

Thank you for taking the time to answer these questions. Your answers will be kept anonymous and confidential. We are collecting this information in order to know more about tobacco use and opinions about smoking policies in the LGBTQ communities. Please answer the questions on both sides of the page.

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

- Yes
- No
- Don't know / Not sure

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

- Every day
- Some days
- Not at all (Skip to question #5)
- Don't know / Not sure

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

- Yes
- No
- Don't know / Not sure

**4. Which statement best describes you now...**

- You are trying to quit or cut down on your tobacco smoking
- You plan to quit smoking tobacco soon
- You think you should quit smoking tobacco someday
- You don't think about quitting smoking tobacco
- Don't know / Not sure

**5. Have you ever heard about the Oregon Tobacco Quit Line?**

- Yes
- No
- Don't know / Not sure

**6. The Oregon Tobacco Quit Line is a free telephone service available to all Oregon residents who want to stop using tobacco. The Quit Line offers you free quitting information, one-on-one telephone counseling, and referrals for you or a loved one.**

**6a. Would you contact the Quit Line?**

- Yes
- No
- Don't know / Not sure

**6b. If no, why not?**

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**6c. If yes or undecided, which way would you prefer to contact the Quit Line?**

- Internet
- Phone

**7. Which statement best describes the rules about smoking inside your home? Smoking is...**

- Not allowed anywhere inside your home
- Allowed in some places or at some times
- Allowed anywhere inside your home
- There are no rules about smoking inside your home
- Don't know / Not sure

**8. Where are you most frequently exposed to secondhand smoke? [Note: Select only one answer]**

- Public places
- Workplace (Please specify workplace type: \_\_\_\_\_.)
- Home
- Restaurants
- Bars
- Don't know / Not sure

**9. In the following locations, do you think that smoking should be allowed in all areas, some areas or not at all?**

**9a. Restaurants**

- Allowed in all areas
- Allowed in some areas
- Not allowed at all
- Don't know / Not sure

**9b. Bars**

- Allowed in all areas
- Allowed in some areas
- Not allowed at all
- Don't know / Not sure

**9c. Indoor work areas**

- Allowed in all areas
- Allowed in some areas
- Not allowed at all
- Don't know / Not sure

**9d. Public Buildings**

- Allowed in all areas
- Allowed in some areas
- Not allowed at all
- Don't know / Not sure

Please complete the other side →

**10. Do you support banning smoking in bars?**

- Yes
- No
- Don't know / Not sure

**11. How often do you go to bars?**

- Less than once a month
- 1-3 times per month
- Once per week
- More than once per week

**12. If smoking were not allowed in bars, do you think you would go out to bars...**

- More often
- Less often
- The same
- Don't know / Not sure

**13. Would you like your favorite bar to voluntarily go smokefree?**

- Yes
- No
- Don't know / Not sure

**14. Should LGBTQ organizations or events accept money from tobacco companies?**

- Yes
- No
- Don't know / Not sure

**15. Compared to straight, non-transgender people, do you think that lesbian, gay, bisexual, and transgender people are more likely to smoke, less likely to smoke, or equally likely to smoke?**

- More likely
- Less likely
- Equally likely
- Don't know / Not sure

**16. How do you feel about tobacco? (Optional)**

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*Please answer a few questions about your identity. Remember, your answers are confidential.*

**17. How old are you? \_\_\_\_\_**

**18. What is your gender?**

- Male
- Female
- Other  
(Please specify: \_\_\_\_\_.)
- Don't know / Not sure

**19. Do you consider yourself transgender, transsexual or genderqueer in any way?**

- Yes
- No
- Don't know / Not sure

**20. Regarding sexual orientation, do you consider yourself to be lesbian, gay, bisexual, straight, or something else?**

- Lesbian
- Gay
- Bisexual
- Queer
- Straight / Heterosexual
- Other  
(Please specify: \_\_\_\_\_.)
- Don't know / Not sure

**21. Which category most closely describes your race/ethnicity?**

- Black or African American
- Asian or Pacific Islander
- Hispanic or Latina/o
- American Indian or Alaskan Native
- Caucasian
- Multiracial
- Don't know / Not sure

**22. For statistical purposes only, what is your home zip code? \_ \_ \_ \_ \_**

**Thank you for taking the time to complete this year's survey!  
We appreciate your input.**

**Please bring your completed form to our booth at the Pride Celebration, or mail it to us at:**

**Breathe Free  
c/o SMYRC  
2100 SE Belmont  
Portland, OR 97214**