

1. Introduction

Thank you for taking the time to answer these questions. We are collecting this information in order to know more about tobacco use and opinions about smoking policies in LGBTQ communities.

Your responses will be kept anonymous and confidential. Please provide only one response per question. Optional questions at the end of the survey address personal opinions about tobacco and provide an opportunity to define common terms in the LGBTQ community. This survey should take approximately 10 minutes to complete.

This survey is conducted by Breathe Free, SMYRC and the Oregon Department of Human Services, Tobacco Prevention and Education Program.

2. Source

How did you hear about this survey?

- 1. Portland Pride
- 2. Bend Pride
- 3. Eugene/Springfield Pride
- 4. SMYRC
- 5. Breathe Free Website
- 6. Breathe Free Myspace
- 7. Just Out
- Other (please specify)

3. Smoking

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

- 1. Yes
- 2. No
- 3. I don't know

4. Smoking Frequency

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

- 1. Every day
- 2. Some days
- 3. Not at all

5. Smoking Every Day

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

6. Regular Smoker

At what age did you start smoking regularly?

What is the main reason you became a regular smoker?

- 1. My friends smoked
- 2. Smoking was cool
- 3. I grew up with smokers
- 4. My role models smoked
- 5. Stress
- Other (please specify)

7. Social Smoker

When you are smoking cigarettes are you usually with other people, or by yourself?

- 1. With other people
- 2. By myself
- 3. Both

How soon after you wake up in the morning do you usually smoke your first cigarette?

- 1. Within the first 15 minutes
- 2. 15 minutes to a half hour
- 3. One-half to one hour
- 4. Between 1 and 2 hours
- 5. Longer than two hours
- 6. Don't know

8. Quit Intentions

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

- 1. Yes
- 2. No
- 3. I don't know

Which statement best describes you now?

- 1. Trying to quit
- 2. Plan to quit
- 3. Don't think about quitting
- 4. Don't know/Not sure

9. Reasons for quitting

What is the number one reason you want to quit smoking?

- 1. To improve my health
- 2. To please someone else
- 3. To look or feel attractive
- 4. To feel better about myself
- 5. To prove I can do it
- 6. To stop spending money
- 7. To protect other's health
- Other (please specify)

10. Secondhand Smoke

Do you have a partner or significant other that smokes?

- 1. Yes
- 2. No
- 3. I don't know
- 4. Not applicable

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

- 1. Not allowed inside
- 2. Allowed in some places
- 3. Allowed anywhere inside
- 4. Don't know/Not sure
- Other (please specify)

Where are you most frequently exposed to secondhand smoke?

- 1. Parks & Outdoor Venues
- 2. Home
- 3. Restaurants
- 4. Bars
- 5. Building Entrances
- 6. Public Transit Stops
- 7. School
- 8. Don't know/Not sure

11. School Details

If you are most frequently exposed at school, what type of school are you exposed at?

- 1. High School
- 2. Vocational or Technical School
- 3. Community College
- 4. University (4 year college)
- Other (please specify)

12. SHS Opinions

Do you think smoking should be allowed in indoor work areas?

- 1. Yes
- 2. No
- 3. I don't know

Are you exposed to indoor secondhand smoke at work?

- 1. Yes
- 2. No

If yes, where do you work?

13. SHS Bars

Do you think smoking should be allowed in bars?

- 1. Yes
- 2. No
- 3. I don't know

On average, how often do you go to bars (including all ages night clubs)?

- 1. I don't go to bars
- 2. Less than once a month
- 3. 1 - 3 times per month
- 4. Once per week
- 5. More than once per week

Would you like your favorite bar to go smokefree?

- 1. Yes
- 2. No
- 3. It is already smokefree
- 4. I don't know

If smoking were NOT allowed in bars, do you think you would go out to bars...

- 1. I don't go to bars

- 2. More often
- 3. Less often
- 4. The same
- 5. I don't know/not sure

14. Money

Should LGBTQ organizations or events accept money from tobacco companies?

- 1. Yes
- 2. No
- 3. I don't know

15. Risk

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?

- 1. More likely
- 2. Less likely
- 3. Equally likely
- 4. Don't know/Not sure

16. Demographics

What is your age?

What best describes how you identify your gender?

- 1. Male
- 2. Female
- 3. Transgender Male to Female (MTF)
- 3. Transgender Female to Male (FTM)
- 4. Transgender do not ID as M or F
- 5. Genderqueer
- Other (please specify)

What best describes your sexual orientation?

- 1. Gay/Lesbian
- 2. Bisexual
- 3. Queer
- 4. Heterosexual
- 5. Don't know/unsure
- Other (please specify)

17. Demographics continued

Which category most closely describes your race/ethnicity?

- 1. White, non-Hispanic
- 2. Black or African American
- 3. Asian or Pacific Islander
- 4. Hispanic or Latino(a)
- 5. American Indian or Alaska Native
- 6. Multiracial
- 7. Don't know/Not sure

What is the highest level of education you have completed?

- 1. 8th grade or less
- 2. 9th - 11th grade
- 3. High school graduate/GED
- 4. Some college
- 5. Vocational or Technical School
- 6. College grad or more

For statistical purposes only, what is your zip code?

ZIP/Postal Code:

18. Optional

The following eight questions are OPTIONAL fill in the blanks, please share your knowledge and opinions.

How do you feel about tobacco?

If you identify as Lesbian, please define "Lesbian" in your own words,

If you identify as Gay, please define "Gay" in your own words.

If you identify as Bisexual, please define "Bisexual" in your own words.

If you identify yourself as Queer, please define "Queer" in your own words.

If you identify as Genderqueer, please define "Genderqueer" in your own words.

If you identify as Transgender or Gender Variant, please define "Transgender" and/or "Gender Variant" in your own words.

If you describe your personal gender or sexual orientation as something other than what has been listed in this survey, please define it here.

19. Closing

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