

## APPENDIX A - SURVEY QUESTIONNAIRE

This survey is being carried out by the

**RAINBOW TOBACCO  
INTERVENTION PROJECT**

*Before you complete this survey you should know that it's completely confidential and you can answer as many or as few questions as you wish. There are no risks or harms to you associated with completing this survey.*

**I have read the above and wish to continue.**    Yes    No

1. Have you ever smoked?    Yes    No
  
2. Have you smoked at least 100 cigarettes in your lifetime?    Yes    No
  
3. Have you ever smoked daily?  
     Yes – For how many years? \_\_\_\_\_    No
  
4. Do you now smoke:  
     Daily    Occasionally    Not at all
  
5. On average, how many cigarettes do you  
    smoke per day? \_\_\_\_\_    Don't smoke
  
6. You are:    Lesbian    Gay    Bisexual  
     Heterosexual    Other (please specify) \_\_\_\_\_
  
7. You are:    Male    Female    MTF Trans  
     FTM Trans    Other (please specify) \_\_\_\_\_
  
8. Your Age: \_\_\_\_\_
  
9. The first 3 letters of your Postal Code: \_\_\_\_\_

***Thank you for participating!***