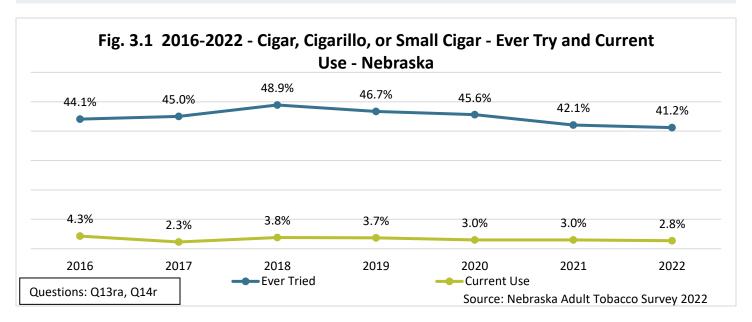


Of smokers whose annual household income is less than \$35,000, 59.9% indicate that they have ever smoked menthol cigarettes for six months or more. The same can be said of 59.6% of smokers whose annual household income is between \$35,000 to \$74,999. Smokers with an annual household income of less than \$35,000 (47.1%) reported the highest use rate of menthol cigarettes during the past 30 days. This drops to 39.6% among smokers with an annual household income of \$35,000 to \$74,999, and drops again to only 15.1% among those with an annual household income of \$75,000 or more.

Cigar Smoking

Ever Tried and Current Use of Cigar/Cigarillo/Small Cigar

Less than half of the respondents had tried a cigar, cigarillo, or small cigar, but a much smaller portion of the respondents were current users (Fig. 3.1).

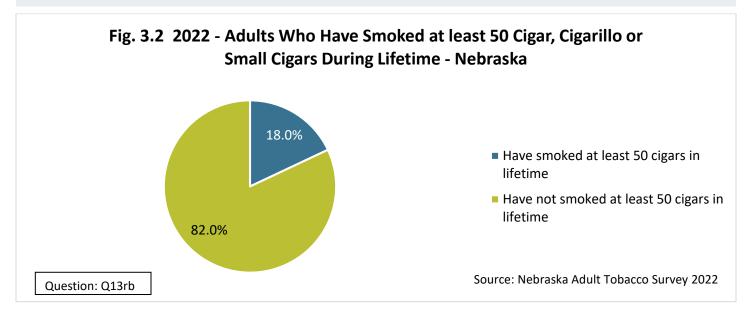


The rate of Nebraskans who have ever tried or currently use cigars, cigarillos, or small cigars has remained relatively stable over the measurement period.

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Smoked at Least 50 Cigars

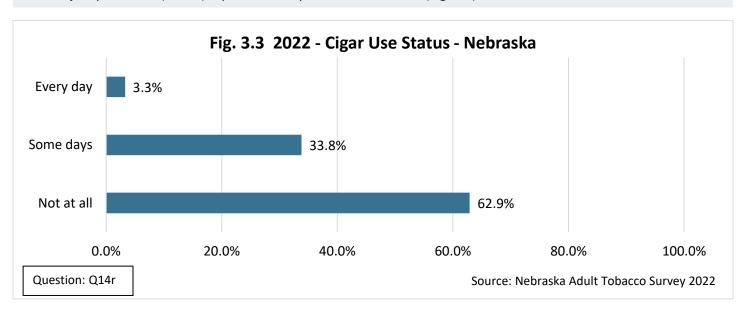
The majority of adults who have ever smoked a cigar, cigarillo, or small cigar have smoked less than 50 in their lifetime (Fig. 3.2).



Of those who have ever smoked a cigar, cigarillo, or small cigar, 18.0% report having smoked at least 50 of these products in their lifetime, while 82.0% report that they have not smoked that many in their lifetime.

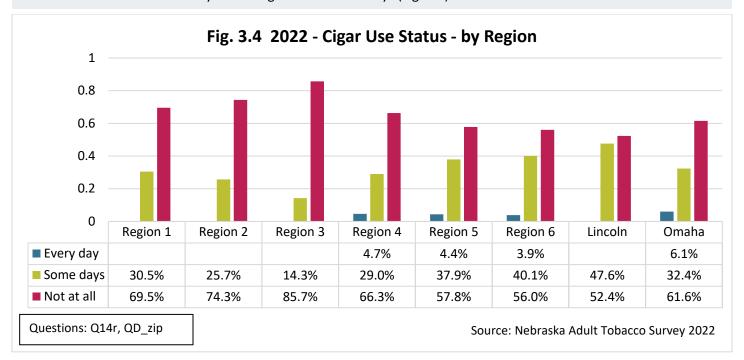
Currently Smoke Cigars

The majority of adults (62.9%) report that they do not smoke at all (Fig. 3.3).



While the majority of adults who have smoked at least 50 cigars in their lifetime indicate that they currently do not smoke at all (62.9%), 33.8% report smoking some days, while another 3.3% report smoking every day.

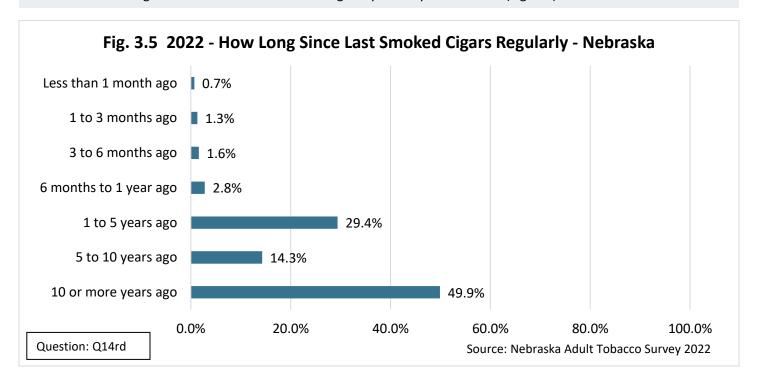
Most Nebraskans who currently smoke cigars do so some days (Fig. 3.4).



Similarly, the majority of Nebraskans across each region who have smoked at least 50 cigars in their lifetime indicate that they currently do not smoke at all. Additionally, and regardless of region, a higher rate of respondents indicate that they smoke some days than those who report smoking cigars every day.

Length of Time Since Last Regularly Smoked

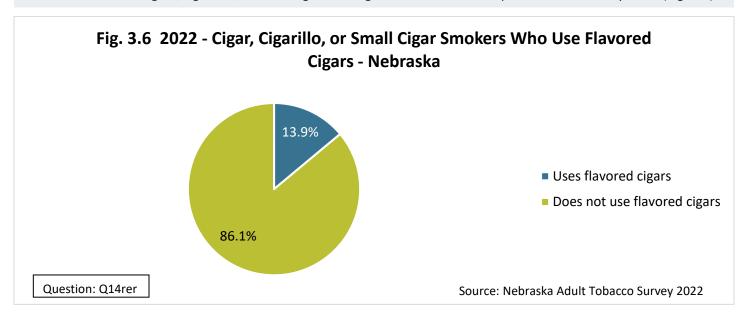
About half of the cigar smokers have not smoked regularly for 10 years or more (Fig. 3.5).



For most cigar smokers, (49.9%) it has been 10 or more years since they quit using the product regularly. An additional 29.4% report it has been 1 to 5 years since using the product regularly.

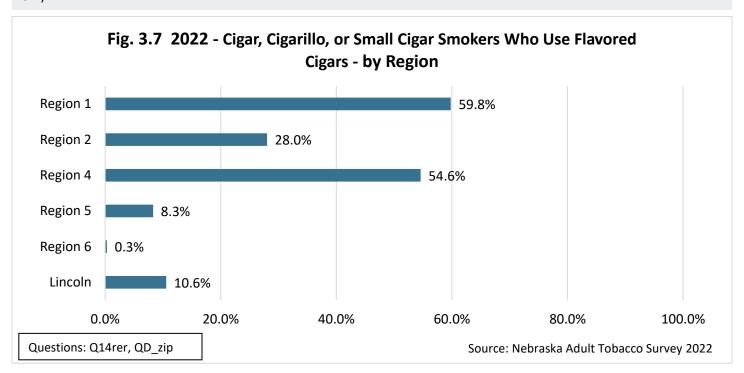
Use Flavored Cigars, Cigarillos, or Small Cigars

The use of flavored cigars, cigarillos, or small cigars among those who use these products is relatively small (Fig. 3.6).



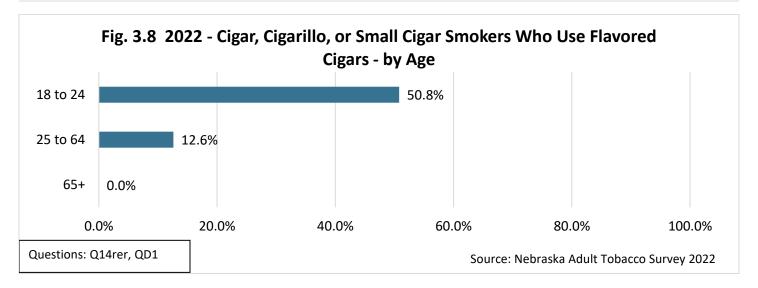
The majority (86.1%) of Nebraskans who report smoking cigars, cigarillos, or small cigars state that they do not use flavored versions of these products.

The use of flavored cigars, cigarillos, or small cigars among those who use these products varies across regions (Fig. 3.7).



Nebraskans who report smoking flavored cigars, cigarillos, or small cigars range from 0.3% (Region 6) to over half (54.6% in Region 4, and 59.8% in Region 1). Region 3 and Omaha are not included in this analysis due to extremely low frequencies.

A correlation between age and the use of flavored cigars, cigarillos, or small cigars is present (Fig. 3.8).

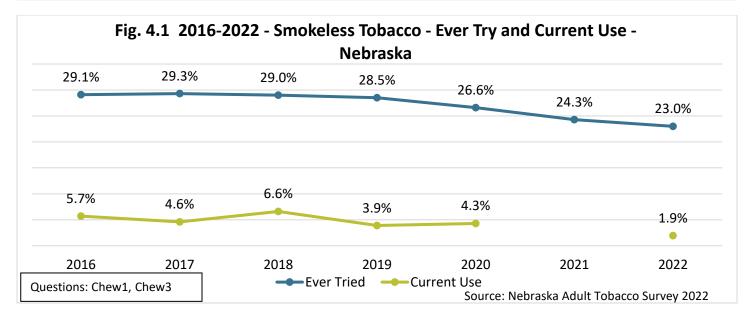


Respondents aged 18 to 24 (50.8%) are vastly more likely to report using flavored cigars, cigarillos, or small cigars compared to their counterparts aged 25 to 64 (12.6%) and those aged 65 or older (0.0%).

Smokeless Tobacco

Ever Tried and Current Use 2016-2022

The proportion of respondents reporting having tried smokeless tobacco has been steadily declining since 2017 (Fig. 4.1).

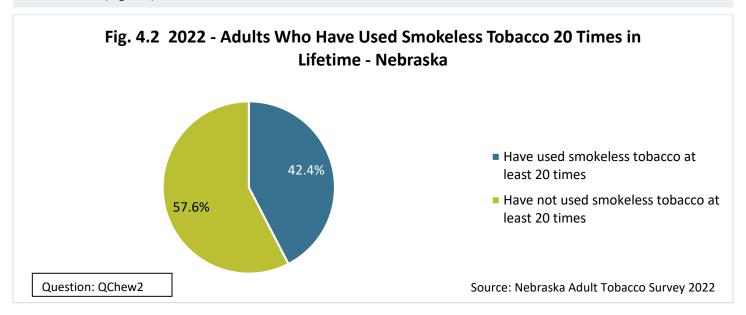


In 2022, 1.9% of respondents indicated current smokeless tobacco use. Respondents indicating having ever tried smokeless tobacco been steadily declining since 2017, reaching its lowest trending rate of 23.0% in 2022. (Current use data not available for 2021).

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Used at Least 20 Times

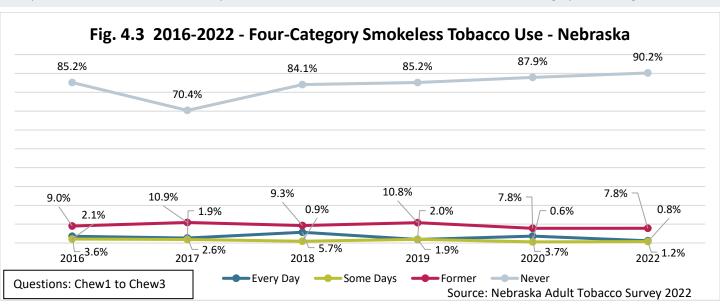
Roughly two-fifths of adults who have ever used smokeless tobacco have used the product at least 20 times within their lifetime (Fig. 4.2).



Among adults who have ever used smokeless tobacco, 42.4% have used the product at least 20 times within their lifetime, leaving 57.6% who have not.

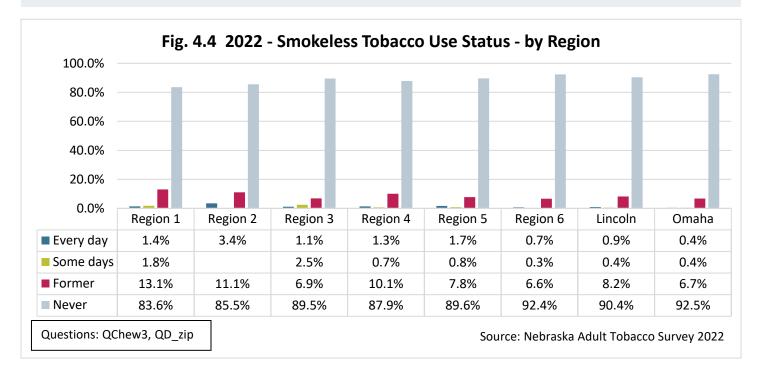
Smokeless Tobacco Use Status 2016-2022

Respondents who indicate that they have never used smokeless tobacco continues trending upwards (Fig. 4.3).



2022 had the smallest rate of respondents who indicated using smokeless tobacco some days (1.2%). Respondents who indicated they never used smokeless tobacco continued to trend upwards in 2022. (Data not available for 2021).

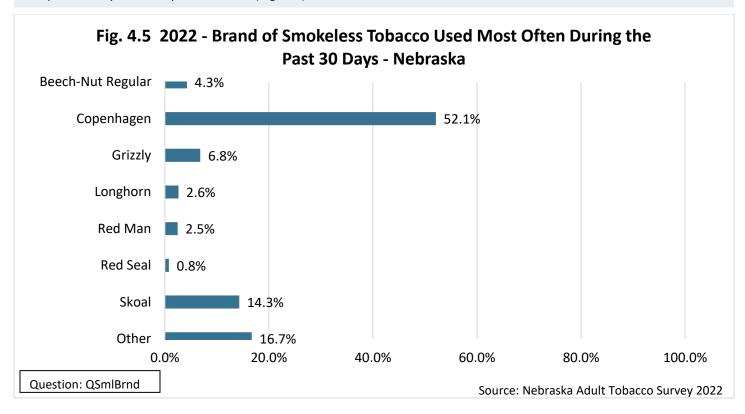
Most Nebraskans have never used smokeless tobacco regardless of region (Fig. 4.4).



While most Nebraskans report that they never use smokeless tobacco, a higher rate of respondents from Region 1 indicate that they have formerly used smokeless tobacco (13.1%) than in other regions, and 3.6% of respondents from Region 3 indicate that they currently use smokeless tobacco either every day or some days.

Brand Used Most Often

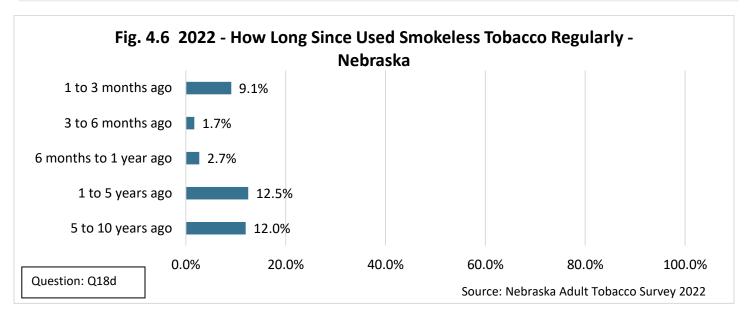
Smokeless tobacco users report having used Copenhagen, Skoal, or other brands not listed more frequently during the past 30 days than any other brand (Fig. 4.5).



The majority of smokeless tobacco users used Copenhagen (52.1%), followed by a brand not listed (16.7%), then Skoal (14.3%).

Length of Time Since Used Regularly

There is some variation in the length of time passed since smokeless tobacco users have used the product regularly (Fig. 4.6).

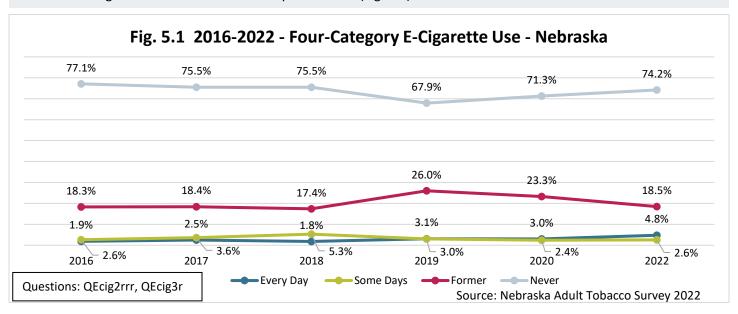


The length of time passed since smokeless to bacco users have used the product regularly varies from 3 to 6 months (1.7%) to 5 to 10 years (12.0%).

E-Cigarette Use

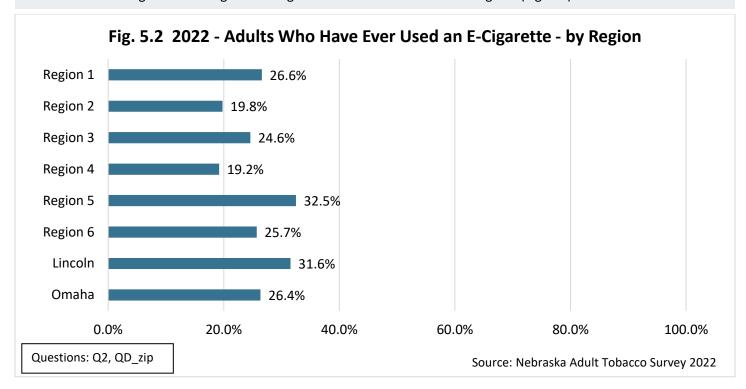
E-Cigarette Use Status 2016-2022

The use of e-cigarettes has continued to drop since 2019 (Fig. 5.1).



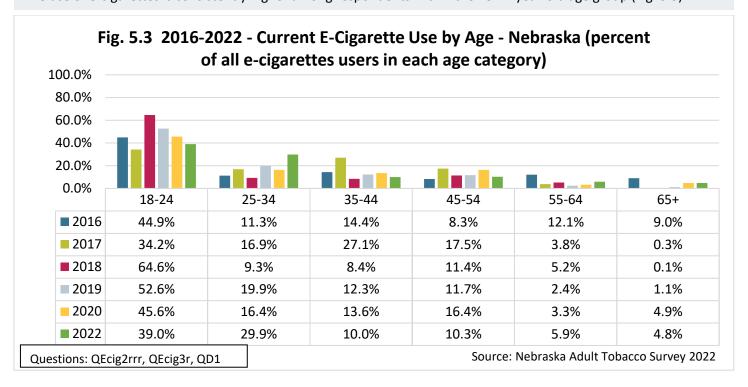
The number of adult sin Nebraska who report having never used e-cigarettes has continued to rise since 67.9% in 2019 to 74.2% in 2022. Less than one-fifth (18.5%) of the population are former e-cigarette users. The percentages of those who report using e-cigarettes every day (4.8%) has increased since 2020, and the percentages of those who report using e-cigarettes some days (2.6%) has remained stable since 2020. (Data not available for 2021).

Rates of ever having tried an e-cigarette range from 19.2% to 32.5% across regions (Fig. 5.2).



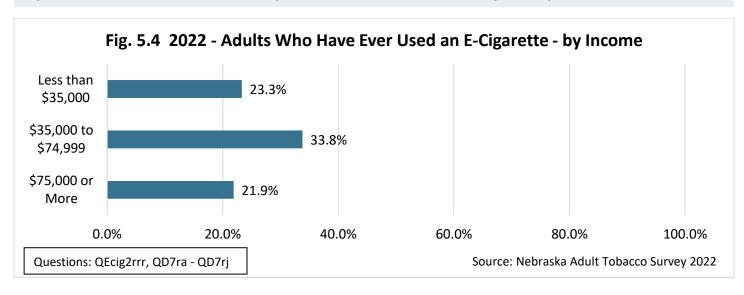
About one-fifth of respondents from Regions 2 and 4 (19.8% and 19.2%, respectively) report ever having used an ecigarette. This goes up to about one-fourth among respondents from Regions 1, 3, 6, and Omaha (26.6%, 24.6%, 25.7%, and 26.4%, respectively). This rate rises once again to about one-third of respondents from Regions 5 and Lincoln (32.5% and 31.6%, respectively).

The use of e-cigarettes is consistently higher among respondents within the 18-24 year-old age group (Fig. 5.3).



Every year, the majority of e-cigarette use has come from respondents within the 18-24 year-old age group. Interestingly, a downward trend has been present in the use of e-cigarettes for this age group since 2018. (Data not available for 2021).

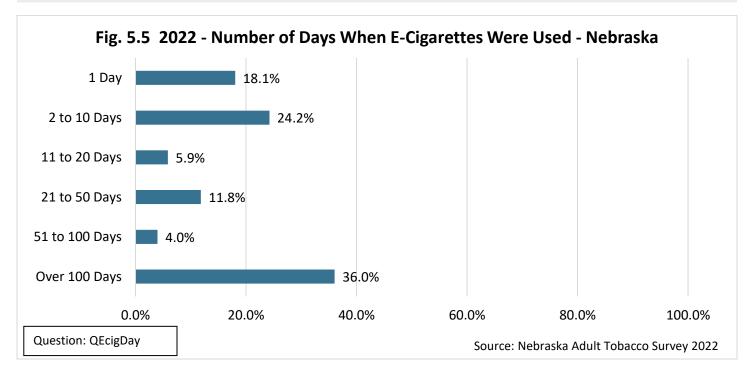
Those with an annual household income between \$35,000 to \$74,999 report having ever tried an e-cigarette at much higher rates than those in the lowest or highest annual household income categories (Fig. 5.4).



Among respondents with an annual household income between \$35,000 and \$75,000, 33.8% report having ever tried an e-cigarette, while 23.3% of those with an annual household income below \$35,000 and 21.9% of those within the \$75,000 or more categories report this behavior.

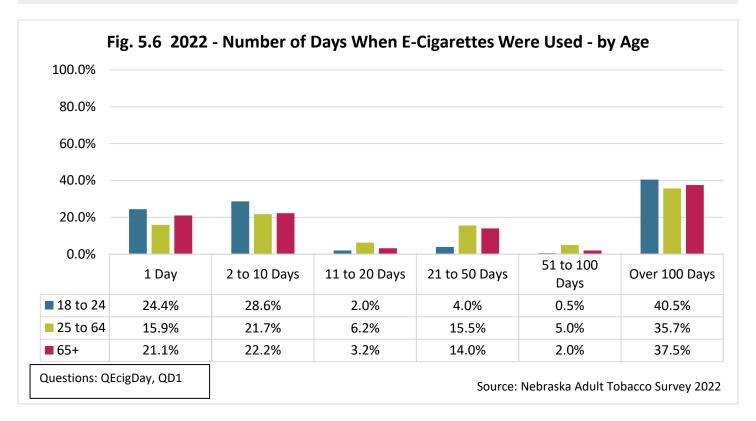
Number of Days When E-Cigarettes Were Used

Over one-third of e-cigarette users report that they have smoked e-cigarettes on more than 100 days (Fig. 5.5).



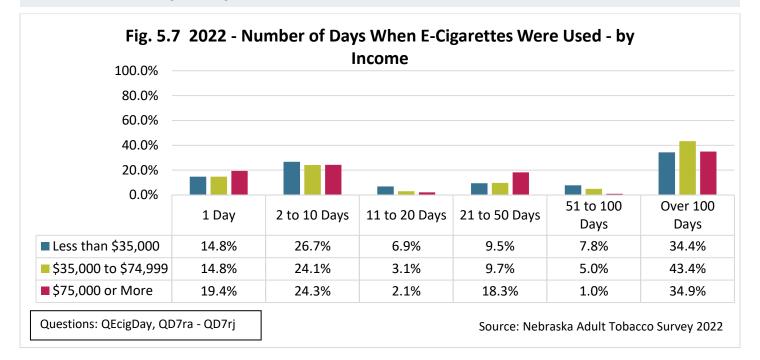
Over one-third of e-cigarette users (36.0%) report that they have smoked e-cigarettes on more than 100 days. Additionally, 18.1% report they have used e-cigarettes one day, and nearly one-fourth (24.2%) report they have used e-cigarettes two to ten days.

More respondents report having used e-cigarettes for over 100 days than any other category across all age groups (Fig. 5.6).



Respondents who report having used e-cigarettes for over 100 days make up the largest use rate category regardless of age, with 40.5% of respondents aged 18 to 24, 35.7% of respondents aged 25 to 64, and 37.5% of respondents 65 or older indicating they have used e-cigarettes for over 100 days.

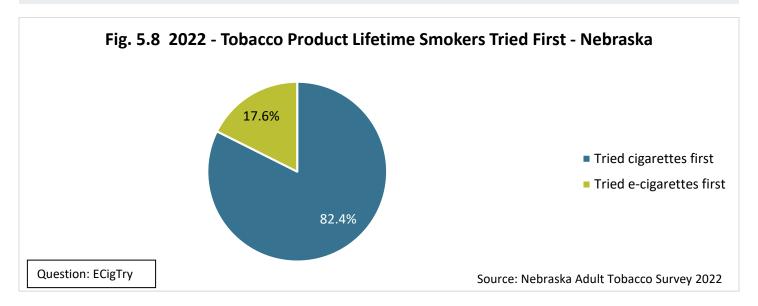
More respondents report having used e-cigarettes for over 100 days than any other category across all annual household income categories (Fig. 5.7).



Similarly, respondents who report having used e-cigarettes for over 100 days make up the largest use rate category regardless of annual household income level. Additionally, use rates remain largely stable across income levels with two to ten days being the second highest category, one day being the third highest, and 21 to 50 days being the fourth highest category across all income categories.

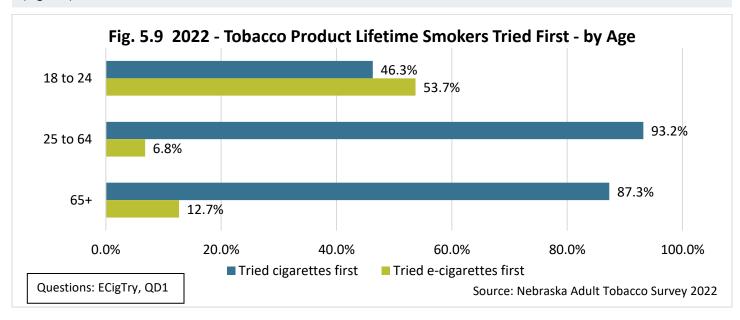
Cigarettes or E-Cigarettes – First Product Tried

Most respondents who had tried both cigarettes and e-cigarettes tried cigarettes first (Fig. 5.8).



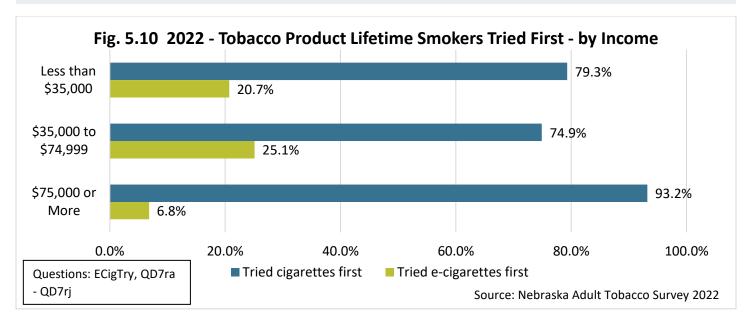
Among those who have tried both cigarettes and e-cigarettes, 82.4% tried cigarettes first and 17.6% tried e-cigarettes first.

18 to 24 year-olds are exceedingly more likely to reporting having tried e-cigarettes first than those aged 25 or older (Fig. 5.9).



An overwhelming majority of respondents aged 25 to 64 years (93.2%) and those aged 65 years and older (87.3%) who have tried both cigarettes and e-cigarettes report having tried cigarettes first. 18 to 24-year-olds break this trend, with over half (53.7%) reporting that they used e-cigarettes first.

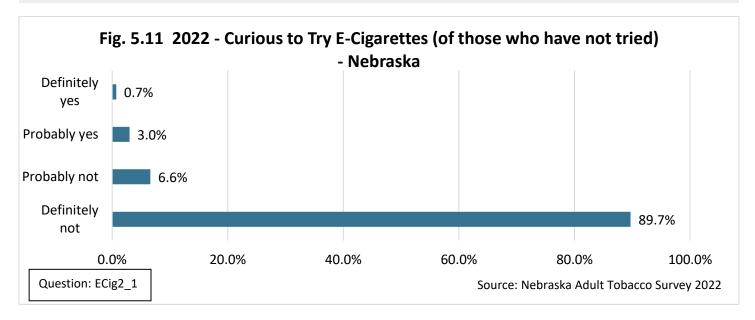
Respondents were more likely to report having tried cigarettes first across all annual household income levels (Fig. 5.10).



Regardless of income, more respondents who have tried both cigarettes and e-cigarettes report having used cigarettes first. However, those with an annual household income of \$75,000 or more (93.2%) were even more likely to report having tried cigarettes first than those with an annual household income between \$35,000 and \$74,999 (74.9%) and even more so than those with an annual household income below \$35,000 (79.3%).

Curious to Try

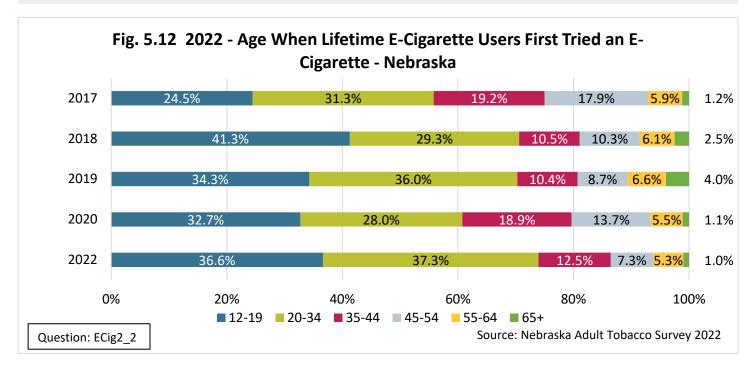
Most respondents who have never tried e-cigarettes indicate they are not curious to try them (Fig. 5.11).



Individuals who have not tried e-cigarettes report a strong aversion to trying them. The majority of those who had never used an e-cigarette report that they are either definitely not curious (89.7%) or probably not curious (6.6%) to try them. Only 3.7% of respondents indicate they remained curious to try. This group, who are curious but have not tried, are atrisk for future e-cigarette use.

Age of Initiation 2017-2022

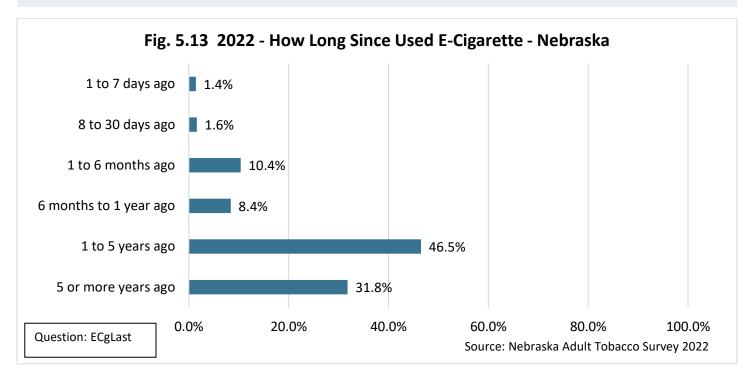
Most Nebraskans who use e-cigarettes tried them for the first time before the age of 35 years. (Fig. 5.12).



In 2017, 55.8% of adults indicated that they tried their first e-cigarette before the age of 35 years. This rose to 70.6% in 2018, dropped again from 70.3% in 2019 to 60.7% in 2020, before rising once again to 73.9% in 2022. It is notable that e-cigarettes came on the U.S. market in 2006-2007, which limited the older population accessing them at a young age. (Data not available for 2021).

Length of Time Since Last Regularly Used

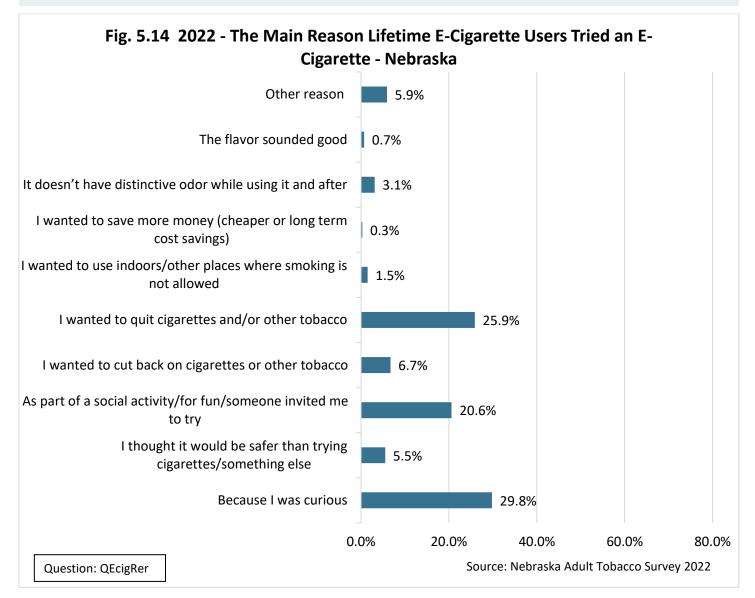
The majority of respondents report that it has been over one year since they last regularly used e-cigarettes (Fig. 5.13).



Almost half (46.5%) of respondents report that it has been one to five years since they last regularly used e-cigarettes. An additional 31.8% report it has been five years or longer.

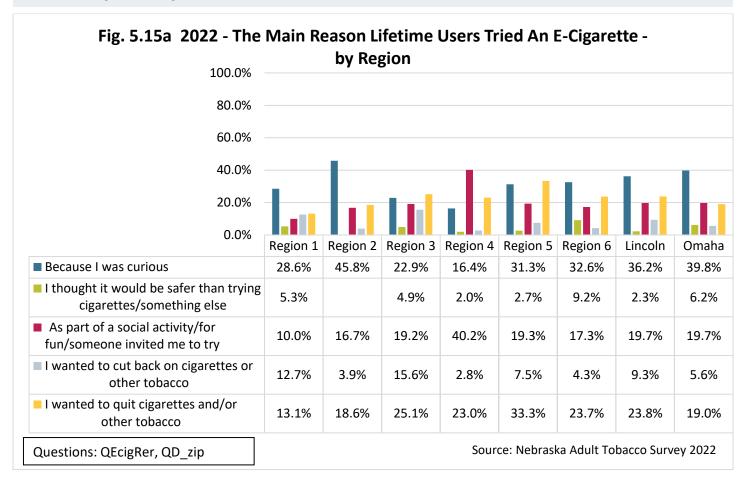
Reason Tried

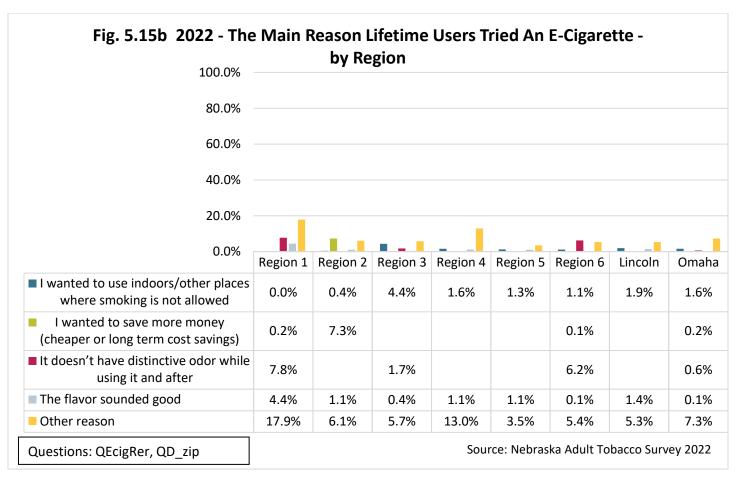
The top reasons for trying an e-cigarette were curiosity (29.8%), social activity/for fun/someone invited me (20.6%), and trying to quit cigarettes and/or other tobacco (25.9%) (Fig. 5.14).



Nearly one-third of respondents who tried an e-cigarette reported that they tried an e-cigarette because they were curious (29.8%). Those who tried an e-cigarette as part of a social activity, for fun or because someone invited them to try make up 20.6%, while 25.9% of them tried an e-cigarette to quit cigarettes or another tobacco product.

Curiosity and wanting to quit cigarettes and/or other tobacco products are reported as the main reasons Nebraskans first tried e-cigarettes (Figs. 5.15a/b).



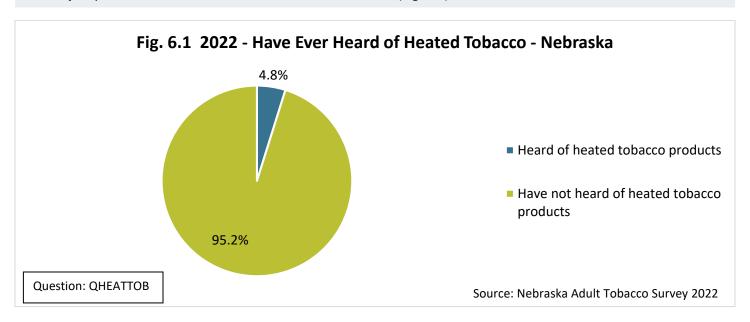


Respondents in regions 1, 2, 6, Lincoln, and Omaha report curiosity as the main reason for trying e-cigarettes for the first time at higher rates than other reasons. Wanting to quit cigarettes and/or other tobacco products is the most frequently reported reason for first starting e-cigarettes among respondents in Regions 3, and 5.

Heated Tobacco

Heard of Heated Tobacco

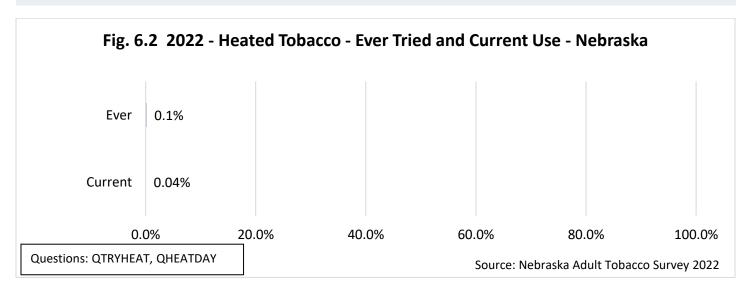
The majority of Nebraskans have not heard of heated tobacco (Fig. 6.1).



Only 4.8% of respondents have heard of heated tobacco, while nearly all respondents (95.2%) have not heard of heated tobacco.

Ever Tried and Current Use

Only a handful of respondents report having ever tried or currently use heated tobacco (Fig. 6.2).

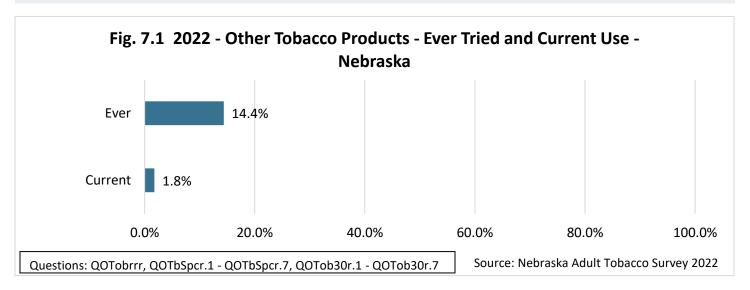


Less than 1.0% of respondents indicate that they have ever tried heated tobacco, and only 0.04% of those who have tried heated tobacco are current users.

Other Tobacco Products

Ever Tried and Current Use

Less than 15.0% of respondents report having ever tried other tobacco products (Fig. 7.1).

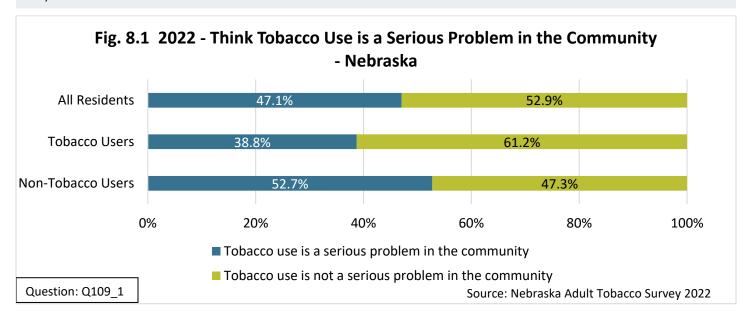


Less than 15.0% of respondents indicate they have ever tried other tobacco products, and only 1.8% of those who have tried other tobacco products are current users.

Opinion: Tobacco Use as a Problem in Nebraska

Tobacco Use as a Problem in the Community

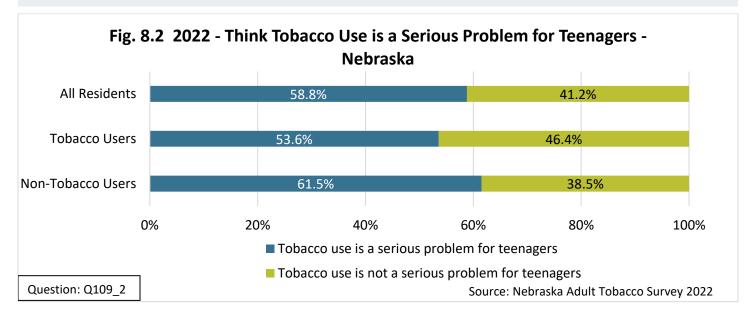
Tobacco users are less likely to view tobacco use as a serious problem in the community than non-tobacco users (Fig. 8.1).



Close to half (47.1%) of all residents believe that tobacco use is a serious problem in the community. Whereas 52.7% of non-tobacco users feel this way, only 38.8% of tobacco users do. It should be noted that a relatively high number of respondents indicated that they did not know or were not sure how they felt about this question. The results displayed in Fig. 8.1 only display the results of respondents who reported that they did or did not believe that tobacco use is a serious problem in the community.

Tobacco Use as a Problem for Teenagers

Over half of respondents think that tobacco use is a serious problem for teenagers regardless of their tobacco use status (Fig. 8.2).

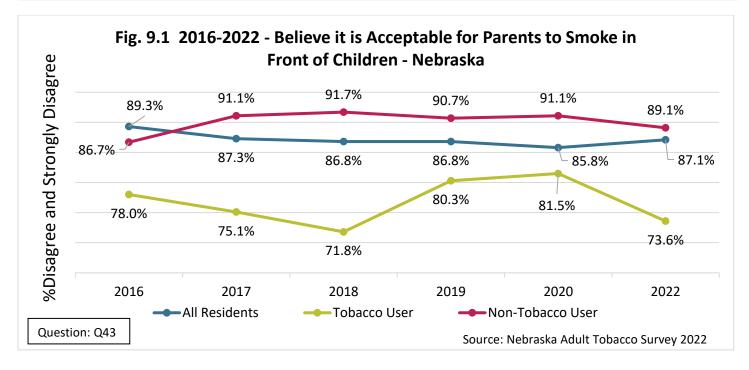


Almost three-fifths (58.8%) of all residents think tobacco use is a serious problem for teenagers. However, tobacco users (53.6%) are much less likely to view tobacco use as a serious problem for teenagers than are non-tobacco users (61.5%). It should be noted that a relatively high number of respondents indicated that they did not know or were not sure how they felt about this question. The results displayed in Fig. 8.2 only display the results of respondents who reported that they did or did not believe that tobacco use is a serious problem for teenagers.

Health Impact of Smoking and Secondhand Smoke

Opinions on Parents Smoking in Front of Children

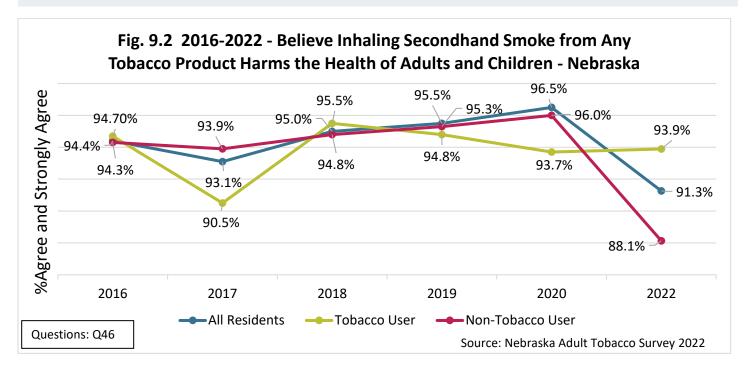
Tobacco users were consistently less likely to disagree or strongly disagree that it is acceptable for parents to smoke in front of children (Fig. 9.1).



While the disapproval rate of parents smoking in front of children has remained relatively stable throughout the years among all residents and non-tobacco users, tobacco users' disapproval rate of parents smoking in front of children shows much more variance, reaching its second lowest point (73.6%) in 2022. (Data not available for 2021).

Opinions on the Harm of Tobacco Products

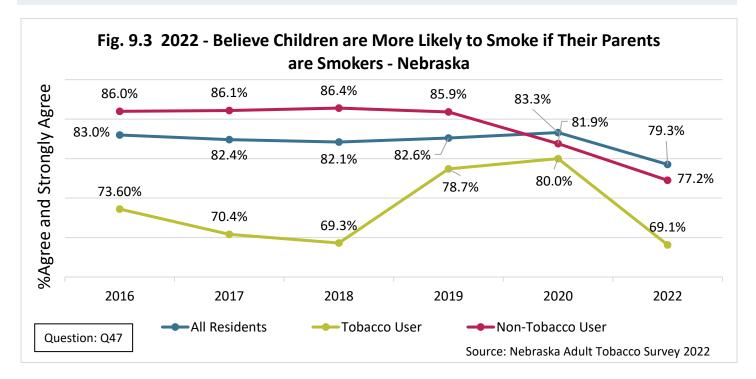
The majority of respondents in all categories believed that inhaling secondhand smoke harms both adults and children (Fig. 9.2).



Belief that inhaling secondhand smoke harms adults and children did not change dramatically over the measurement period. Over 90.0% of all residents and tobacco users, and 88.1% of non-tobacco users agreed or strongly agreed with this view in 2022. (Data not available for 2021).

Opinions on Parents' Influence on Children's Smoking Behaviors

The majority of respondents, including both tobacco users and non-tobacco users, believe parents' smoking behaviors would influence children (Fig. 9.3).

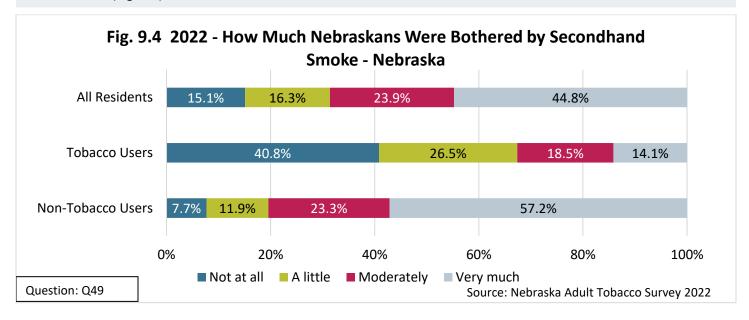


While the majority of all residents, tobacco users, and non-tobacco users have consistently agreed or strongly agreed that parents' smoking behaviors influence children, the rate of those of those who agree or strongly agree reached its lowest point in 2022 for all residents (79.3%), tobacco users (69.1%), and non-tobacco users (77.2%). (Data not available for 2021).

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Nebraskans Bothered by Secondhand Smoke from Cigarettes

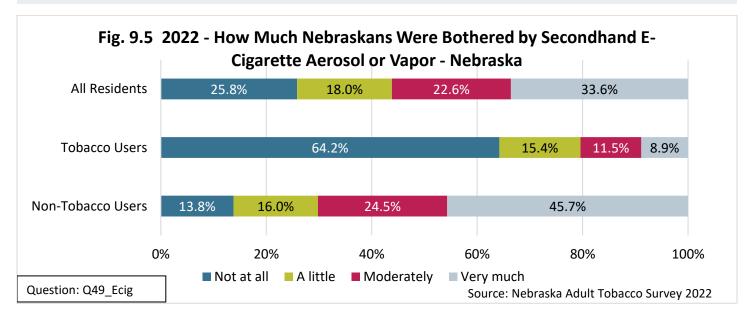
Non-tobacco users were much more likely to report being bothered by secondhand smoke from cigarettes than tobacco users (Fig. 9.4).



The majority (57.2%) of non-tobacco users report being bothered very much by secondhand smoke from cigarettes as compared to only 14.1% of tobacco users. Additionally, 40.8% of tobacco users report that they are not at all bothered by secondhand smoke from cigarettes while only 7.7% of non-tobacco users reported being not at all bothered by secondhand smoke from cigarettes.

Nebraskans Bothered by Secondhand E-Cigarette Aerosol or Vapor

Non-tobacco users were much more likely to report being bothered by secondhand e-cigarette aerosol or vapor than tobacco users (Fig. 9.5).

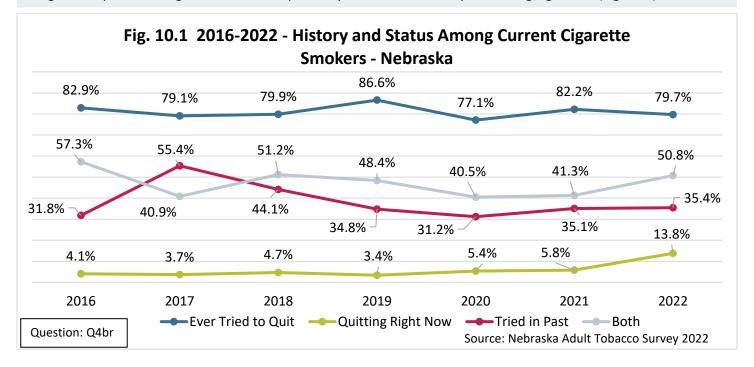


Nearly half (45.7%) of non-tobacco users report being bothered very much by secondhand e-cigarette aerosol or vapor as compared to only 8.9% of tobacco users. Additionally, 64.2% of tobacco users report that they are not at all bothered by secondhand e-cigarette aerosol or vapor while only 13.8% of non-tobacco users report being not at all bothered by secondhand smoke from cigarettes.

Tobacco Cessation for All Tobacco Products

Quitting Status of Cigarette Users 2016-2022

A significant portion of cigarette smokers report they have ever tried to quit smoking cigarettes (Fig. 10.1).

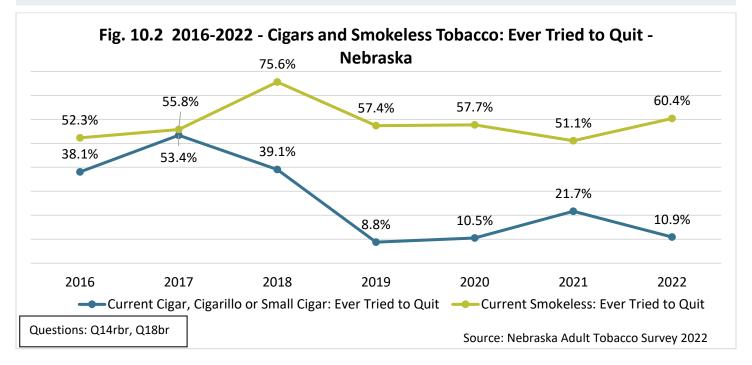


The cigarette smoking population has historically tried to quit smoking cigarettes, with many actively trying to quit. In 2022, roughly half of the cigarette smoking population (50.8%) report they have tried to quit in the past and are currently trying to quit, with another 13.8% quitting right now.

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Quitting Status of Cigar/Cigarillo/Small Cigar Users and Smokeless Tobacco Users 2016-2022

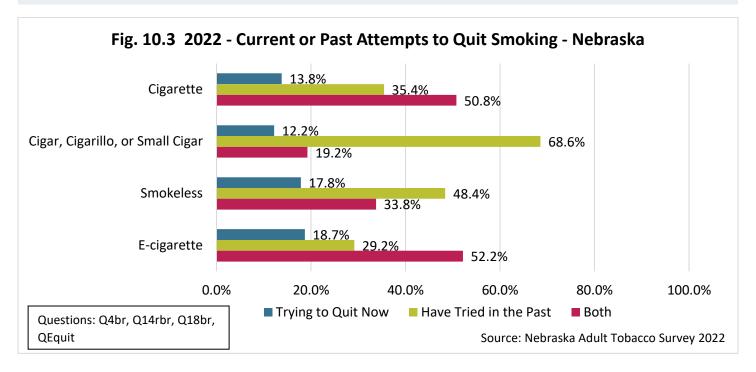
In 2022, the rate of cessation attempts among cigar, cigarillo, or small cigar smokers dropped while cessation attempts among smokeless tobacco users rose (Fig. 10.2).



Cessation attempts by respondents who use smokeless tobacco rose from 51.1% in 2021 to 60.4% in 2022. The rate for cessation attempts among cigar, cigarillo, or small cigar users dropped from 39.1% in 2018 to 8.8% in 2019, rose from 10.5% in 2020 to 21.7% in 2021, then dropped again to 10.9% in 2022.

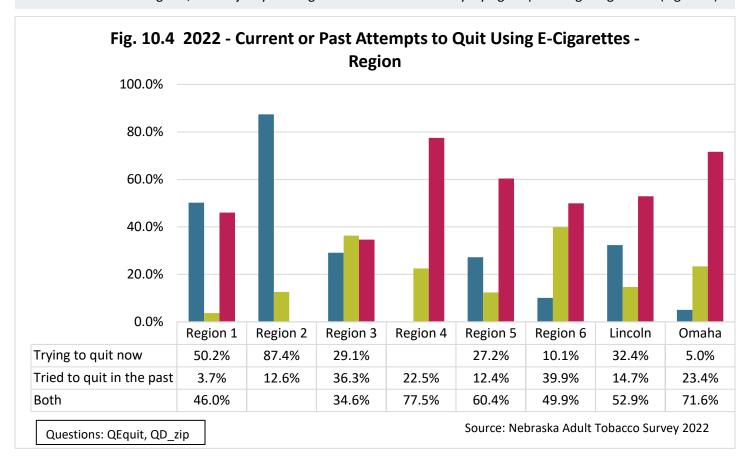
Quitting Status of Tobacco Users

The majority of cigarette smokers have attempted quitting in the past and are currently trying to quit (Fig. 10.3).



For cigarette smokers, 50.8% report they have tried quitting in the past and are currently trying to quit. A majority of cigar, cigarillo, or small cigar smokers (68.6%), and about half of smokeless tobacco users (48.4%), have tried to quit in the past. Over half (52.2%) of e-cigarette users indicate they have tried quitting in the past and are currently trying to quit.

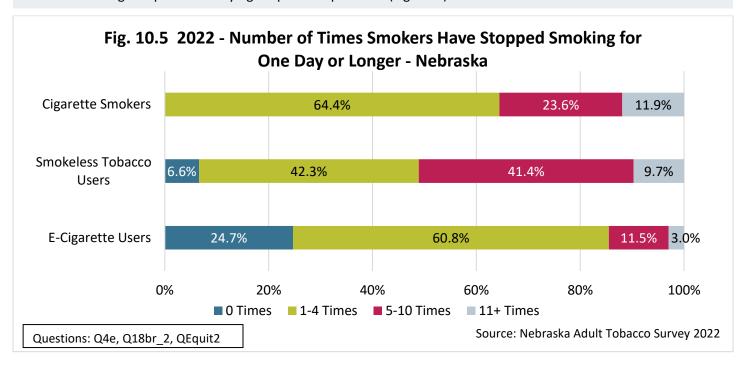
Across all Nebraska regions, the majority of e-cigarette users are currently trying to quit using e-cigarettes (Fig. 10.4).



When asked about their current and past attempts to quit using e-cigarettes, most respondents indicated that they are either currently trying to quit (Regions 1 and 2) or have both tried to quit in the past and are currently trying to quit (Regions 4, 5, 6, Lincoln and Omaha).

Ever Quit for One Day or Longer

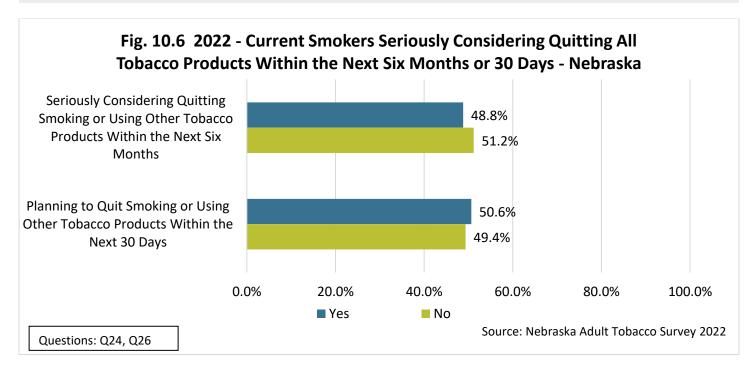
Cigarette smokers and e-cigarette users had the highest rate of trying to quit 1 to 4 times, while smokeless tobacco users had the highest percent of trying to quit multiple times (Fig. 10.5).



Cigarette smokers report the highest percent of 1 to 4 instances of stopping smoking for one day or longer (64.4%), and they were the only group where 100.0% of respondents had stopped smoking for one day or longer at least one time.

Intent to Quit Within the Next Six Months or 30 Days

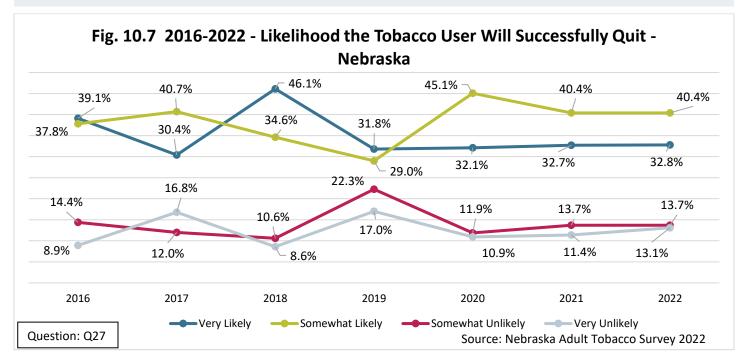
Roughly half of current tobacco users are seriously considering quitting smoking or using other tobacco products within the next six months or planning to quit smoking or using other tobacco products within the next 30 days (Fig. 10.6).



Nearly half (48.8%) of current tobacco users are seriously considering quitting smoking or using other tobacco products within the next six months, while 50.6% are planning to quit smoking or using other tobacco products within the next 30 days.

Likelihood of Quitting Successfully 2016-2022

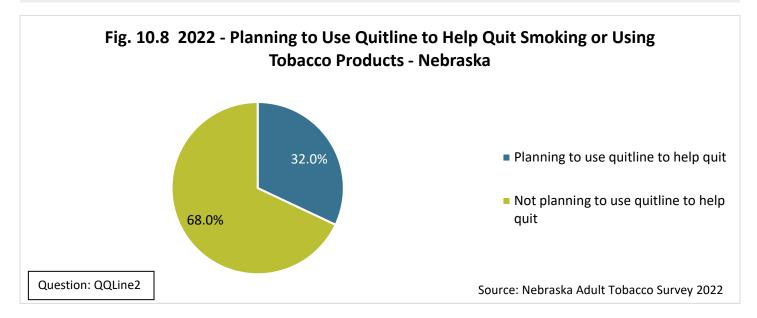
The percentage of respondents who thought they would be somewhat likely to quit smoking successfully rose sharply in 2020 (Fig. 10.7).



The likelihood in which respondents thought they would successfully quit remained relatively stable from 2021 to 2022.

Use Quitline to Help Quit

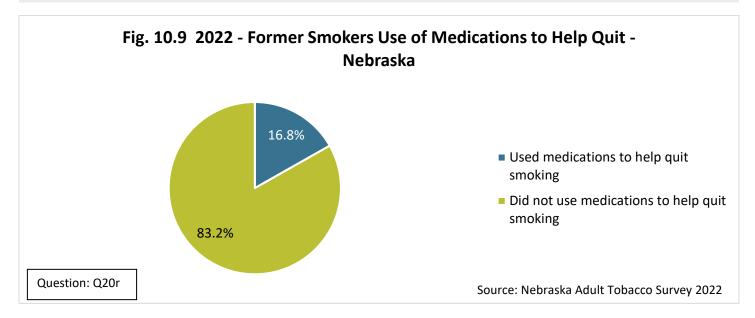
Around one-third of smokers plan to use a Quitline to help them quit smoking or using tobacco products (Fig. 10.8).



Around one-third (32.0%) of smokers plan to use a Quitline to help them quit smoking or using tobacco products while the majority (68.0%) do not plan to use a Quitline.

Use Medications to Help Quit

The majority of former smokers did not use medications to help them quit smoking (Fig. 10.9).

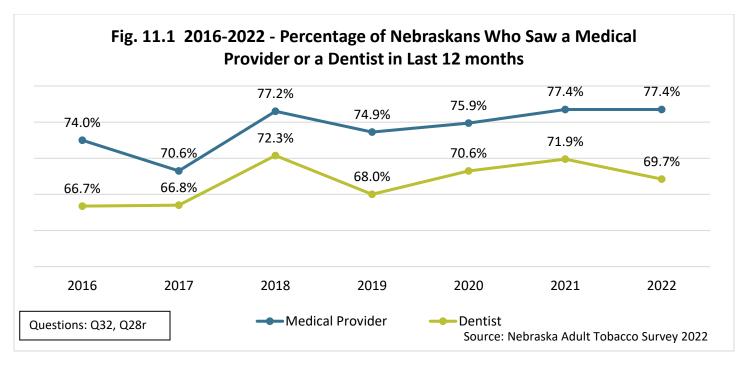


According to the U.S. Department of Health and Human Services, evidence-based treatment including cessation medications approved by the U.S. Food and Drug Administration (FDA) significantly increases success in quitting tobacco. At the time of the survey, 16.8% of former smokers used medications to help them quit, whereas 83.2% of former smokers did not.

Visits to Health Care Providers

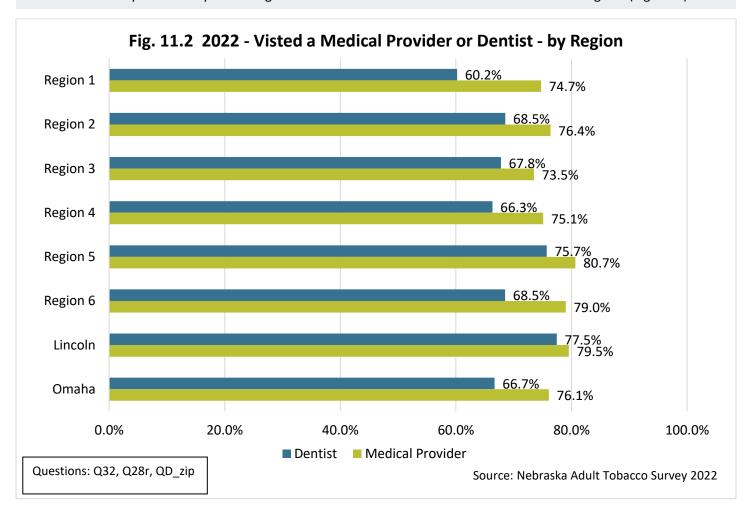
Visited a Medical Provider or Dentist 2016-2022

The percentage of Nebraskans who saw a medical provider or dentist in the last 12 months remained relatively unchanged (Fig. 11.1).



More than three quarters of respondents (77.4%) indicated they had seen a medical provider in the last 12 months, while 69.7% said they had seen a dentist.

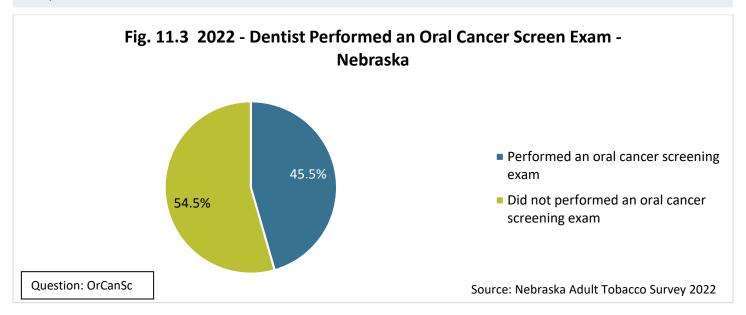
Over 60.0% of respondents report having seen a dentist in the last 12 months in all Nebraska regions (Fig. 11.2).



Region 1 (60.2%) reports the lowest rate of respondents who have seen a dentist in the last 12 months, whereas Lincoln (77.5%) reports the highest rate of respondents who have seen a dentist in the last 12 months.

Oral Cancer Screening Exam

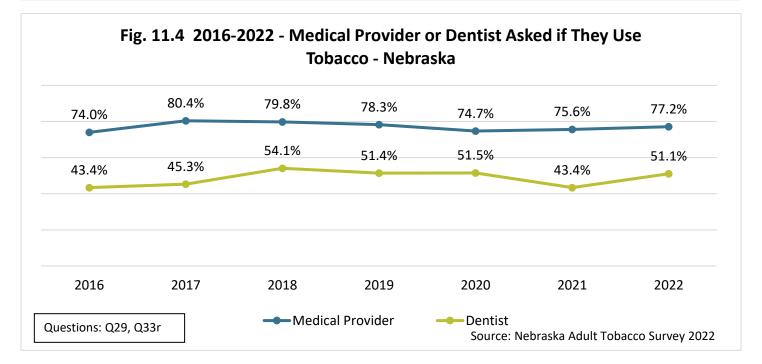
About 45% of respondents who saw a dentist report that their dentist performed an oral cancer screening exam (Fig. 11.3).



Over half (54.5%) of dentists did not perform an oral cancer screening exam, while 45.5% did perform an oral cancer screening exam.

Medical Provider or Dentist Asked About Tobacco Use 2016-2022

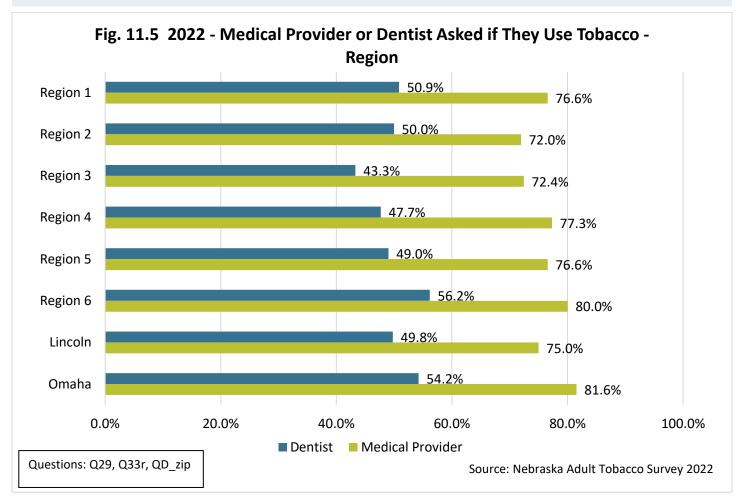
The percentage of dentists who asked Nebraskans if they used tobacco rose in 2022 (Fig. 11.4).



The percentage of respondents whose dentist asked them if they used tobacco increased in 2022, from 43.4% to 51.1%. There was a small increase in respondents whose medical provider asked if they used tobacco in 2022, from 75.6% to 77.2%.

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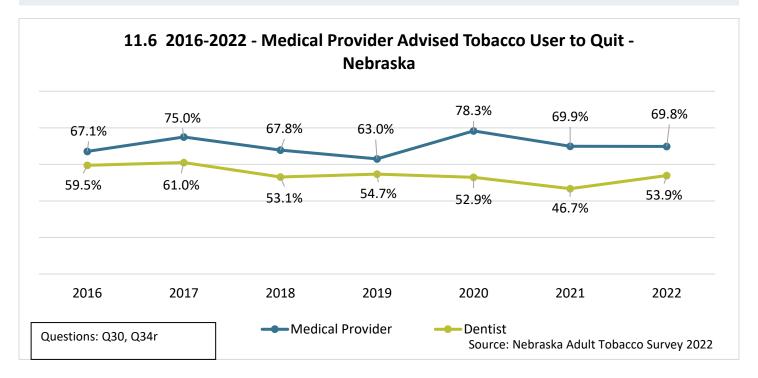
Dentists failed to ask their patients about tobacco use in over half of their interactions in four out of the eight Nebraska regions (Fig. 11.5).



Dentists in Regions 1, 2,6, and Omaha asked their patients about tobacco use in over half of their reported interactions. Regions 3, 4, 5, and Lincoln fell below 50.0% of dentists who asked their patients about tobacco use; Region 6 (56.2%) had the highest rate of dentists performing this behavior. Close to three-fourths of medical providers in Regions 1, 2, 3, 4, 5, and Lincoln asked their patients about tobacco use, with the highest rates coming from Region 6 (80.0%), and Omaha (81.6%).

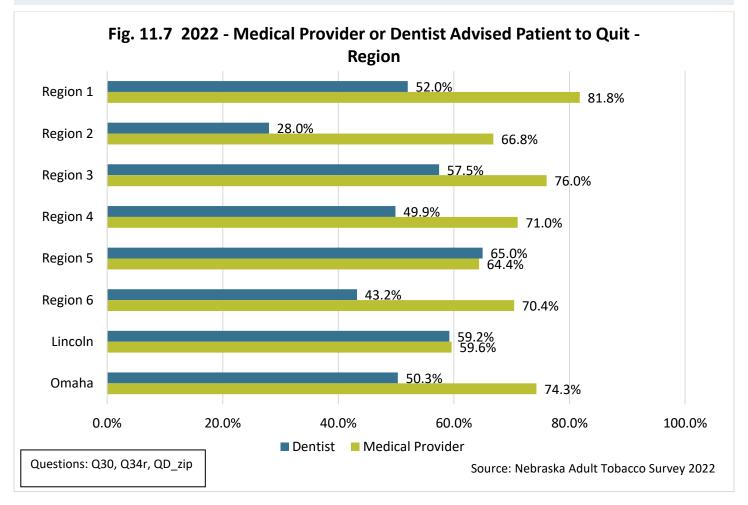
Medical Provider or Dentist Advised Patient to Quit 2016-2022

The percentage of dentists who advised tobacco users to quit rose in 2022 (Fig. 11.6).



In 2022, just over half (53.9%) of respondents who currently use tobacco products were advised by their dentist to quit using tobacco products, while 69.8% of current tobacco users were advised by their medical providers to quit using tobacco products.

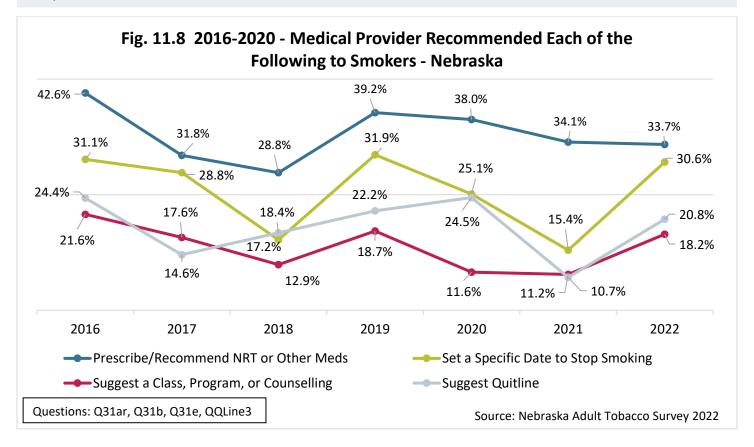
At least two-thirds of respondents indicated that their medical provider asked them about tobacco use in six of the eight Nebraska regions (Fig. 11.7).



Medical providers advised their patients to quit using tobacco products in over half of all interactions across all Nebraska regions, with a low of 59.6% in Lincoln to a high of 81.8% in Region 1. Dentists, however, advised their patients to quit using tobacco products at lower rates, with a low of 28.0% in Region 2 to a high of 65.0% in Region 5.

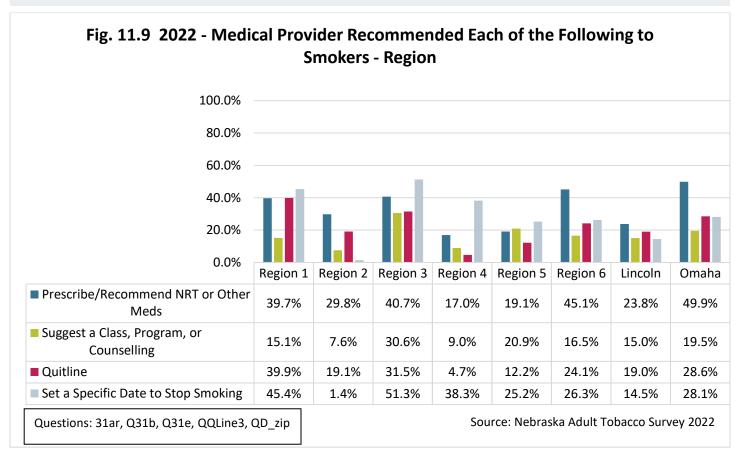
Provider Cessation Suggestions 2016-2022

Medical providers' recommendations for quitting smoking have changed over each year compared to the last (Fig. 11.8).



Prescribing or recommending Nicotine Replacement Therapy (NRT) or other medications remained the highest recommendation from medical providers at 33.7% in 2022. Setting a specific date to stop smoking rose from 15.4% to 30.6% in 2022. Suggesting a Quitline and suggesting a class, program, or counseling both rose in 2022.

The rate in which medical providers suggested a class, program, or counseling to smokers to help them stop using tobacco products varies across region (Fig. 11.9).

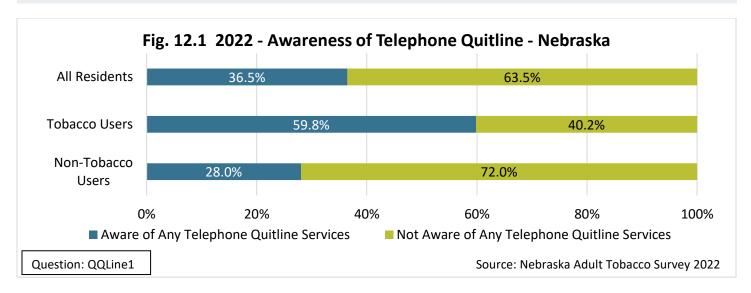


Medical providers in Regions 1, 3, 4 and 5 suggest setting a specific date to stop smoking at higher rates than other tobacco cessation techniques. Medical providers in Regions 2, 6, Lincoln, and Omaha prescribe or recommend Nicotine Replacement Therapy (NRT) or other medications at higher rates than other tobacco cessation techniques.

Telephone Quitline

Awareness of a Telephone Quitline

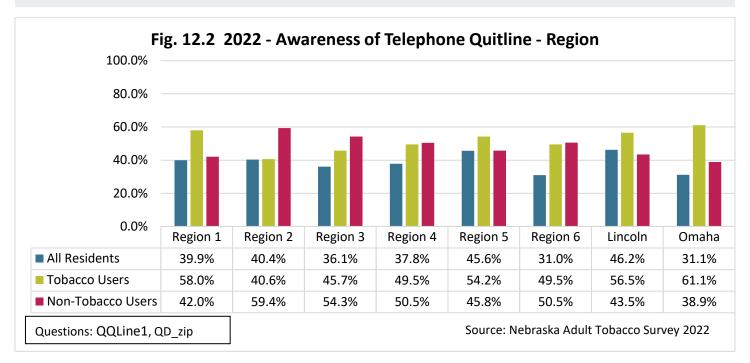
About one-third of all respondents and three-fifths of tobacco users are aware of some telephone Quitline services (Fig. 12.1).



Out of all respondents, 36.5% are aware of some types of telephone Quitline services. Close to three-fifths (59.8%) of tobacco users are aware of these services, while 28.0% of non-tobacco users were aware of these services.

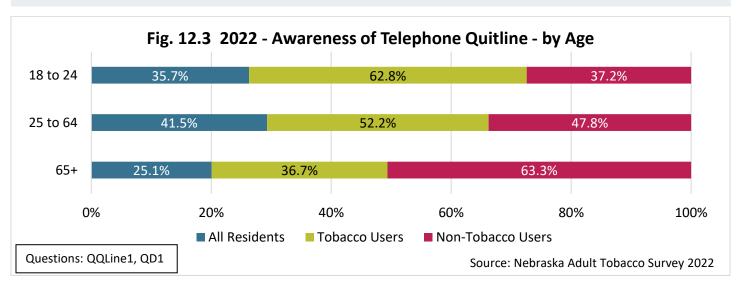
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Non-tobacco users indicate awareness of some telephone Quitline services more than tobacco users in four of the eight Nebraska regions (Fig. 12.2).



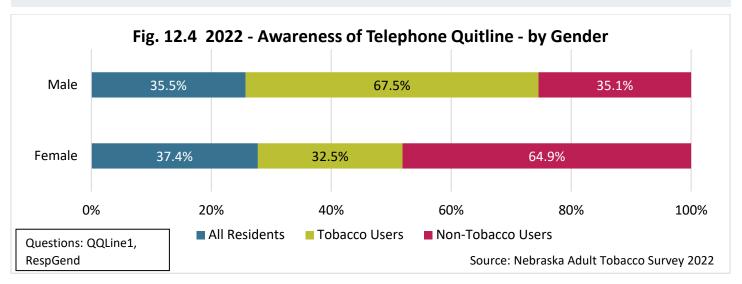
Interestingly, non-tobacco users indicate higher rates of awareness of some telephone Quitline services than tobacco users in four of the eight Nebraska regions (Region 2, Region 3, Region 4, and Region 6).

Respondents aged 25 to 64 years report more awareness of some Quitline services than younger or older respondents (Fig. 12.3).



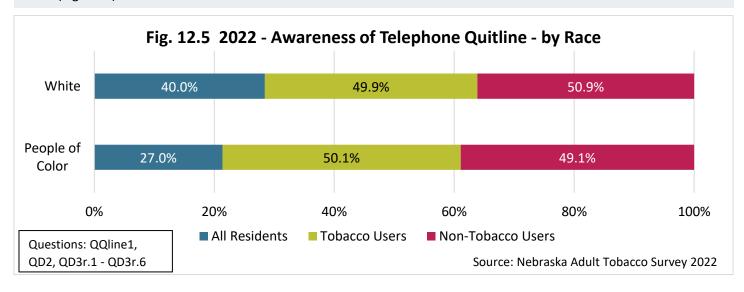
Non-tobacco users aged 65 years or older report the highest rate of awareness of some Quitline services (63.3%) across all age groups and tobacco-use statuses. Interestingly, tobacco users aged 65 years or older report the lowest rate of awareness of some Quitline services (36.7%) among tobacco-users.

Male tobacco users are exceedingly more likely to report awareness of some Quitline services than female tobacco users (Fig. 12.4).



Female non-tobacco users report the highest rate of awareness of some Quitline services (64.9%) across gender and tobacco-use status. Interestingly, female tobacco users reported drastically lower rates of awareness of some Quitline services (32.5%) than their male counterparts (67.5%).

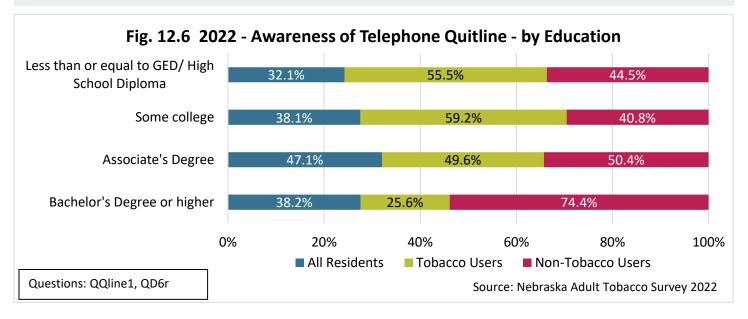
Across all respondents, white respondents report higher rates of awareness of Quitline services than respondents of color (Fig. 12.5).



Out of all respondents, 40.0% of white respondents and 27.0% of respondents of color report being aware of some Quitline services. Tobacco users of color report a slightly higher awareness rate of telephone Quitline services (50.1%) than white tobacco users (49.9%), while white non-tobacco users report a slightly higher awareness rate of telephone Quitline services (50.9%) than non-tobacco users of color (49.1%).

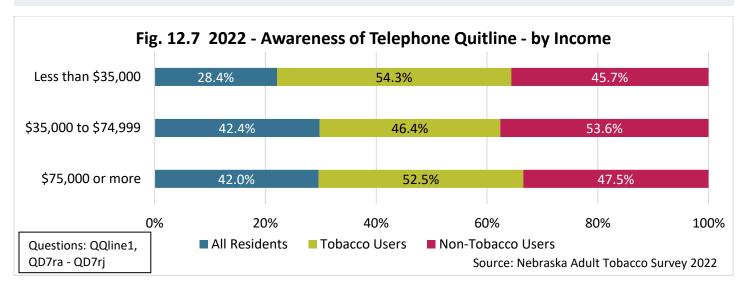
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Across all residents, awareness of some Quitline services rises with education level, until dropping among respondents with a Bachelor's Degree or higher (Fig. 12.6).



Tobacco users with some college or less report higher awareness of Quitline services than non-tobacco users in the same educational attainment categories, while non-tobacco users with an Associate's degree or higher report higher rates of awareness than tobacco users in the same educational attainment categories.

Tobacco users with an annual household income less than \$35,000 report higher rates of awareness of Quitline services than tobacco users with an annual household income of \$35,000 or more (Fig. 12.7).

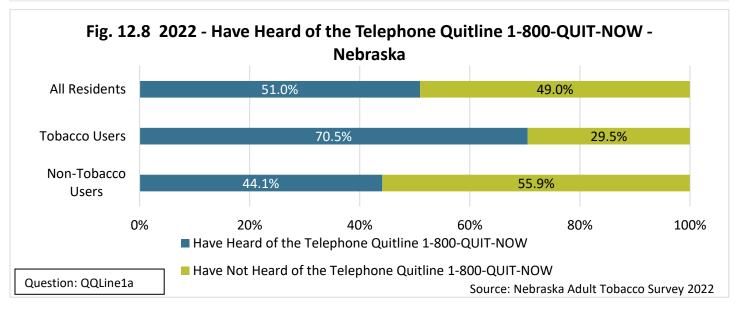


Among all residents, only 28.4% of respondents with an annual household income of less than \$35,000 report awareness of some Quitline services, whereas about four-fifths of those with an annual household income of \$35,000 to \$74,999 (42.4%) and those with an annual household income of \$75,000 or more (42.0%) report awareness of such services. More non-tobacco users with an annual household income between \$35,000 and \$74,999 (53.6%) report awareness of Quitline services than tobacco users within the same annual household income category (46.4%), while tobacco users

with an annual household income of less than \$35,000 (54.3%) and tobacco users with an annual household income of \$75,000 or more (52.5%) report higher rates of awareness of Quitline services than their non-tobacco using counterparts (45.7% and 47.5% respectively).

Heard of 1-800-QUIT-NOW or 1-855-DEJÉLO-YA

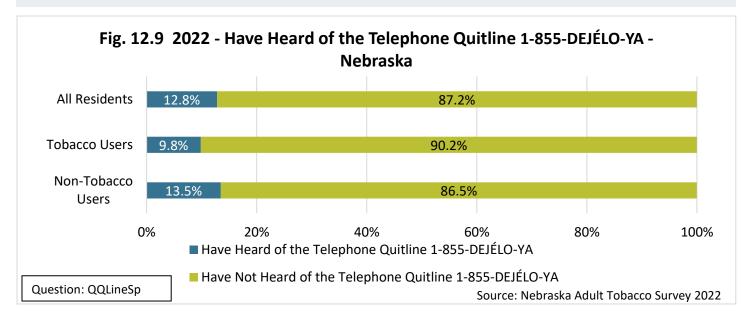
Just over half (51.0%) of Nebraskans have heard of the telephone Quitline 1-800-QUIT-NOW (Fig. 12.8).



Tobacco users (70.5%) show a much higher rate of awareness of the telephone Quitline 1-800-QUIT-NOW than non-tobacco users (44.1%). Interestingly, 36.5% of all respondents indicate awareness of some telephone Quitline services, while a higher percentage (51.0%) of all respondents heard of the telephone Quitline 1-800-QUIT-NOW. This is possibly because when asked about telephone Quitline services the respondents failed to recall 1-800-QUIT-NOW, were not sure 1-800-QUIT-NOW is also one telephone Quitline service, or the phrase "1-800-QUIT-NOW" is simply more recognizable. This reason can be applied to the tobacco user group and non-tobacco user group as well.

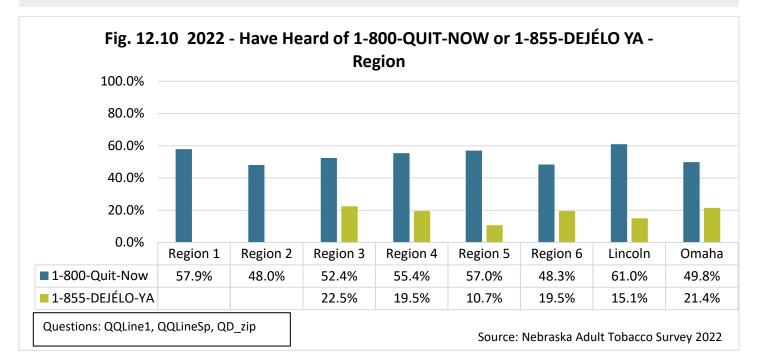
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Non-tobacco users report having heard of the telephone Quitline 1-855-DEJÉLO-YA at higher rates than tobacco users (Fig. 12.9).



Interestingly, tobacco users (9.8%) show a lower rate of awareness of the telephone Quitline 1-855-DEJÉLO-YA than non-tobacco users (13.5%).

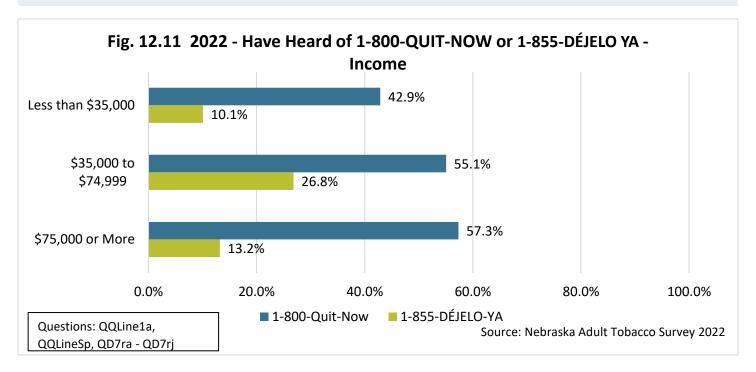
Awareness of 1-800-QUIT-NOW outperforms awareness of 1-855-DÉJELO-YA in every comparable region (Fig. 12.10).



While awareness of 1-800-QUIT-NOW was asked among respondents in all Nebraska regions, awareness of 1-855-DÉJELO-YA was not asked in Regions 1 and 2 (due to a lower rate of Spanish-speaking respondents in these areas). Awareness of 1-800-QUIT-NOW consistently outperforms awareness of 1-855-DÉJELO-YA in every comparable region.

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Among English-speaking respondents, awareness of 1-800-QUIT-NOW rises as annual household income increases. (Fig. 12.10).

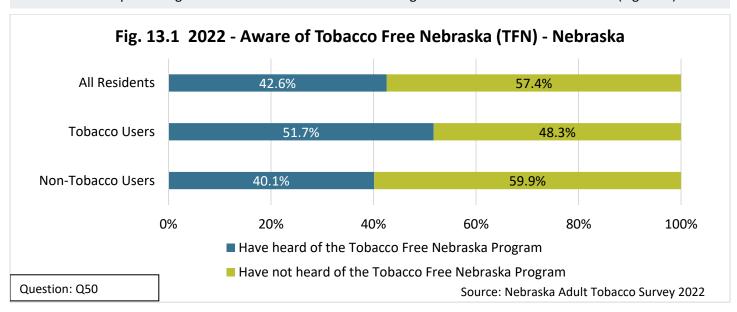


Among English-speaking respondents, awareness of the Quitline service 1-800-QUIT-NOW rises as annual household income increases, rising from 42.9% among those with an annual household income of less than \$35,000 to 55.1% among those with an annual household income between \$35,000 and \$74,999, and rises, albeit at a lower rate, to 57.3% among those with an annual household income of \$75,000 or more. Among Spanish-speaking respondents, those with an annual household income of \$35,000 to \$74,999 (26.8%) report more awareness of 1-855-DÉJELO-YA than those with an annual household income of less than \$35,000 (10.1%) and those with an annual household income of \$75,000 or more (13.2%)

Tobacco Free Nebraska (TFN)

Awareness of Tobacco Free Nebraska (TFN)

Tobacco users report being aware of Tobacco Free Nebraska at higher rates than non-tobacco users (Fig. 13.1).



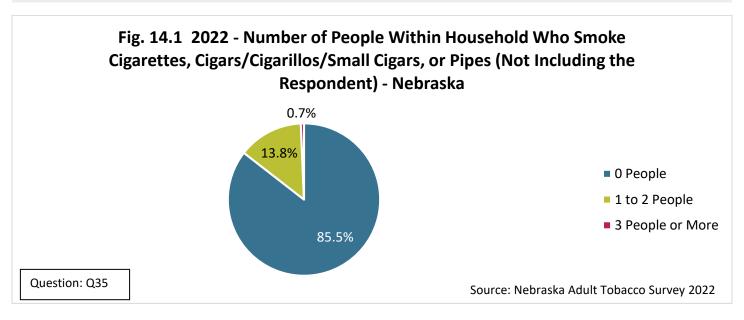
About half (51.7%) of tobacco users report awareness of Tobacco Free Nebraska (TFN) whereas only 40.1% of non-tobacco users and 42.6% of all residents report awareness of TFN.

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Secondhand Smoke and Aerosol

Number of Smokers in the Household

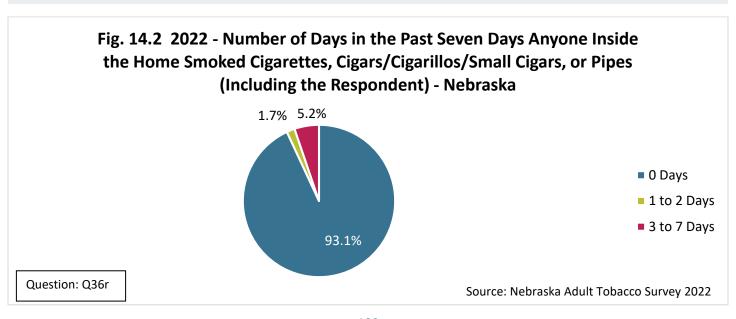
The majority (85.5%) of households have no people that smoke, excluding the respondent (Fig. 14.1).



The majority (85.5%) of respondents report the number of people (excluding their self) within their household who smoke cigarettes cigars, cigarillos, small cigars, or pipes as zero, while 13.8% reported one to two people, and only 0.7% reported three or more.

Number of Days Tobacco Used in the Household

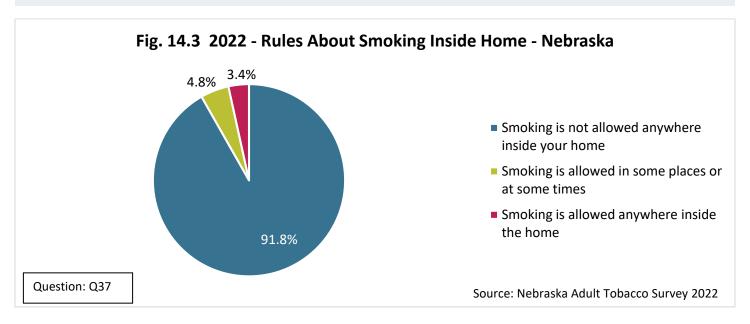
Most households report that tobacco was never used in the household within the past seven days (Fig. 14.2).



For 93.1% of households, there was no tobacco use inside the home in the past 7 days. For 5.2% of households, tobacco was used indoors on 3 to 7 days.

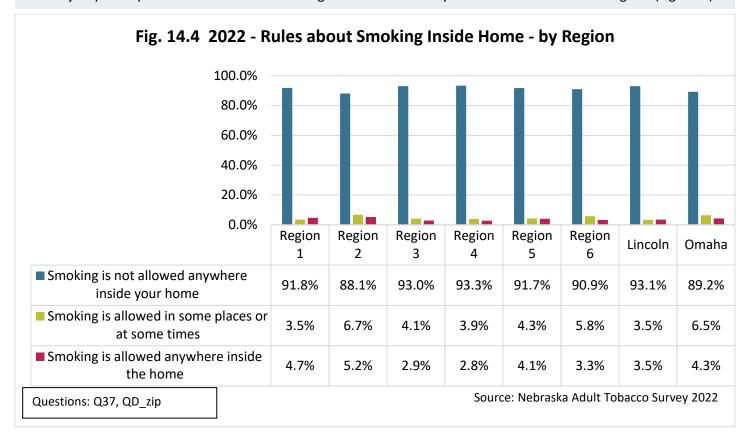
Inside-Home Smoking Rules

The majority of households have rules against smoking inside the home (Fig. 14.3).



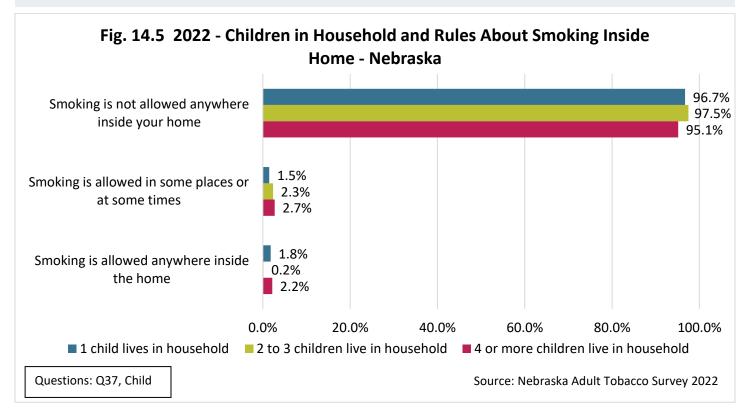
Smoking is not allowed anywhere in the home by 91.8% of respondents. It is allowed in some places or at some times in 8.2% of households.

The majority of respondents do not allow smoking inside the home anywhere across all Nebraska regions (Fig. 14.4).



Smoking is not allowed inside the home anywhere for most Nebraska households regardless of Region. Region 4 (93.3%) has the highest rate of households that do not allow smoking inside the home anywhere, while Region 2 (11.9%) has the highest rate of households that allow smoking in some or all places inside the home.

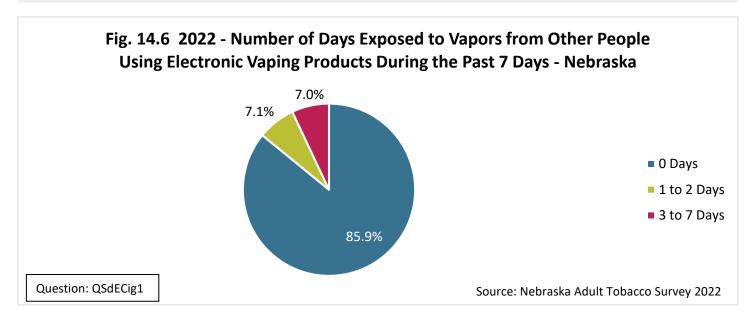
The majority of households with children have rules against smoking inside the home (Fig. 14.5).



Households where smoking is not allowed anywhere inside the home make up 96.7% of households where 1 child is present, 97.5% of households where 2 or 3 children are present, and 95.1% of households where 4 or more children are present.

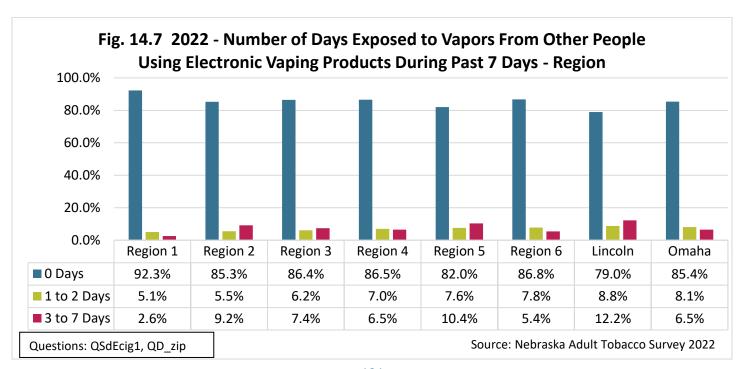
Number of Days of Exposure to Secondhand E-Cigarette Aerosol or Vapor

The majority of respondents were not exposed to secondhand e-cigarette aerosol or vapor in the past 7 days (Fig. 14.6).



The majority of respondents (85.9%) were not exposed to secondhand e-cigarette aerosol or vapor in the last 7 days, while 7.1% were exposed 1 to 2 days, and 7.0% were exposed 3 to 7 days.

The rate in which respondents were exposed to secondhand e-cigarette aerosol or vapor in the past 7 days varies across regions (Fig. 14.7).

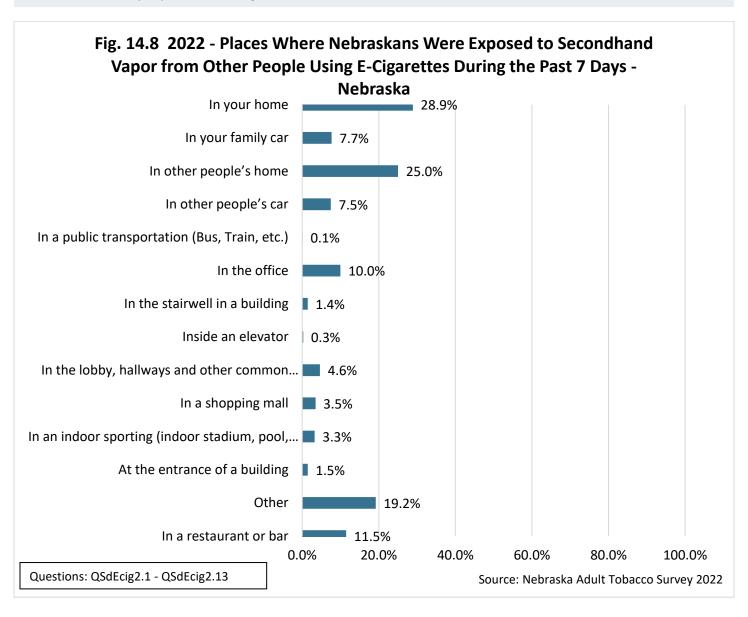


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While the majority of respondents across all regions reported zero days of exposure to secondhand e-cigarette aerosol or vapor in the past 7 days, respondents from Lincoln report the highest rate of exposure, with only 79.0% reporting zero days of exposure to secondhand e-cigarette aerosol or vapor in the past 7 days. The least reported amount of secondhand e-cigarette aerosol or vapor comes from Region 1, where 92.3% of respondents report zero days of exposure.

Location of Exposure to Secondhand E-Cigarette Aerosol or Vapor

Most respondents indicated the main locations of exposure to secondhand e-cigarette aerosol or vapor were in their homes, or in other people's homes (Fig. 14.8).



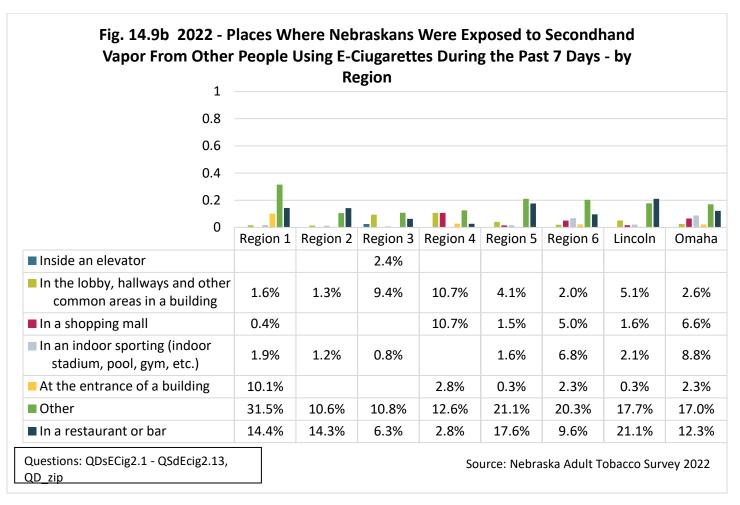
Among respondents who were exposed to secondhand e-cigarettes aerosol or vapor, 28.9% of them report exposure came from others using e-cigarettes in their own homes, 25.0% from others using e-cigarettes in other people's homes, and 19.2% in locations other than the ones listed.

Respondents' own homes, other people's homes, and locations other than the ones listed are the most common locations of exposure to secondhand e-cigarette aerosol or vapor across regions (Fig. 14.9a/b).

Fig. 14.9a 2022 - Places Where Nebraskans Were Exposed to Secondhand **Vapor From Other People Using E-Ciugarettes During the Past 7 Days** - by Region 100.0% 80.0% 60.0% 40.0% 20.0% 0.0% Region Region Region Region Region Region Lincoln Omaha 1 2 3 4 5 6 ■ In your home 25.6% 18.8% 35.6% 35.7% 25.4% 30.8% 23.5% 29.6% ■ In your family car 26.5% 7.6% 2.8% 6.1% 7.9% 18.8% 8.3% 1.8% ■ In other people's home 6.5% 44.4% 18.7% 13.8% 30.7% 24.7% 37.2% 20.0% ■ In other people's car 8.9% 15.6% 29.3% 11.8% 7.1% 2.9% 6.2% 3.7% ■ In a public transportation (Bus, Train, 1.3% 0.5% etc.) ■ In the office 13.1% 3.3% 12.1% 1.7% 9.6% 8.4% 13.6% 15.6% ■ In the stairwell in a building 2.1% 2.7% 1.1% 1.4%

Questions: QDsECig2.1 - QSdEcig2.13, QD_zip

Source: Nebraska Adult Tobacco Survey 2022

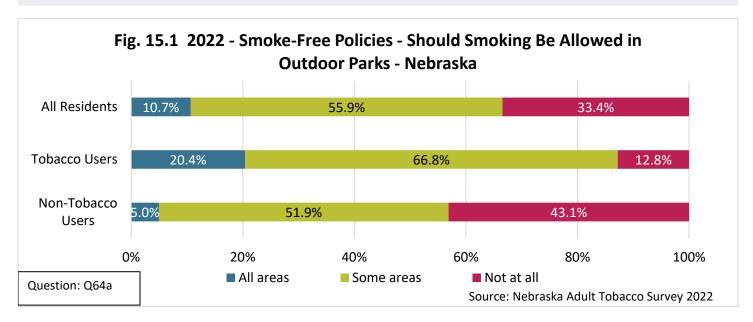


Similarly, respondents' own homes, other people's homes, and locations other than the ones listed remain the most frequently cited locations of exposure to secondhand vapor from other people using e-cigarettes across regions.

Smoke Free Policies

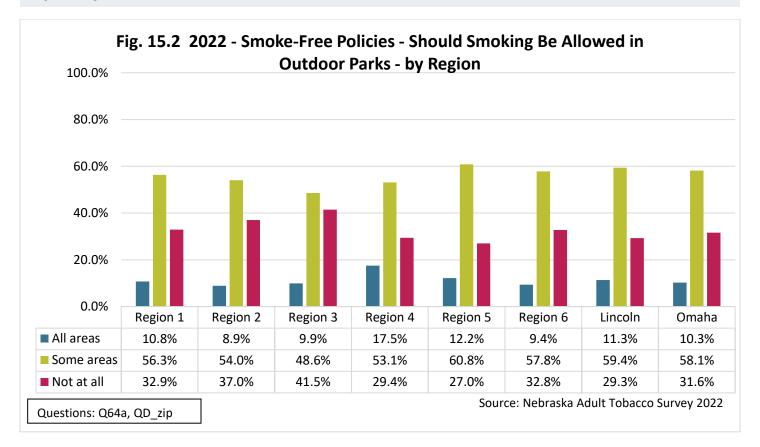
Opinions on Smoking in Outdoor Parks

One-third of all respondents believe smoking should not be allowed at outdoor parks (Fig. 15.1).



For all respondents, 33.4% believe smoking in outdoor parks should not be allowed at all. For tobacco users, 12.8% feel this way, and 43.1% of non-tobacco users feel smoking in outdoor parks should not be allowed at all.

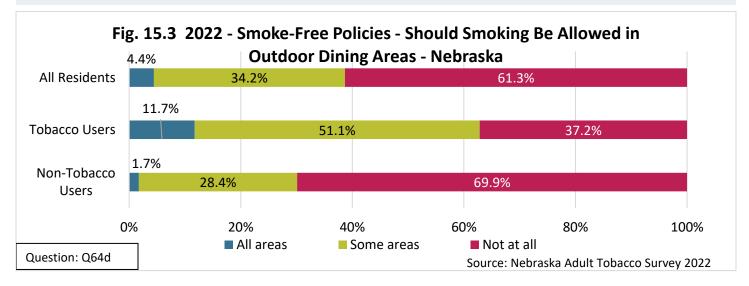
With some variation, opinions regarding the acceptability of smoking in outdoor parks is similar across Nebraska regions (Fig. 15.2).



Similarly, about one-third of all respondents in Regions 1, 2, 4, 6, Lincoln and Omaha believe smoking should not be allowed at all in outdoor parks. However, this opinion only reaches a rate of 27.0% among respondents in Region 5, and it exceeds the average among residents from Region 3 (41.5%).

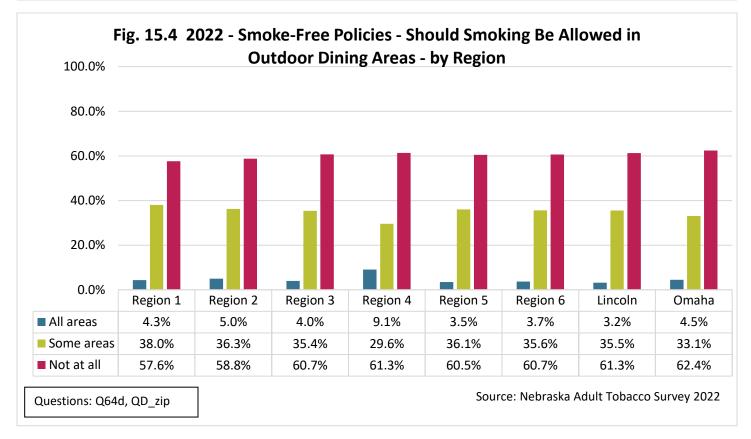
Opinions on Smoking in Outdoor Dining Areas

About two-thirds of all residents felt that smoking should not be allowed at all in outdoor dining areas (Fig. 15.3).



For all respondents, 61.3% indicate smoking in outdoor dining areas should not be allowed at all. For tobacco users, 37.2% feel it should not be allowed at all and 69.9% of non-tobacco users report smoking in outdoor dining should not be allowed at all.

Over half of all residents across all Nebraska regions believe that smoking in outdoor dining areas should not be allowed at all. (Fig. 15.4).

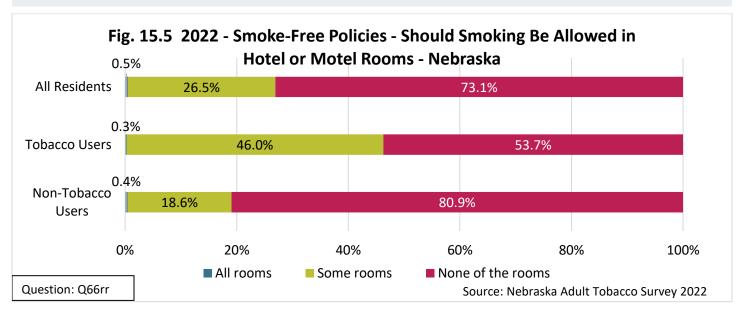


While over half of residents across all Nebraska regions believe that smoking in outdoor dining areas should not be allowed at all, 9.1% of all residents in Region 4 believe smoking should be allowed in all outdoor dining areas, which is the highest rate of acceptability of smoking in all outdoor dining areas across all Nebraska regions.

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Opinions on Smoking in Hotel or Motel Rooms

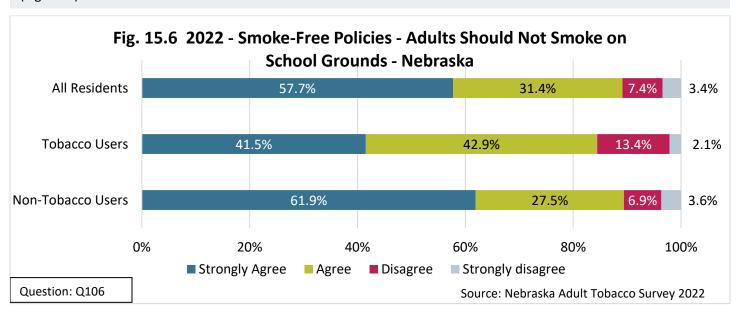
Nearly three-fourths of all respondents believe smoking should not be allowed at all in hotel or motel rooms (Fig. 15.5).



Among all residents, 73.1% believe smoking should not be allowed at all in hotel or motel rooms, while just over half (53.7%) of tobacco users feel it should not be allowed at all. Additionally, a majority (80.9%) of non-tobacco users feel that smoking should not be allowed at all in hotel or motel rooms.

Opinions on Smoking on School Grounds

The majority of respondents across all response groups agree that adults should not smoke on school grounds (Fig. 15.6).

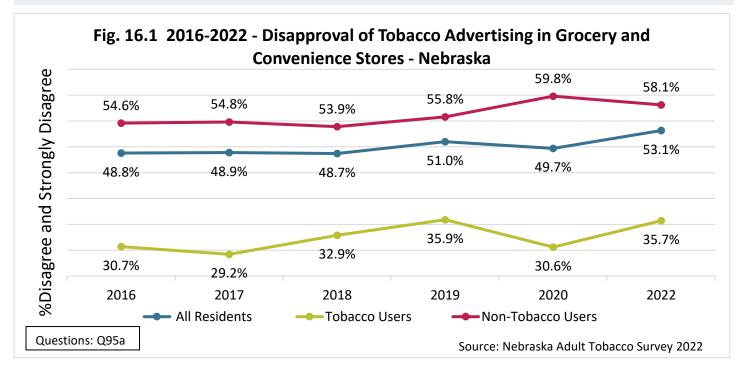


Non-tobacco users (89.4%) are more likely to strongly agree or agree that adults should not smoke on school grounds than tobacco users (84.4%). Regardless of this difference between tobacco users and non-tobacco users, the majority (89.1%) of all residents strongly agree or agree that adults should not smoke on school grounds.

Tobacco Sales and Marketing

Acceptability of Tobacco Advertising in Grocery and Convenience Stores 2016-2022

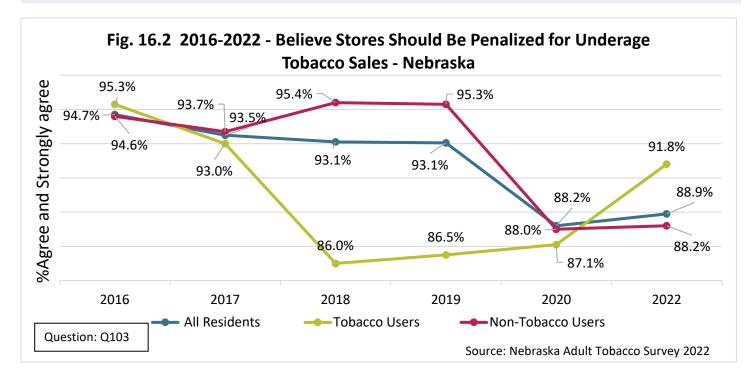
The percentage of respondents who believed tobacco advertising in grocery and convenience stores is not acceptable has remained almost unchanged over time, with a much higher rate in non-tobacco users compared to tobacco users (Fig. 16.1).



Disapproval of tobacco advertising in grocery and convenience stores has remained almost unchanged over time, with a slight rise among tobacco users from 30.6% in 2020 to 35.7% in 2022. The results also suggested the disapproval of tobacco advertising was significantly more in non-tobacco users compared to tobacco users. (Data not available for 2021).

Opinions on Penalizing Stores for Underage Tobacco Sales 2016-2022

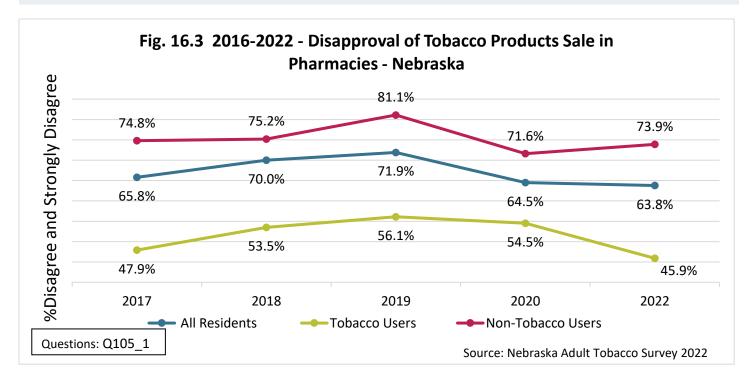
For the first time since 2016, more tobacco users strongly agree or agree that stores should be penalized for underage tobacco sales than non-tobacco users in 2022 (Fig. 16.2).



Nearly nine out of ten Nebraskans (88.9%) strongly agree or agree that stores should be penalized for underage tobacco sales in 2022. Tobacco users (91.8%) are more likely to strongly agree or agree to penalizing stores for underage tobacco products than are non-tobacco users (88.2%). (Data not available for 2021).

Opinions on Tobacco Sales at Pharmacies 2016-2022

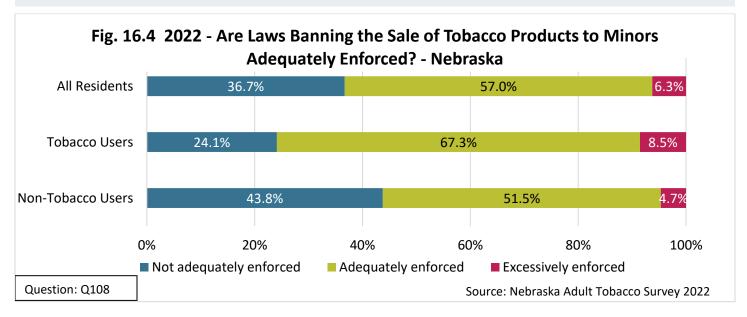
Tobacco users have lower disapproval rates for pharmacies selling tobacco products than non-tobacco users (Fig. 16.3).



When asked about the acceptability of tobacco product sales in pharmacies, non-tobacco users have consistently disagreed and strongly disagreed that it is acceptable to sell tobacco products in pharmacies at higher rates than tobacco users. The rate in which tobacco users disapproved of this practice dropped from 54.5% in 2020 to 45.9% in 2022. (Data not available for 2021).

Opinions on Banning the Sale to Minors

A sizable portion of respondents feel the act of banning the sale of tobacco products to minors is not adequately enforced (Fig. 16.4).

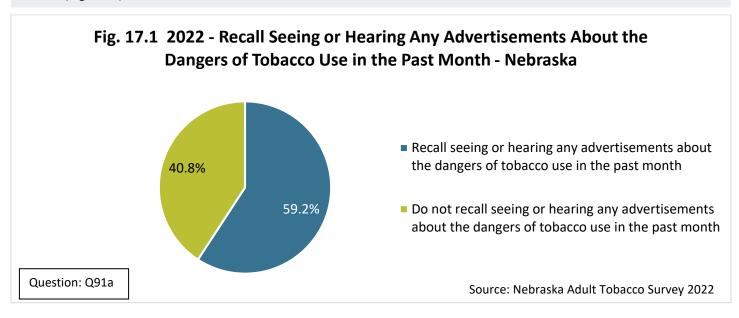


About two-fifths (43.8%) of non-tobacco users feel that banning the sale of tobacco products to persons under the legal age is not adequately enforced, while less than one-fourth (24.1%) of tobacco users feel the same way. It should be noted that a relatively high number of respondents indicated that they did not know or were not sure how they felt about this question. The results displayed in Fig. 16.4 only display the results of respondents who reported how they felt about the level of adequacy laws banning the sale of tobacco products to minors are enforced.

Media

Recall of Advertisements About the Dangers of Tobacco Use

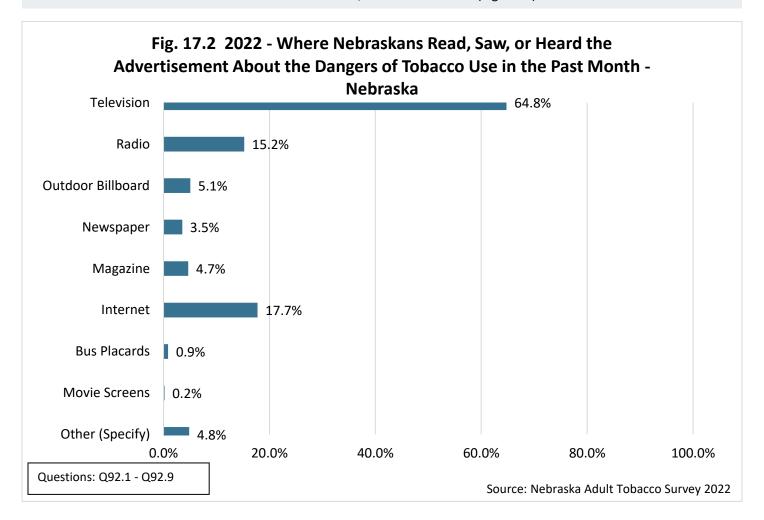
Over half of Nebraskans recall seeing or hearing any advertisements about the dangers of tobacco use in the past month (Fig. 17.1).



Over half (59.2%) of Nebraskans recall seeing or hearing any advertisements about the dangers of tobacco use in the past month, leaving 40.8% who do not recall seeing or hearing such advertisements.

Media Sources of Prevention Ad

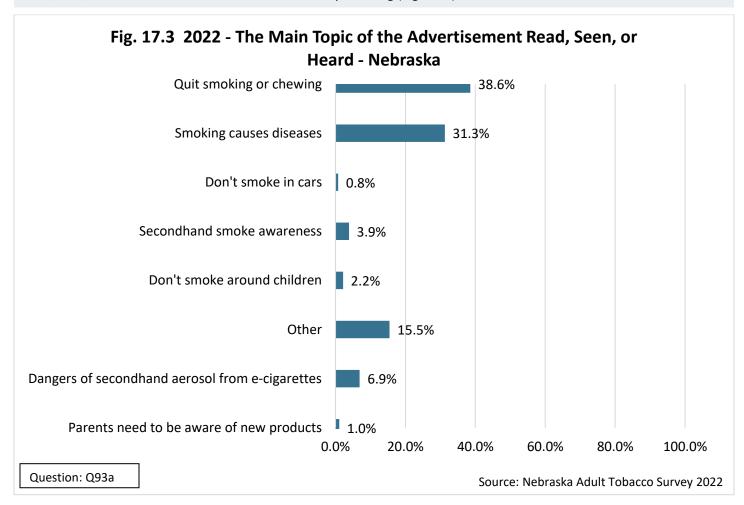
The most common advertisement recalls are television, internet and radio (Fig. 17.2).



The majority of respondents recall reading, seeing, or hearing advertisements about the dangers of tobacco on television (64.8%). Another 17.7% recall the advertisement from the internet, and another 15.2% recall the advertisement on the radio.

Topics of Prevention Ad

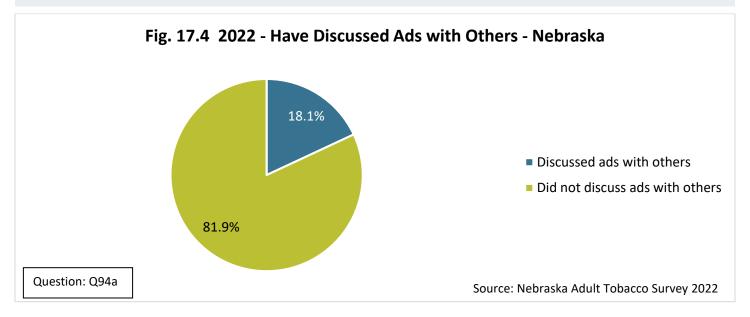
Around two-fifths of respondents read, saw, or heard ads about quitting smoking or chewing, and about one-third read, saw, or heard ads related to diseases caused by smoking (Fig. 17.3).



Among the respondents who heard, saw, or read tobacco prevention ads, about two-fifths (38.6%) indicate the ads were about quitting smoking or chewing tobacco, while another one-third (31.3%) report the ads were about smoking caused diseases. Another 15.5% read, saw or heard other types of ads.

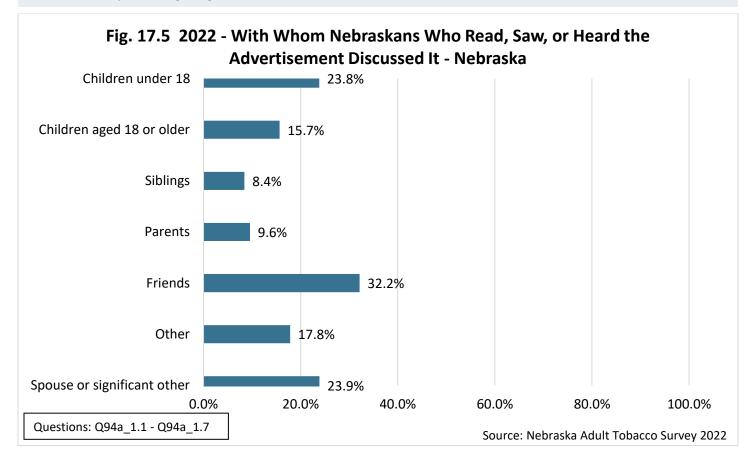
Discussion of Prevention Ad

Slightly less than one-fifth of Nebraskans who read, saw, or heard any ad about the dangers of tobacco use in the past month discussed the ads with others (Fig. 17.4).



There were 81.9% of respondents who heard, saw, or read tobacco ads who did not discuss them with others, while 18.1% did discuss the ads with others.

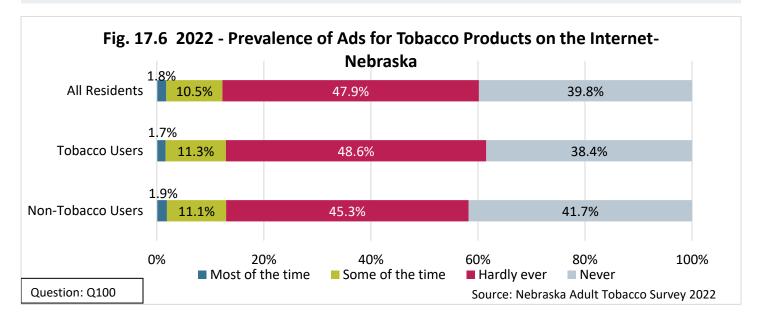
Of those who discussed the ads, most respondents discussed it with a friend, their spouse or significant other, or a child under 18 years of age (Fig. 17.5).



Of those who discussed the ads, 32.2% discussed them with friends, 23.9% with a spouse or significant other, and 23.8% discussed the ads with a child under 18 years of age. Another 15.7% discussed the ad with a child aged 18 years or older.

Frequency of Ads for Tobacco Products Seen on the Internet

The number of ads for tobacco products seen was relatively similar across respondent groups (Fig. 17.6).

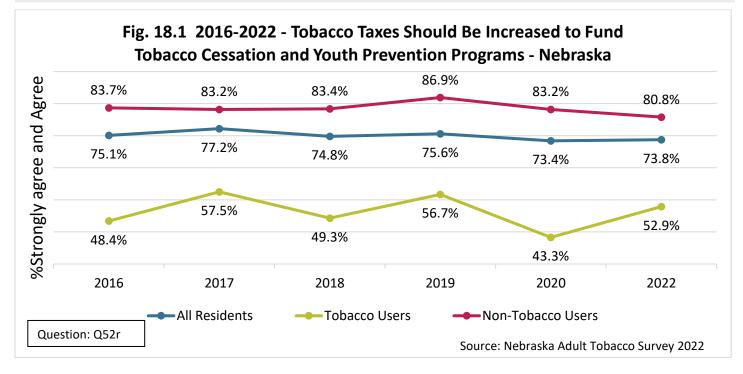


Non-tobacco users (41.7%) were slightly more likely to report never seeing ads for tobacco products on the internet than were tobacco users (38.4%).

Support for Tobacco Tax and Use of Revenue

Opinions on Funding Tobacco Prevention 2016-2022

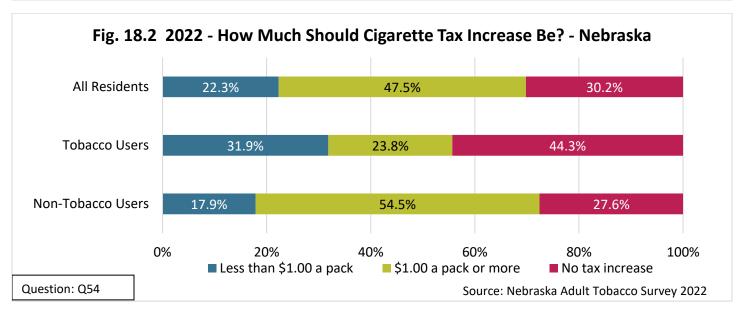
Among all residents, and non-tobacco users, the overall support for increasing tobacco taxes to fund tobacco cessation and youth prevention remains very high (Fig. 18.1).



Among, all residents, and non-tobacco users, the overall support for increasing tobacco taxes to fund tobacco cessation and youth prevention programs remains very high, with 80.8% of non-tobacco users agreeing or strongly agreeing, and 73.8% of all residents doing the same. Support from tobacco users rose from 43.3% in 2020 to 52.9% in 2022. (Data not available for 2021).

Opinions on Cigarette Tax Increase

Almost half of all respondents feel cigarette taxes should be increased by \$1.00 or more per pack to fund tobacco prevention programs (Fig. 18.2).

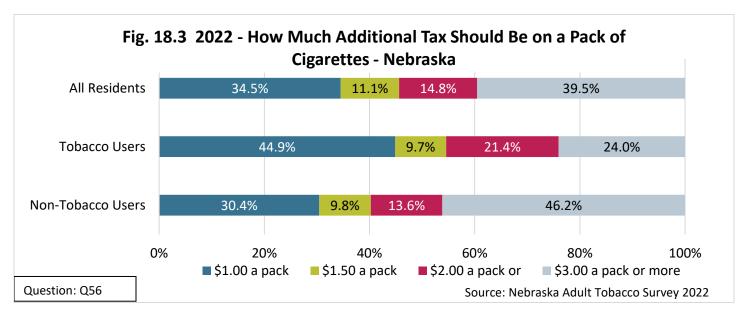


The majority of all residents, and non-tobacco users feel there should be a tax increase on cigarette packs to fund tobacco prevention programs. About one-fifth (22.3%) of all residents are in favor of a tax of less than \$1.00, 47.5% are in favor of a tax of \$1.00 or more. About one-third (31.9%) of tobacco users are for a tax of less than \$1.00, and 23.8% support a tax of \$1.00 or more, but 44.3% are not in favor of any tax increase. Over half (54.5%) of non-tobacco users are for a tax of \$1.00 or more. It should be noted that a relatively high number of respondents indicated that they did not know or were not sure how they felt about this question. The results displayed in Fig. 18.2 only display the results of respondents who reported how much they felt a cigarette tax increase should be.

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Opinions on Additional Tax on a Pack of Cigarettes

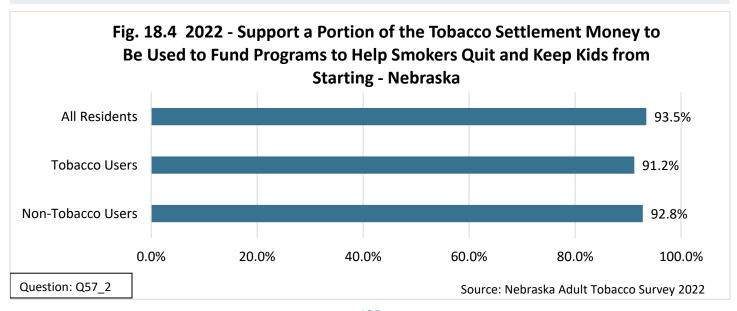
Among respondents who support a cigarette tax increase of \$1.00 or more per pack, nearly 40% of them feel the tax increase should be \$3.00 or more per pack (Fig. 18.3).



Around one-third (34.5%) of all respondents who support a cigarette tax increase of \$1.00 or more per pack feel an additional tax of \$1.00 is sufficient, while 44.9% of tobacco-users feel this way and 30.4% of non-tobacco users feel this way.

Support for Funding Tobacco Prevention Programs

There is strong support among all three respondent groups for a portion of the money from the nationwide tobacco settlement being used for tobacco prevention programs (Fig. 18.4).



Nearly all residents (93.5%) support a portion of money being used to fund prevention programs, while 91.2% of tobacco users and 92.8% of non-tobacco users also support this.

Conclusion

As shown in this report, cigarettes are the most commonly used tobacco product, with a 11.7% current use prevalence in 2022. This was dramatically higher than any other tobacco product. It is striking that 62.1% of the respondents reported having ever tried cigarettes (ATS 2022). Roughly one out of every five of those respondents (18.9%, ATS 2022) became regular cigarette smokers and remained current smokers at the survey time. Once the smoking behavior has been established, the majority of cigarette smokers (84.4%, ATS 2022) indicated smoking daily. These results suggest a strong correlation between ever trying a cigarette, even one or two puffs, and daily cigarette smoking. Another interesting finding is that the start of regular cigarette smoking peaks at 16 and 18 years of age and a majority of the regular smokers (90.7%, ATS 2022) started smoking cigarettes before 24 years old. Thus, it is apparent that the prevention of ever trying a cigarette, even one or two puffs, is critical in tobacco control, especially among youth and young adults.

Studies show that flavors increase the appeal of tobacco and possibly decrease the chances of smoking cessation. According to this survey, in Nebraska, over half (54.8%) of smokers reported having ever used menthol cigarettes for six months or more and roughly one-third (36.6%) of smokers reported having smoked menthol cigarettes in the past 30 days.

E-cigarettes emerged in the U.S. market in 2007. While the use of e-cigarettes increased slowly among the whole adult population, its popularity grew rapidly in youth and young adults. This survey showed that e-cigarettes are currently the most commonly used among young adults (age 18-24, 39.0% use rate, ATS 2022). Over half of young adults (53.7%) who have tried both cigarettes and e-cigarettes, tried e-cigarettes first. The main reason for trying e-cigarettes was out of curiosity (29.8%, ATS 2022). These results made it clear that reducing e-cigarette initiation and use needs to remain a focus of tobacco prevention and control efforts.

Secondhand smoke is a proven cause of numerous diseases and is responsible for tens of thousands of deaths in the U.S. each year. The survey results suggest that support for smoke-free policies, less tolerance to secondhand smoke, and stricter inside-home smoking rules is prevalent among non-tobacco users. For instance, 37.2% of tobacco users and 69.9% of non-tobacco users felt that smoking should not be allowed in outdoor dining areas; more than 90% of all respondents do not allow smoking anywhere inside home.

Increasing the price of tobacco products is demonstrated to be effective in preventing tobacco initiation, reducing consumption and promoting cessation. In this survey, almost half (47.5%) of all respondents felt cigarette taxes should be increased by \$1.00 or more per pack, among which 39.5% indicated the tax increase should be \$3.00 or more per pack.

Different tobacco use prevalence and trends were seen among different groups of Nebraskans based on a characteristic such as age, gender, educational level, race, or socioeconomic status. For instance, the cigarette smoking rate among respondents with an annual household income less than \$35,000 (16.9%) was higher than those with an annual household income between \$35,000 to \$74,999 (14.4%) and those with an annual household income at or above \$75,000 (7.3%, ATS 2022). Many other tobacco-related disparities may exist beyond what is described in the report.

Appendices

Appendix A: 2022 Nebraska Adult Tobacco Survey Questionnaire

2022 NEBRASKA ATS SURVEY QUESTIONNAIRE

Landline Introduction:

IntroQst. Hello, I'm calling for the Nebraska Department of Health. My name is _____. We are gathering information about the health of Nebraska residents. This project is conducted by the health department. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. Is this (Phone number)?

- Yes → Go to PrivRes
- No → Go to Wrongnum

Wrongnum. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

PrivRes. Is this a private residence?

- Yes → Go to LLState
- No, continue → Go to CollegeH.
- No, Business phone only → Go to LLNotPR.

LLNotPR. Thank you very much, but we are only interviewing persons on residential phone lines at this time.

CollegeH. Do you live in college housing?

- Yes → Go to LLAdult
- No → Go to NonRes.

LLAdult. Are you 18 years of age or older?

NonRes. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

LLState. Do you reside in Nebraska?

- Yes → Go to IsCell
- No → Go to LLNotST.

LLNotST. Thank you very much, but we are only interviewing persons who live in the state of Nebraska at this time.

IsCell. Is this a cellular telephone?

- Yes, a cellular telephone
 Go to CellYes
- No, not a cellular telephone, continue. → Go to Adults

CellVes: Thank you very much, but we are only interviewing by land line telephones at this time.

Adults. I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

Men. How many of these adults are men?

Women. How many of these adults are women?

OneAdult. (If there is only one adult) Are you the adult?

- Yes and the respondent is male → Go to Yourthel
- 2. Yes and the respondent is female Go to Yourthel
- 3. No → Go to Ask Gendr

AskGendr. Is the Adult a man or woman?

GetAdult, May I speak with _____?

Yourthel. Then you are the person I need to speak with.

Cell Phone Introduction:

CPIntroQ. Hello, I'm calling for the Nebraska Department of Health. My name is _____. We are gathering information about the health of Nebraska residents. This project is conducted by the health department. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CPSafe. Is this a safe time to talk with you?

- Yes → Go to CPConTel
- 2. No → Go to CPUnsafe.

CPUnsafe, Thank you very much, we will call you back at a more convenient time.

CPConTel. Is this (phone number)?

- Yes → Go to CPIsCell
- 2. No → Go to CPWrongN

CPWrongN. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

CPIsCell. Is this a cellular telephone?

- Yes → Go to CPAdult
- No → Go to CPCellNo.

CPCellNo. Thank you very much, but we are only interviewing cell telephones at this time.

CPAdult. Are you 18 years of age or older?

- Yes and the respondent is male
 Go to CPPvtRes.
- Yes and the respondent is female Go to CPPvtRes
- No → Go to CPNoAdlt

CPNoAdlt. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

CPPvtRes, Do you live in a private residence?

- Yes → Go to CPState
- No → Go to CPColleg

CPColleg. Do you live in college housing?

- Yes → Go to CPState
- No → Go to CPNonRes

CPNonRes. Thank you very much, but we are only interviewing persons who live in private residence or college housing at this time.

CPState. Are you a resident of Nebraska?

- Yes → Go to CPLandLi
- No → Go to CPNotST.

CPNotST. Thank you very much, but we are only interviewing persons who live in Nebraska at this time.

CPLandLi. Do you also have a landline telephone in your home that is used to make and receive calls?

- 1. Yes
- 2. No

CPNumAdlt. How many members of your household, including yourself, are 18 years of age or older?

. . .

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 1-877-791-7359.

Section 1: General Health Status

01

1.1 Would you say that in general your health is excellent, very good, good, fair, or poor?

- Excellent
- 2. Very good
- Good
- Fair
- Poor
- DON'T KNOW/NOT SURE
- REFUSED

Section 2: Cigarette Smoking

Q2

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

- YES
- NO → Go to Q13ra
- DON'T KNOW/NOT SURE → Go to Q13ra
- REFUSED → Go to Q13ra

03

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

NOTE: 5 packs = 100 cigarettes

- YES
- NO → Go to Q13ra
- DON'T KNOW/NOT SURE → Go to Q13ra
- REFUSED → Go to Q13ra

O3 1

2.3 How old were you when you first started smoking regula	ularly	reg	oking	smo	tarted	first	vou	when	vou	were	old	How	2.3
--	--------	-----	-------	-----	--------	-------	-----	------	-----	------	-----	-----	-----

____ Enter age in years (000-099)

- 777. DON'T KNOW/NOT SURE
- 888. I NEVER SMOKED REGULARLY
- 999. REFUSED

04

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

- Every day → Go to Q4br
- Some days → Go to Q4br
- Not at all → GQ to Q8
- DON'T KNOW/NOT SURE → Go to O4br
- REFUSED → Go to Q4br

Section 3: Cigarette Smoking - Cessation

Q4b

3.1 Are you trying to quit smoking cigarettes now or have you tried to quit in the past, or both?

- Trying to quit now → Go to Q4e
- Have tried to quit in the past → Go to Q4e
- Both → Go to Q4e
- No, you have never tried to quit smoking cigarettes. → Go to Q6r
- DON'T KNOW/NOT SURE → Go to Q6r
- REFUSED → Go to Q6r

04e

3.2 In your whole life, how many times have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes for good?

- __ NUMBER OF TIMES (VERIFY IF > 20)
- 88. NONE
- DON'T KNOW/NOT SURE
- 99. REFUSED

Section 4: Cigarette Smoking - Use of Cigarettes

		average, on days when you smoked during the past 30 days, about how many cigarettes did ke a day?
	NOT	E: 1 pack = 20 cigarettes
		Number of cigarettes (0-50) → Go to Q6_1
	55. 66. 88. 77. 99.	DON'T KNOW/NOT SURE → Go to Q6 1
Q6 1 4.2. L		the past 30 days, on how many days did you smoke cigarettes?
		Number of days (1-30, 77 or 99)
_	7. 9.	DON'T KNOW/NOT SURE REFUSED

- 4.3. How soon after you wake up do you have your first cigarette?
 - WITHIN 5 MINUTES
 - 6-30 MINUTES
 - 31-60 MINUTES
 - 4. AFTER 60 MINUTES
 - DON'T KNOW/NOT SURE
 - REFUSED

Go to MentReg

. . .

08

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

Read only if necessary

- WITHIN THE PAST MONTH (ANYTIME LESS THAN 1 MONTH AGO)
- 02. WITHIN THE PAST 3 MONTHS (1 MONTH BUT LESS THAN 3 MONTHS AGO)
- WITHIN THE PAST 6 MONTHS (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
- WITHIN THE PAST YEAR (6 MONTHS BUT LESS THAN 1 YEAR AGO)
- WITHIN THE PAST 5 YEARS (1 YEAR BUT LESS THAN 5 YEARS AGO)
- 06. WITHIN THE PAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO)
- 07. 10 OR MORE YEARS AGO
- DON'T KNOW/NOT SURE
- 88. I NEVER SMOKED REGULARLY
- REFUSED

If Answer>01, go to O13ra

Section 5: Cigarette Smoking - Type/Brand Preferences

MENTREG (MENTHOL6)

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

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

MENTH30 (CGT_MENTHOL)

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

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

CGTBRND

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

- AMERICAN SPIRIT (NATURAL AMERICAN SPIRIT)
- 02. BASIC (BRANDED DISCOUNT)
- 03. CAMEL
- DORAL (BRANDED DISCOUNT)
- 05. FORSYTH (PRIVATE LABEL)
- 06. GPC (BRANDED DISCOUNT)
- KOOL
- 18. MARLBORO GOLD
- MARLBORO MENTHOL
- MARLBORO RED
- 08. MARLBORO (OTHER)
- MISTY (BRANDED DISCOUNT)
- NEWPORT MENTHOL BLUE
- NEWPORT MENTHOL GOLD
- NEWPORT BOX
- NEWPORT (OTHER)
- PALL MALL
- PARLIAMENT
- SALEM
- SONOMA (BRANDED DISCOUNT)
- USA GOLD (BRANDED DISCOUNT)
- VIRGINIA SLIMS
- WINSTON
- 96. OTHER (SPECIFY Brand2ot)
- DID NOT SMOKE A USUAL BRAND DURING THE PAST 30 DAYS
- DON'T KNOW/NOT SURE
- 88. DID NOT BUY ANY CIGARETTES DURING THE PAST 30 DAYS
- 99. REFUSED

Section 6: Cigarette Smoking – Purchasing Cigarettes

BuyCig (CGT BUY)

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

- 1. YES → Go to CgtPlc1
- NO → Go to 13ra
- DON'T KNOW/NOT SURE → Go to 13ra
- REFUSED → Go to 13ra

CgtP1c1

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

(Read only if necessary)

- 01. At a convenience store or gas station
- At a supermarket
- 03. At a liquor store
- At a drug store
- At a tobacco discount store
- On an Indian Reservation
- 07. From a vending machine
- 08. On the internet
- From another person
- 11. At a volume discount store like Wal-Mart, Sam's Club or Costco
- Other (Specify CgP11ot)
- DON'T KNOW/NOT SURE
- 99. REFUSED

CgtPrc1 (CGT_PACK_OR_CRTN)

6.3 Do (Did) you buy cigarettes by the pack or by the carton?

- By the pack → Go to CgtPrc2
- By the carton → Go to CgtPrc3
- DON'T KNOW/NOT SURE → Go to Q12 1r
- REFUSED → Go to Q12 1r

CgtPrc2.(CGT_PRC_PACK)

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

Note: IF RESPONDENT ASKS ABOUT DISCOUNTS OR COUPONS, READ: Please report the cost after discounts or coupons.

\$. (amount paid for last pack of cigarettes)

77.77 DON'T KNOW/NOT SURE 99.99 REFUSED

Go to Q12 1r

CgtPrc3 (CGT PRC CART)

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

Note: IF RESPONDENT ASKS ABOUT DISCOUNTS OR COUPONS, READ: Please report the cost after discounts or coupons.

\$. (amount paid for last carton of cigarettes)

777.77 DON'T KNOW/NOT SURE 999.99 REFUSED

Go to Q12 1r

Q12 1r (CGT BUY OSTATE)

- 6.6 How often do you purchase cigarettes from a state other than Nebraska? Would you say all the time, sometimes, rarely or never?
 - All the time
 - Sometimes
 - Rarely
 - Never
 - DON'T KNOW/NOT SURE
 - REFUSED

O12. 2r (CGT BUY INDIANR)

- 6.7 How often do you purchase cigarettes from an Indian reservation? Would you say all the time, sometimes, rarely or never?
 - All the time
 - Sometimes
 - Rarely
 - Never
 - DON'T KNOW/NOT SURE
 - REFUSED

O12 4r (COUPON)

- 6.8 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?
 - YES → Go to Q12 4br
 - NO → Go to Q13ra
 - DON'T KNOW/NOT SURE → Go to Q13ra
 - REFUSED → Go to Q13ra

O12. 4br (COUPON FROM

6.9 Where do you usually get the coupons you use?

DO NOT READ LIST UNLESS NECESSARY.

- FROM THE STORE/CASHIER WHERE CIGARETTES ARE PURCHASED
- IN THE MAIL FROM THE CIGARETTE COMPANY
- SENT IN A TEXT MESSAGE FROM THE CIGARETTE COMPANY.
- SENT IN AN E-MAIL FROM THE CIGARETTE COMPANY
- PRINTED FROM A WEB SITE
- FROM THE CIGARETTE PACKAGE
- DON'T KNOW/NOT SURE
- REFUSED

Section 7: Cigar, Cigarillo, or Small Cigar Smoking

Q13ra (EVR-TRY CGR)

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

Note: Cigarillo sounds like sig-uh-ril-oh

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

Note: 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.

- YES → Go to Q13rb
- NO → Go to OChewl
- DON'T KNOW/NOT SURE → Go to QChew1
- REFUSED → Go to QChew1

Q13rb (EVR CGR LIFE50)

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

- YES → Go to Q14r
- NO → Go to QChewl
- DON'T KNOW/NOT SURE → Go to QChew1
- REFUSED → Go to QChew1

O14r (CGR EDAY

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

- Every day → Go to Q14rbr
- Some days → Go to Q14rbr
- Not at all → Go to Q14rd
- DON'T KNOW/NOT SURE → Go to OChew1
- REFUSED → Go to QChew1

Q14rbr (CGR QUIT TRY)

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

- Trying to quit now
- Have tried to quit in the past
- Both
- No, you have not tried to quit smoking cigars
- DON'T KNOW/NOT SURE
- REFUSED

Go to Ol4rer

Q14rd (CGR HLONG LUSE)

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

Read only if necessary

- 01. WITHIN THE PAST MONTH (ANYTIME LESS THAN 1 MONTH AGO)
- 02. WITHIN THE PAST 3 MONTHS (1 MONTH BUT LESS THAN 3 MONTHS AGO)
- 03. WITHIN THE PAST 6 MONTHS (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
- WITHIN THE PAST YEAR (6 MONTHS BUT LESS THAN 1 YEAR AGO)
- 05. WITHIN THE PAST 5 YEARS (1 YEAR BUT LESS THAN 5 YEARS AGO
- 06. WITHIN THE PAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO)
- 07. 10 OR MORE YEARS AGO
- DON'T KNOW/NOT SURE
- 88. I NEVER SMOKED CIGARS REGULARLY
- 99. REFUSED

If Answer>1, go to QChew1

O14rer (CGR FLAV)

- 7.6 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?
 - YES
 - NO
 - DON'T KNOW/NOT SURE
 - REFUSED

Section 8: Smokeless Tobacco

OChew1 (EVR TRY SML)

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

NOTE: 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
- YES → Go to QChew2
- NO → Go to QEcig2rrr
- DON'T KNOW/NOT SURE → Go to OEcig2rrr
- REFUSED → Go to OEcig2rrr

OChew2 (EVR SML LIFE20)

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

- YES → Go to OChew3
- NO → Go to QEcig2rrr
- DON'T KNOW/NOT SURE → Go to OEcig2rrr
- REFUSED → Go to QEcig2rrr

QChew3 (SML_EDAY)

8.3 Do you currently use chewing tobacco, dip, snuff, or snus, every day, some days, or not at all?

- Every day → Go to QSmlAlt
- Some days → Go to OSmlAlt
- Not at all → Go to Q18d
- DON'T KNOW/NOT SURE → Go to QEcig2rrr
- REFUSED → Go to QEcig2rrr

477	- 4	7000	ATT.	TATA	74.77753
					INI 3:

8.	4 I	During	the.	past:	30 d	lavs.	what	brand	of	chewing	tobacco,	dip.	. snuff.	ors	nus d	lid י	vou	use	most	ofte	en'

- BEECH-NUT REGULAR
- COPENHAGEN
- GOLD RIVER
- GRIZZLY
- KAYAK
- KODIAK
- LEVI GARRETT
- LONGHORN
- 07. MORGAN'S
- RED MAN
- RED MAN GOLDEN BLEND
- RED SEAL
- SKOAL
- 12. SOUTHERN PRIDE
- STOKER CHEW
- 14. TAYLOR'S PRIDE
- TIMBER WOLF
- 96. OTHER (SPECIFY smlbtdot)
- 66. DID NOT USE ONE BRAND MOST OFTEN DURING THE PAST 30 DAYS
- DON'T KNOW/NOT SURE
- REFUSED

Q18br (SML TRY QUIT)

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

- Trying to quit now → Go to Q18br_2
- Have tried to quit in the past → Go to Q18br 2
- Both → Go to Q18br 2
- No, you have not tried to quit smoking cigars (new response option) → Go to QEcig2rrr
- DON'T KNOW/NOT SURE → Go to QEcig2rrr
- REFUSED → Go to QEcig2rrr

Q18br 2 (SML NUM QUIT)

8.6 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
- 88. NONE
- DON'T KNOW/NOT SURE
- REFUSED

O18d (ML HLONG LUSE)

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

Read only if necessary

- WITHIN THE PAST MONTH (ANYTIME LESS THAN 1 MONTH AGO)
- WITHIN THE PAST 3 MONTHS (1 MONTH BUT LESS THAN 3 MONTHS AGO)
- WITHIN THE PAST 6 MONTHS (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
- WITHIN THE PAST YEAR (6 MONTHS BUT LESS THAN 1 YEAR AGO)
- 05. WITHIN THE PAST 5 YEARS (1 YEAR BUT LESS THAN 5 YEARS AGO
- WITHIN THE PAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO)
- 10 OR MORE YEARS AGO
- DON'T KNOW/NOT SURE
- 88. I'VE NEVER USED SMOKELESS TOBACCO REGULARLY
- REFUSED

Section 9: Electronic Cigarette or E-cigarette Use

For these next questions, the term e-cigarette includes all electronic smoking devices. E-cigarettes come in many shapes and sizes and are known by different names, such as e-cigs, e-hookah, mods, vape pens, vapes, tank systems, and electronic nicotine delivery systems (ENDS).

QEcig2mr (EVR TRY ECGT)

9.1 Have you ever used an e-cigarette or other electronic smoking devices, even just one time, in your entire life?

- YES → Go to OEcigDay
- NO → Go to QEcig2 1
- DON'T KNOW/NOT SURE → Go to OHeatTob
- REFUSED → Go to OHeatToh

FcigDay.

9.2 In total, on how many days have you used e-cigarettes in your entire life?

- 1 day
- 2 to 10 days
- 11 to 20 days
- 21 to 50 days
- 51 to 100 days
- Over 100 days
- DON'T KNOW/NOT SURE
- REFUSED

9.3 You said you have at least TRIED cigarettes and e-cigarettes. Which did you use first?

(Asked only if respondent says they have tried both cigarettes and e-cigarettes)

- Cigarettes
- E-Cigarettes
- DON'T KNOW/NOT SURE
- REFUSED

QEcig2 1 (ECGT CUR 2TRY)

9.4 Have you ever been curious about using an e-cigarette? Would you say definitely yes, probably yes, probably not, or definitely not?

- Definitely yes
- 2. Probably yes
- Probably not
- Definitely not
- DON'T KNOW/NOT SURE
- REFUSED

Go to OHeatTob

QEcig2 2 (ECGT TRY AGE)

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

____ Enter age in years (00-99)

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

QEcig3r (ECGT_EDAY)

9.6 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- Every day → Go to OEcigRer.
- Some days → Go to OEcigRer
- Not at all → Go to EcgLast.
- DON'T KNOW/NOT SURE → Go to OEcigRer
- REFUSED → Go to QEcigRer.

EcgLast

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

Interviewer: Choose the first answer that fits

- 01. EARLIER TODAY
- WITHIN THE PAST 7 DAYS (NOT TODAY, BUT SOMETIME DURING THE PAST 7 DAYS)
- WITHIN THE PAST 30 DAYS (NOT DURING THE PAST 7 DAYS, BUT SOMETIME DURING THE PAST 30 DAYS)
- WITHIN THE PAST 6 MONTHS (NOT DURING THE PAST 30 DAYS, BUT SOMETIME DURING THE PAST 6 MONTHS)
- WITHIN THE PAST YEAR (NOT DURING THE PAST 6 MONTHS, BUT SOMETIME DURING THE PAST YEAR)
- WITHIN THE PAST 5 YEARS (1 YEAR BUT LEST THAN 5 YEARS AGO)
- 5 OR MORE YEARS AGO
- DON'T KNOW/NOT SURE
- 79. REFUSED

OEcigRen

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

Read only if necessary

Mark only ONE

- BECAUSE I WAS CURIOUS
- I THOUGHT IT WOULD BE SAFER THAN TRYING CIGARETTES/SOMETHING ELSE
- AS PART OF A SOCIAL ACTIVITY/FOR FUN/SOMEONE INVITED ME TO TRY
- I WANTED TO CUT BACK ON CIGARETTES OR OTHER TOBACCO
- I WANTED TO QUIT CIGARETTES AND/OR OTHER TOBACCO
- 06. I WANTED TO USE INDOORS/OTHER PLACES WHERE SMOKING IS NOT ALLOWED
- I WANTED TO SAVE MORE MONEY (CHEAPER OR LONG TERM COST SAVINGS)
- IT DOESN'T HAVE DISTINCTIVE ODOR WHILE USING IT OR AFTER.
- IT DOESN'T LEAVE ASH OR LITTER LIKE CIGARETTE BUTTS.
- THE FLAVOR SOUNDED GOOD.
- OTHER REASON (SPECIFY QEGROS)
- 77. DON'T KNOW/NOT SURE
- REFUSED

OEquit (ECGT_TRY_QUIT)

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

(skin if EcigDay > 1 and QEcig3r >= 3 - Used Ecig 1 day and say they now use not at all) (asked if EcigLast <= 3 - within the past 30 days)

- Trying to quit now → Go to QEQuit2
- Have tried to quit in the past → Go to QEQuit2
- Both → Go to QEQuit2
- No, you have not tried to quit smoking e-cigarettes → Go to OHeatTob
- NOT APPLICABLE/NEVER A REGULAR E-CIG USER.
- DON'T KNOW/NOT SURE → Go to OHeatTob
- REFUSED → Go to OHeatTob

OEquit2 (ECGT_OUIT_NUM)

9.10 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 (65 = 65 OR MORE)

- 88. NONE
- 66. NOT APPLICABLE/NEVER A REGULAR E-CIG USER
- DON'T KNOW/NOT SURE
- REFUSED

Section 10: Heated Tobacco Product Use

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".

OHEATTOR

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

- YES → Go to OTryHeat
- NO → Go to QQtTohrrr.
- DON'T KNOW/NOT SURE → Go to QQtTobrrr
- REFUSED → Go to OOtToberry

OTRYHEAT

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

- YES → Go to OHeatDay
- NO → Go to QQtTobrrr
- DON'T KNOW/NOT SURE → Go to OOtToberry
- REFUSED → Go to OOtToberr

OHEATDAY

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

- NUMBER OF DAYS
- 0. NONE
- DON'T KNOW/NOT SURE
- REFUSED

Section 11: Other Tobacco Product Use

OOtTobrrr

- 11.1 Have you ever used or tried any other tobacco product I 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.
 - YES → Go to QQtbSpcrr
 - NO → Go to QQLinel
 - DON'T KNOW/NOT SURE → Go to QQLinel
 - REFUSED → Go to QQLine1

.....

11.2 What other types of tobacco product have you used?

- Roll-your-own
- 02. Bidis
- Kreteks
- Hookah or waterpipe
- 06. Tobacco pipe
- 07. Orbs
- Something else (specify ______)
- 07. DON'T KNOW/NOT SURE
- REFUSED

. . .

OOTob30n

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

- Roll-your-own
- Bidis
- Kreteks
- Hookah or waterpipe
- Tobacco pipe
- 07. Orbs
- 04. Something else (Specify QOTb300t)
- 88. NONE
- DON'T KNOW/NOT SURE
- 99. REFUSED

Section 12: Cessation for All Tobacco Products

OOLine1 (LINE AWARE)

- 12.1 A telephone Quitline is a free telephone-based service that connects people who smoke cigarettes or use other tobacco products with someone who can help them quit. Technology-mediated services, such as text messages and web-based options, might also be provided. Are you aware of any telephone Quitline services that are available to help people quit using tobacco?
 - YES
 - NO
 - DON'T KNOW/NOT SURE
 - REFUSED

OOLine1a

- 12.2 Have you ever heard of the telephone quitline 1-800-quit-now?
 - YES
 - NO
 - DON'T KNOW/NOT SURE
 - REFUSED

OOLineSo (Spanish version only)

12.3 Have you ever heard of the telephone quit line 1-855-DEJELO YA?

(¿Ha oído alguna vez acerca de la línea de teléfono Quitline 1-855-DEJELO YA?)

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

O24 (OUIT NEXT 6MON)

- 12.4 Are you seriously considering stopping smoking or using other tobacco products within the next six months? (asked of current smokers)
 - YES → Go to Q26
 - NO → Go to Q27
 - DON'T KNOW/NOT SURE → Go to Q27
 - REFUSED → Go to Q27

O26 (OUIT NEXT 30DAYS)

- 12.5 Are you planning to stop smoking or using other tobacco products within the next 30 days?
 - YES
 - NO
 - DON'T KNOW/NOT SURE
 - REFUSED

O27 (OUIT LIKELY)

- 12.6 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 very likely, somewhat likely, somewhat unlikely or very unlikely?
 - Very likely
 - Somewhat likely
 - Somewhat unlikely
 - Very unlikely
 - 7. DON'T KNOW/NOT SURE
 - REFUSED

If Q24 = 2, 7, 9 \Rightarrow Go to Q32If $Q24 = 1 \Rightarrow$ Go to QQLine2

OOLine2 (OLINE QUIT)

- 12.7 When you try to quit smoking or using other tobacco products, do you plan to use a Quitline to help you quit?
 - YES
 - NO
 - DON'T KNOW/NOT SURE
 - REFUSED

O20r (OMEDS)

12.8 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?

(Asked of former smokers only)

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

Pronunciations:

Welbutrin = well-byoo-trin Bupropion = byoo-pro-pee-on Varenicline = var-en-i-kleen

Section 13: Cessation Assistance by Dentists

O32 (DEN SEEN)

13.1 In the past 12 months, have you seen a dentist?

- YES → Go to OrCanSc
- NO → Go to Q28r
- DON'T KNOW/NOT SURE → Go to Q28r
- REFUSED → Go to Q28r

OrCanSc (DEN CAN)

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

Note: 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.

If wearing dentures, they will have to be taken out so the dentist can check the tissue underneath them. The dentist may put one finger in the mouth under the tongue and a couple of fingers on the skin under the chin and move them around to feel the tissue between them.

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

O33r (DEN ASK SMK)

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

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

O34r (DEN ADV OSMK)

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

(Current smokers or those who have smoked in the past year)

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

Section 14: Cessation Assistance by Health Care Providers

Q28r (DOC_SEEN_R)

14.1 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.

- YES → Go to O29
- NO → Go to Q35
- DON'T KNOW/NOT SURE → Go to Q35
- REFUSED → Go to Q35

O29 (DOC ASK SMK)

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

- YES → Go to O30
- NO → Go to Q35
- DON'T KNOW/NOT SURE → Go to Q35
- REFUSED → Go to Q35

O30 (DOC ADV OSMK)

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

- YES → Go to Q31ar
- NO → Go to Q35
- DON'T KNOW/NOT SURE → Go to Q35
- REFUSED → Go to Q35

O31ar (DRMED)

14.4 In the past 12 months, when a doctor, or other health professional advised you to quit smoking, did they also do any of the following?

Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills?

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

O31b (DOC ADV SPDATE)

14.5 Suggest that you set a specific date to stop smoking?

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

O31e (DOC. ADV. CLASS)

14.6 Suggest that you use a smoking cessation class, program, or counseling?

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

QQLine3 (QLINE_DOCTOR)

14.7 Suggest that you use a Quitline, with telephone or web counseling services?

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

Section 15: Second Hand Smoking at Home (Rotating Core – Even Years)

Q35 (NUM HHOLD TUSERS) (Rotating Core – Even Years)

- 15.1 Not including yourself, how many of the people who live in your household smoke cigarettes, cigars or pipes? (Interviewer: Children 5 and older in household are included.)
 - _____ # of persons in household who smoke (0 to 12)

 NONE
 - DON'T KNOW/NOT SURE
 - REFUSED

Q36r (NUM DAYS SMK HOME R) (Rotating Core – Even Years)

- 15.2 During the past seven days how many days did anyone, including yourself, smoke cigarettes, cigars or pipes anywhere inside your home?
 - ____ # of days (1 to 7)
 - 0. NONE
 - 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

O37 (SFRULE HOME) (Rotating Core - Even Years)

- 15.3 Which statement best describes the rules about smoking inside your home? Do not include decks, garages or porches. Would you say smoking is not allowed anywhere inside your home, smoking is allowed in some places or at some times, or smoking is allowed anywhere inside the home?
 - Smoking is not allowed anywhere inside your home
 - Smoking is allowed in some places or at some times
 - Smoking is allowed anywhere inside the home
 - DON'T KNOW/NOT SURE
 - REFUSED

Child (Every Year)

15.4. How many children less than 18 years of age live in your household?

___ Enter number of children (Verify >= 7)

- NONE → Go to QSdEcig1
- 99. REFUSED → Go to QSdEcig1

OSdEcig1 (DAYS EXP 2VAP) (Rotating Core – Even Years)

15.5 During the past seven days, how many days were you exposed to vapors from other people using ecigarettes or other electronic vaping products in indoor places?

- ____ # of days (1 to 7)
- NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

QSdEcig2 (PLC EXP OTH) (Rotating Core – Even Years)

15.6 Where did it happen?

Select all that apply.

Prompt "anywhere else?" until not productive.

- IN YOUR HOME
- 02. IN YOUR FAMILY CAR
- IN OTHER PEOPLE'S HOME
- IN OTHER PEOPLE'S CAR.
- IN A RESTAURANT OR BAR
- IN A PUBLIC TRANSPORTATION (BUS, TRAIN, ETC.)
- IN THE OFFICE
- 07. IN THE STAIRWELL IN A BUILDING
- INSIDE AN ELEVATOR
- 09. IN THE LOBBY, HALLWAYS AND OTHER COMMON AREAS IN A BUILDING
- 10. IN A SHOPPING MALL
- 11. IN AN INDOOR SPORTING PLACE (INDOOR STADIUM, POOL, GYM, ETC.)
- AT THE ENTRANCE OF A BUILDING
- OTHER: SPECIFY
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED.

OSdEc2nt

Other (Specify)

OSdEcig3 (Rotating Core - Even Years)

15.7 During the past seven days, how many days were you exposed to vapors from other people using ecigarettes or other electronic vaping products in <u>outdoor</u> places?

- ____ # of days (1 to 7)
- NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

QSdEcig4 (Rotating Core – Even Years

15.8 Where did it happen?

Select all that apply.

Prompt "anywhere else?" until not productive.

- 01. Sidewalk
- Outdoor parks
- 03. Outdoor dining areas
- 04. Outdoor sporting events
- 05. Outdoor workplaces
- Outdoor county fairs
- 07. Outdoor concerts
- 08. Public transportation stops
- 09. Outdoor common areas
- 10. OTHER: SPECIFY
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED.

OSdSmk1 (Rotating Core – Even Years)

15.9 During the past seven days, how many days were you exposed to secondhand smoke from other people smoking cigarettes in <u>indoor</u> places?

____ # of days (1 to 7)

- 0. NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

QSdSmk2 (Rotating Core – Even Years)

15.10 Where did it happen?

Select all that apply.

Prompt "anywhere else?" until not productive.

- 01. IN YOUR HOME
- 02. IN YOUR FAMILY CAR
- 03. IN OTHER PEOPLE'S HOME
- IN OTHER PEOPLE'S CAR
- 14. IN A RESTAURANT OR BAR
- 05. IN A PUBLIC TRANSPORTATION (BUS, TRAIN, ETC.)
- 06. IN THE OFFICE
- IN THE STAIRWELL IN A BUILDING
- INSIDE AN ELEVATOR
- IN THE LOBBY, 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
- OTHER; SPECIFY (go to QSdSk2ot)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED.

OSdSmk3 (Rotating Core - Even Years)

15.11 During the past seven days, how many days were you exposed to vapors from other people smoking cigarettes in <u>outdoor</u> places?

____ # of days (1 to 7)

- NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

QSdSmk4 (Rotating Core – Even Years)

15.12 Where did it happen?

Select all that apply.

Prompt "anywhere else?" until not productive.

- Sidewalk
- Outdoor parks
- 03. Outdoor dining areas
- Outdoor sporting events
- 05. Outdoor workplaces
- Outdoor county fairs
- 07. Outdoor concerts
- 08. Public transportation stops
- 09. Outdoor common areas
- 10. OTHER: SPECIFY (go to QSdSk4ot)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED.

O43 (AF SMK INFRONT CHILD) (Rotating Core - Even Years)

Now I am going to read several statements. Please tell me how strongly you feel about each statement. 15.13 "It is acceptable for parents to smoke in front of children." Would you say you strongly agree, agree, disagree or strongly disagree?

- Strongly Agree
- Agree
- Disagree
- Strongly disagree
- DON'T KNOW/NOT SURE
- REFUSED

Q46 (AF INHALE ANY TOB HARM) (Rotating Core – Even Years)

15.14 "Inhaling smoke from any tobacco product harms the health of adults and children." (Would you say you strongly agree, agree, disagree or strongly disagree?)

- Strongly Agree
- Agree
- Disagree
- Strongly disagree
- DON'T KNOW/NOT SURE
- REFUSED

O47 (AF PAR SMK CHLD SMK) (Rotating Core – Even Years)

- 15.15 "Children are more likely to smoke if their parents are smokers." (Would you say you strongly agree, agree, disagree or strongly disagree?)
 - Strongly Agree
 - Agree
 - Disagree
 - Strongly disagree
 - DON'T KNOW/NOT SURE
 - REFUSED

O49 (AF HMUCH BOTH OTH SMK)

- 15.16 How much does it bother you when you are exposed to other people's cigarette smoke? Would you say it bothers you not at all, a little, moderately or very much?
 - Not at all
 - A little
 - Moderately
 - Very much
 - DON'T KNOW/NOT SURE
 - REFUSED

O49 Ecia (AF HMUCH VAP)

- 15.17 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 not at all, a little, moderately or very much?
 - Not at all
 - A little
 - Moderately
 - Very much
 - DON'T KNOW/NOT SURE
 - HAVE NEVER BEEN EXPOSED TO E-CIGARETTE AEROSOL OR VAPES
 - REFUSED

Section 16: Name Recognition for Tobacco Free Nebraska (TFN)

Q50 (TFN_HEARD) (Rotating Core – Even Years)

16.1 Have you heard of the Tobacco Free Nebraska Program?

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

Section 17: Cigarette Taxes

Q52r (TAXUSE HELP ADULT QUIT)

Next, please tell me how strongly you feel about the following statement.

- 17.1 "State tobacco taxes should be increased to fund programs to help smokers quit and keep kids from starting" Do you strongly agree, agree, disagree or strongly disagree?
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - DON'T KNOW/NOT SURE
 - REFUSED

O54 (HMUCH ADDTAX TPP1)

- 17.2 How much additional tax on a pack of cigarettes would you be willing to support if some or all of the money raised was used to fund tobacco prevention programs?
 - Less than \$1.00 a pack → Go to Q57 2
 - \$1.00 a pack or more → Go to Q56
 - No tax increase → Go to Q57 2
 - DON'T KNOW/NOT SURE → Go to Q57 2
 - REFUSED → Go to Q57_2

O56 (HMUCH ADDTAX TPP2)

- 17.3 Do you think it should be:
 - 1. \$1.00 a pack
 - \$1.50 a pack
 - \$2.00 a pack or
 - 4. \$3.00 a pack or more
 - DON'T KNOW/NOT SURE
 - REFUSED

O57 2 (STMFUNUSE OLINE)

- 17.4 In 1998 Nebraska was awarded its share of the nationwide tobacco settlement. Do you feel that a portion of this money should be used yearly to fund programs to help smokers quit and keep kids from starting?
 - YES
 - NO
 - DON'T KNOW/NOT SURE
 - REFUSED

Section 18: Smoke Free Policy

O64a (SF OUTDOOR PARK)

18.1 Next, please tell me about smoking in the following places in your community.

In outdoor parks do you think smoking should be allowed in all areas, some areas or not at all?

- All areas
- Some areas
- Not at all
- DON'T KNOW/NOT SURE
- REFUSED

O64d (SF OUTDOOR DINING)

18.2 In outdoor dining areas, do you think smoking should be allowed in all areas, some areas or not at all?

- All areas,
- Some areas
- Not at all
- DON'T KNOW/NOT SURE
- REFUSED

Offer (SF HOTEL) (Rotating Core - Even Years

18.3 In hotel or motel rooms, do you think smoking should be allowed in all rooms, some rooms, or none of the rooms.

- All rooms
- Some rooms
- 3. None of the rooms
- DON'T KNOW/NOT SURE.
- REFUSED

Q67 (EMPLOYED)

19.1 Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, a Homemaker, a Student, Retired, or Unable to work?

- Employed for wages → Go to Q70b
- Self-employed → Go to O81
- Out of work for more than 1 year → Go to Q81
- Out of work for less than 1 year → Go to Q81
- A Homemaker → Go to Q81
- A Student → Go to Q81
- Retired → Go to Q81
- Unable to work → Go to Q81
- REFUSED → Go to Q81

Section 22: Demographic Information

Read if necessary: I will ask you some questions about yourself in the next section. We include these questions so we can compare health indicators by groups

QD8r (PHONE

- 22.1 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?
 - YES → Go to QD9
 - NO → Go to D. Cellr.
 - DON'T KNOW/NOT SURE → Go to D. Cellr.
 - REFUSED → Go to D. Cellr.

OD9 (NUMPHONE2)

- 22.2 How many of these are residential numbers?
 - ONE
 - TWO
 - THREE
 - FOUR
 - FIVE
 - SIX OR MORE
 - DON'T KNOW/NOT SURE
 - NONE
 - REFUSED

QD: Cellr

22.3 How many cell phones do you have for personal use?

Note: Include cell phones used for both business and personal use.

- Enter number (1-5)
- 6 Six or more
- 7 DON'T KNOW/NOT SURE
- 8 NONE
- 9 REFUSED

QD1 (AGE)

22.4 What is your age?

Enter age in years

- DON'T KNOW/NOT SURE
- REFUSED

OD2 (HISPANIC)

22.5 Are you Hispanic or Latino?

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

$OD3_1$

22.6 Which one or more of the following would you say is your race? Would you say White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?

Note: Check all that apply

- White
- 2. Black or African American
- American Indian or Alaska Native
- Asian
- Pacific Islander
- OTHER:(SPECIFY QD3ot)
- DON'T KNOW/NOT SURE
- REFUSED

SexO:

22.7 Do you consider yourself to be gay, lesbian, bisexual, and/or transgender?

- YES → Go to SOSpec
- NO → Go to D5
- DON'T KNOW/NOT SURE → Go to D5
- REFUSED → Go to D5

SOSneo

22.8 Thank you, please indicate all of the following which apply to you: a) Bisexual, b) Gay or [for a woman] Lesbian, c) Queer, d) Transgender or gender variant

- Bisexual
- 2. Gay or [for a woman] lesbian
- Queer
- Transgender or gender variant
- DON'T KNOW/NOT SURE
- REFUSED

OD5

22.9 Are you: Married, Divorced, Widowed, Separated, Never married, or a member of an unmarried couple?

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple
- REFUSED

QD61

22.10 What is the highest grade or year of school you completed or the highest degree you received?

{Read only if necessary}

- LESS THAN HIGH SCHOOL
- HIGH SCHOOL GRADUATE
- 03. GED
- 04. SOME COLLEGE (NO DEGREE)
- ASSOCIATE'S DEGREE
- BACHELOR'S DEGREE
- GRADUATE OR PROFESSIONAL DEGREE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

QD7r

22.11 Is your annual household income from all sources;

(QD7rj) Less than \$200,000?

(QD7ri) Less than \$150,000?

(QD7rh) Less than \$100,000?

(QD7rg) Less than \$75,000?

(QD7rf) Less than \$50,000?

(QD7re) Less than \$35,000?

(QD7rd) Less than \$25,000?

(QD7rc) Less than \$20,000? (QD7rb) Less than \$15,000?

(QD710) Less than \$15,000.

(QD7ra) Less than \$10,000?

- DON'T KNOW/NOT SURE
- REFUSED

OD7i

22.12 INTERVIEWER: Annual household income is...

Is this correct?

- NO, re-ask question
- Yes, correct as is

000000000

22.13 Do you own or rent your home?

- Own
- Rent
- OTHER ARRANGEMENT
- DON'T KNOW/NOT SURE
- REFUSED

OD. htwoeR

22.14 In what type of living space do you currently reside?

Probe: A house, an apartment, or something else?"

IF HOUSE: A one-family house detached from any other house or a one-family house attached to one or more houses?

IF APARTMENT: How many apartments or living units?

- A one-family house detached from any other house.
- A one-family house attached to one or more houses, such as a townhouse or a duplex.
- A small apartment building with 2-9 apartments.
- An apartment building with 10 or more apartments
- A mobile home, boat, RV, or van
- Some other type of living space
- DON'T KNOW/NOT SURE
- REFUSED

OD Cntv.

22.15 In what county do you currently live?

Enter the county name:	
R = REFUSED	
(CntyFIPS - County FIPS/ANSI Code)

.....

22.16 What is the ZIP Code where you live?

_				_	Zip Code
7	7	7	7	7	DON'T KNOW/NOT SURE
9	9	9	9	9	REFUSED

OD Vetr

22.17 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?

INTERVIEWER NOTE: Active duty DOES NOT include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

OMHCon1

- 22.18 Have you ever been told by a doctor or other health professional that you have any mental health conditions, such as an anxiety disorder, depression disorder, bipolar disorder, schizophrenia?
 - YES
 - NO
 - DON'T KNOW/NOT SURE
 - REFUSED

OMHCon2

22.19 Which condition? Select all that apply

- Anxiety Disorder
- Depression Disorder
- Bipolar Disorder
- Schizophrenia and Schizoaffective Disorders
- 5. Other (go to QMH_oth)
- Don't know/not sure
- Refused

22.20 In the last year, have you ever drunk or used drugs more than you meant to?

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

OCutDr

22.21 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

Section 24: Media Campaign

Q91a

24.1 In the past month, do you recall seeing or hearing any advertisements about the dangers of tobaccouse?

- YES → Go to O92
- NO → Go to Q95a
- DON'T KNOW/NOT SURE → Go to Q95a
- REFUSED → Go to Q95a

092

24.2 Where did you read, see or hear this advertisement?

Select all that apply

Read only if necessary

- 11. TELEVISION
- RADIO
- 13. OUTDOOR BILLBOARD
- NEWSPAPER
- 15. MAGAZINE
- INTERNET
- BUS SIGNS
- MOVIE SCREENS
- OTHER (SPECIFY Q92 oth)
- DON'T KNOW/NOT SURE
- 99. REFUSED

. . .

24.3 What was the main topic of the advertisement?

Read only if necessary

- QUIT SMOKING OR CHEWING
- 02. SMOKING CAUSES DISEASES
- 03. DON'T SMOKE IN CARS
- 04. SECONDHAND SMOKE AWARENESS
- DON'T SMOKE AROUND CHILDREN
- DANGERS OF SECONDHAND AEROSOL FROM E-CIGARETTES
- PARENTS NEED TO BE AWARE OF NEW PRODUCTS
- OTHER (SPECIFY Q93a oth)
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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

- 1. YES → Go to O94a 1
- NO → Go to Q95a
- 7. DON'T KNOW/NOT SURE - Go to Q95a
- REFUSED → Go to Q95a

24.5 Who have you discussed these ads with?

Select all that apply

Read only if necessary

- CHILDREN UNDER 18
- CHILDREN AGED 18 OR OLDER 02.
- 03. SIBLINGS
- PARENTS
- 05. FRIENDS
- 08. SPOUSE OR SIGNIFICANT OTHER
- 06. OTHER (SPECIFY - Q94a1oth)
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

O95a

24.6 Please tell me how strongly you feel about the following statement.

"Tobacco advertising is acceptable in grocery and convenience stores." Do you strongly agree, agree, disagree or strongly disagree?

- 1. Strongly Agree
- Agree
- Disagree
- Strongly disagree
- DON'T KNOW/NOT SURE
- REFUSED

Q100

- 24.7 When you are on the Internet, how often do you see ads for tobacco products? Would you say most of the time, some of the time, hardly ever, or never?
 - I DON'T USE THE INTERNET
 - Most of the time
 - Some of the time
 - Hardly ever
 - Never
 - DON'T OWN A COMPUTER
 - DON'T KNOW/NOT SURE
 - REFUSED

Section 25: Tobacco Purchase and Related Policy

Q103r

25.1 Next please tell me how strongly you feel about the following statements.

"Stores should be penalized for the sale of tobacco products to persons under the minimum legal sales age." Do you strongly agree, disagree or strongly disagree?

- Strongly Agree
- Agree
- Disagree
- Strongly disagree
- DON'T KNOW/NOT SURE
- REFUSED

O105 1.

25.2 Next please tell me how strongly you feel about the following statements.

"The sale of tobacco products is acceptable in pharmacies." Do you strongly agree, agree, disagree or strongly disagree?

- Strongly Agree
- Agree
- Disagree
- Strongly disagree
- DON'T KNOW/NOT SURE
- REFUSED

O106

- 25.3 "Tobacco use by adults should not be allowed on school grounds or at any school events." Do you strongly agree, agree, disagree or strongly disagree?
 - Strongly Agree
 - Agree
 - Disagree
 - Strongly disagree
 - DON'T KNOW/NOT SURE
 - REFUSED

0108

- 25.4 Do you think the laws banning the sale of tobacco products to youth and young adults under purchase age have not been adequately enforced, have been adequately enforced, or excessively enforced?
 - Not adequately enforced
 - Adequately enforced
 - 3. Excessively enforced
 - DON'T KNOW/NOT SURE
 - REFUSED

0109 1

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

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

O109 2

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

- YES
- NO
- DON'T KNOW/NOT SURE
- REFUSED

Appendix B: Estimate of Sampling Error

Table 1 presents margins of sampling error for some of the most likely sample sizes *not* taking the design effect from the weighting into account. Exact margins of error for alternative specifications of sample size and reported percentages can be easily computed by using the following formula for the 95% confidence level:

Margin of error = 1.96 * square root (p(1-p)/n)

p = the expected proportion selecting the answer

n = number of responses

Table 1. Approximate Margins of Error of Percentages by Selected Sample Size NOT Accounting for Design Effect

	Full	75%	50%	33.3%	25%	10%	
	Sample*	Sample	Sample	Sample	Sample	Sample	
Reported Percentage	n=3079	n=2309	n=1539	n=1026	n=769	n=307	
50	1.77%	2.04%	2.50%	3.06%	3.53%	5.59%	
40 or 60	1.73%	2.00%	2.45%	3.00%	3.46%	5.48%	
30 or 70	1.62%	1.87%	2.29%	2.80%	3.24%	5.13%	
20 or 80	1.41%	1.63%	2.00%	2.45%	2.83%	4.47%	
10 or 90	1.06%	1.22%	1.50%	1.84%	2.12%	3.36%	
5 or 95	0.77%	0.89%	1.09%	1.33%	1.54%	2.44%	

^{* 95%} confidence interval states that in 95 out of 100 samples drawn using the same sample size and design, the interval will contain the population value

When accounting a design effect, the adjusted sampling error will be increased as is shown when comparing Table 1 to Table 2 where the sampling design effect is incorporated:

Margin of error = square root (deff) * 1.96 * square root (p(1-p)/n)

deff = design effects

p = the expected proportion selecting the answer

n = number of responses

Table 2. Approximate Margins of Error of Percentages by Selected Sample Size Accounting for the Design Effect of Sampling

	Full	75%	50%	33.3%	25%	10%
	Sample*	Sample	Sample	Sample	Sample	Sample
Reported Percentage	n=3079	n=2309	n=1539	n=1026	n=769	n=307
50	0.04%	0.04%	0.05%	0.07%	0.08%	0.12%
40 or 60	0.04%	0.04%	0.05%	0.07%	0.08%	0.12%
30 or 70	0.04%	0.04%	0.05%	0.06%	0.07%	0.11%
20 or 80	0.03%	0.04%	0.04%	0.05%	0.06%	0.10%
10 or 90	0.02%	0.03%	0.03%	0.04%	0.05%	0.07%
5 or 95	0.02%	0.02%	0.02%	0.03%	0.03%	0.05%

^{* 95%} confidence interval states that in 95 out of 100 samples drawn using the same sample size and design, the interval will contain the population value

The same is true when accounting for the design effect due to weighting, as is shown when comparing Table 1 to Table 3.

Table 3. Approximate Margins of Error of Percentages by Selected Sample Size Accounting for the Design Effect of Weighting

	Full	75%	50%	33.3%	25%	10%
	Sample*	Sample	Sample	Sample	Sample	Sample
Reported Percentage	n=3079	n=2309	n=1539	n=1026	n=769	n=307
50	3.11%	3.59%	4.40%	5.38%	6.22%	9.84%
40 or 60	3.05%	3.52%	4.31%	5.28%	6.09%	9.64%
30 or 70	2.85%	3.29%	4.03%	4.93%	5.70%	9.02%
20 or 80	2.49%	2.87%	3.52%	4.31%	4.98%	7.87%
10 or 90	1.86%	2.15%	2.64%	3.23%	3.73%	5.91%
5 or 95	1.35%	1.56%	1.92%	2.35%	2.71%	4.29%

^{* 95%} confidence interval states that in 95 out of 100 samples drawn using the same sample size and design, the interval will contain the population value

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Appendix C: AAPOR Transparency Initiative Immediate Disclosure Items

1. Describe the data collection strategies employed (e.g. surveys, focus groups, content analyses).

Study Design and Method and Data Collection and Process

2. Name the sponsor of the research and the party(ies) who conducted it. If the original source of funding is different than the sponsor, this source will also be disclosed.

Introduction and Study Design and Method

3. The exact wording and presentation of any measurement tool from which results are reported as well as any preceding contextual information that might reasonably be expected to influence responses to the reported results and instructions to respondents or interviewers should be included.

Appendix A

4. A definition of the population under study, including location, age, other social or demographic characteristics (e.g., persons who access the internet), time (e.g., immigrants entering the US between 2015 and 2019).

Study Design and Method

5. Dates of data collection.

Data Collection and Process

6. Explicitly state whether the sample comes from a frame selected using a probability-based methodology (meaning selecting potential participants with a known non-zero probability from a known frame) or if the sample was selected using non-probability methods (potential participants from opt-in, volunteer, or other sources).

Study Design and Method

7. Probability-based sample specification should include a description of the sampling frame(s), list(s), or method(s). If a frame, list, or panel is used, the description should include the name of the supplier of the sample or list and nature of the list (e.g., registered voters in the state of Texas in 2018, pre-recruited panel or pool). If a frame, list, or panel is used, the description should include the coverage of the population, including describing any segment of the target population that is not covered by the design.

Study Design and Method

8. Provide a clear indication of the method(s) by which participants were contacted, selected, recruited, intercepted, or otherwise contacted or encountered, along with any eligibility requirements and/or oversampling. Describe any use of quotas.

Study Design and Method and Data Collection and Process

9. Provide details of any strategies used to help gain cooperation (e.g., advance contact, letters and scripts, compensation or incentives, refusal conversion contacts) whether for participation in a survey, group, panel, or for participation in a particular research project. Describe any compensation/incentives provided to research subjects and the method of delivery (debit card, gift card, cash).

Study Design and Method, Data Collection and Process, and Appendix A

10. A description of all mode(s) used to contact participants or collect data or information (e.g., CATI, CAPI, ACASI, IVR, mail survey, web survey) and the language(s) offered or included.

Data Collection and Process

11. Sample sizes (by sampling frame if more than one was used) and (if applicable) a discussion of the precision of the results. Provide sample sizes for each mode of data collection (for surveys include sample sizes for each frame, list, or panel used). For probability samples, report estimates of sampling error (often described as "the margin of error"), and discuss whether or not the reported sampling error or statistical analyses have been

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adjusted for the design effect due to weighting, clustering, or other factors. Reports of non-probability sample surveys will only provide measures of precision if they are defined and accompanied by a detailed description of how the underlying model was specified, its assumptions validated and the measure(s) calculated.

Data Collection and Process, Design Effects, and Appendix B

12. A description of how the weights were calculated, including the variables used and the sources of weighting parameters, if weighted estimates are reported.

Data Cleaning and Weighting

13. Describe validity checks, where applicable, including but not limited to whether the researcher added attention checks, logic checks, or excluded respondents who straight-lined or completed the survey under a certain time constraint, any screening of content for evidence that it originated from bots or fabricated profiles, re-contacts to confirm that the interview occurred or to verify respondent's identity or both, and measures to prevent respondents from completing the survey more than once. Any data imputation or other data exclusions or replacement will also be discussed.

Data Cleaning and Weighting

14. Contact for obtaining more information about the study.

Questions

15. A general statement acknowledging the limitations of the design and data collection.

Limitations