

NOTE:

MDH has identified # 2, 3, 4, 8, 9, 10, 20, 21 as core questions that should be included in the survey.

We strongly encourage you to tailor this survey for your community. Examine each question in the survey and think about how the information from the question could be helpful for creating your community action plan.

Remember this information will be for you and your community to use in planning efforts. It will not belong to the University or MDH.

To finalize your version of the survey, contact Kris by phone or email to finalize. We can add your tribal logo and your name your specific community.

2008 Community Tobacco Survey

This survey will help us develop a community action plan that will improve the health and wellbeing of this community.

You will not be asked to write your name on this survey and all information will be kept private.

There are no right or wrong answers.

Thank you for taking part.

2008 Community Tobacco Survey

1 When you have questions about your health, how do you get information you can trust?

CHECK ALL THAT APPLY.

- Visit to the clinic
- Phone call to the clinic
- Talk to traditional healer
- Books or magazines
- Internet
- Brochures, flyers or posters
- Talk to friend or family member
- TV or radio
- Other_____

2 How much of a problem is tobacco addiction on this reservation?

- Not a problem
- A small problem
- A serious problem

3 How much of a problem is secondhand smoke on this reservation?

- Not a problem
- A small problem
- A serious problem

4 Do you personally support efforts to reduce smoking among adults on this reservation?

- Yes
- Not sure
- No

SECONDHAND SMOKE

5 In the past 7 days, how often did someone smoke in your home?

- Every day
- Most days
- Some days
- No days

6 In the past 7 days, how often did someone smoke in your car?

- I don't have a car.
- Every day
- Most days
- Some days
- No days

7 In the past 7 days, how often did someone smoke in your indoor work place?

- I don't work or I work outside.
- Every day
- Most days
- Some days
- No days

8 What is your opinion about smoking in different places on this reservation?

	should be smoke-free: (NO SMOKING)	should <u>NOT</u> be smoke-free: (SMOKING OK)
<u>Daycare homes/centers</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Community centers</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Restaurants</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bingo</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Casino gaming floor</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other tribal buildings</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Doorways at all tribal buildings</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Clinic/hospital grounds</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>School grounds</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pow wow grounds</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Parks/playgrounds</u>	<input type="checkbox"/>	<input type="checkbox"/>

2008 Community Tobacco Survey

YOUTH PREVENTION

- 9 Do you personally support efforts to reduce smoking among youth on this reservation? Yes
 Not sure
 No
- 10 Which of the following activities do you think will prevent kids from smoking? CHECK ALL THAT APPLY.
 Cultural activities (drum, dance, ceremonies, etc.)
 Sports (running, basketball, etc.)
 Community events (health fairs, feasts, etc.)
 Traditional Tobacco teachings
 Tobacco education program in school
 Ticket/fine kids for smoking
 Ticket/fine stores for selling cigarettes to kids
 Other: _____

SPIRITUAL TOBACCO USE

- 11 Do you use tobacco for spiritual use? Yes
 No (IF NO, SKIP TO 14)
- 12 Do you use packaged or commercial tobacco (from a store) for spiritual use? Usually
 Sometimes
 Never
- 13 Is traditional tobacco (Indian tobacco, Kinnickinick) available when you need it? Usually
 Sometimes
 Never

CIGARETTE SMOKING

- 14 At your last clinic appointment, did the doctor or nurse ask you if you smoke cigarettes? Yes
 Not sure
 No
- 15 Have you ever smoked cigarettes (not for spiritual use)? Never
 I quit more than 1 year ago
 I quit less than 1 year ago
 I currently smoke
- 16 How often do you smoke cigarettes (not for spiritual use)... Every day
 Most days
 Some days
 Never (IF NEVER, SKIP TO NEXT PAGE)

SMOKERS ONLY

- 17 Do you want to quit smoking? Yes Not sure No
- 18 Would you be willing to try any of these medications to help you quit smoking? CHECK ALL THAT YOU WOULD TRY.

<u>Nicotine Replacement</u>	<u>Pills & Other</u>
<input type="radio"/> Gum or lozenge	<input type="radio"/> Chantix
<input type="radio"/> Patch	<input type="radio"/> Zyban (Bupropion)
<input type="radio"/> Inhaler or spray	<input type="radio"/> Other: _____
- 19 Would you be willing to try any of these methods to help you quit smoking? CHECK ALL THAT YOU WOULD TRY.

<input type="radio"/> Individual support	<input type="radio"/> Hypnosis
<input type="radio"/> Group support	<input type="radio"/> Massage
<input type="radio"/> Phone support	<input type="radio"/> Acupuncture
<input type="radio"/> In-patient support (removed from home/work)	
<input type="radio"/> Traditional medicine/ spiritual healer	

2008 Community Tobacco Survey

20 How strongly do you support these tobacco control efforts?	Really support	-----					Don't support
	5	4	3	2	1		
Make it harder for kids to buy cigarettes	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	
Offer help for quitting smoking	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	
Encourage smoke-free homes & cars	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	
Make more tribal buildings smoke-free	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	
Make more doorways to buildings smoke-free	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	
Raise the price of cigarettes	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	
Teach about traditional tobacco	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	
Grow traditional tobacco	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	
Other: _____	☺ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☹ <input type="radio"/>	

21 Who should be involved in making decisions about tobacco control efforts on this reservation?
 CHECK ALL THAT APPLY.

<input type="radio"/> Tribal council members	<input type="radio"/> Parents
<input type="radio"/> All tribal members	<input type="radio"/> Elders
<input type="radio"/> Health care staff	<input type="radio"/> Youth
<input type="radio"/> School staff	<input type="radio"/> Traditional healers
<input type="radio"/> Tribal police	<input type="radio"/> Other: _____

- 22 How many people live in your home (including you)?** _____ # adults _____ # kids
- 23 How many smokers live in your home?** _____ # smokers
- 24 Where do you usually get your health care?**
- Tribal clinic or Indian Health Service
 - Off-reservation clinic
 - I never go to a clinic
- 25 Are you employed by the tribe?**
- Yes, casino employee
 - Yes, non-casino employee
 - No
- 26 Are you American Indian?**
- Yes
 - No
- 27 What is your age group?**
- Teen
 - Adult
 - Elder
- 28 Are you female or male?**
- Female
 - Male

That's it!
 Everyone's answers will be combined to help us develop a
 community action plan to address tobacco issues on this reservation.
 MIIGWETCH!