

APPENDIX A – THE LOSS OF AUTONOMY OVER SMOKING CHECKLIST

The following was converted into a Scantron format for administration.

University of Massachusetts Medical School
Research Study on Smoking
IRB Docket # H-11784

You are invited to complete a survey on smoking that will take about 5 minutes. There is no penalty if you do not want to do this, just remain quiet until your classmates are done. The survey is anonymous so don't put your name on it. Only the UMASS researchers are allowed to see your answers. Please try to answer all of the questions even if you don't smoke.

1. I was born in 19_____

2. I am _____ Female _____ Male

3. Are you Hispanic/Latina/Latino? _____ No _____ Yes

4. My race is [check only ONE]

_____ American Indian or Alaskan Native

_____ Native Hawaiian or Pacific Islander

_____ Asian

_____ White

_____ Black/African-American

_____ Mixed (more than one race)

5. Have you ever had Attention Deficit Disorder? _____ No _____ Yes

6. Which statement describes you best?

_____ I have never smoked a cigarette

_____ I have tried puffing on a cigarette once or twice, but that is all

_____ I have smoked several cigarettes, but I don't smoke now

_____ I smoke, but not every month

_____ I smoke, but not every week

_____ I smoke about one day per week

_____ I smoke about two days per week

_____ I smoke about three days per week

_____ I smoke about four days per week

_____ I smoke about five days per week

_____ I smoke about six days per week

_____ I smoke every day if I can

7. How old were you the first time you smoked?

_____ years old _____ I never smoked

8. On days when you smoke, how many cigarettes do you usually smoke?

_____ cigarettes/day _____ I don't smoke

9. Have you ever tried to quit smoking but couldn't?

_____ No _____ Yes _____ I was never a smoker

Please circle the answer that shows how well each statement DESCRIBES YOU.10. When I go too long without a cigarette I get impatient.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

11. When I see other people smoking I want a cigarette.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

12. I rely on smoking to focus my attention.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

13. When I go too long without a cigarette, thoughts about smoking interrupt my concentration.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

14. When I smell cigarette smoke I want a cigarette.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

15. I rely on smoking to take my mind off being bored.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

16. When I go too long without a cigarette I get strong urges to smoke that are hard to get rid of.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

17. After eating I want a cigarette.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

18. I would go crazy if I couldn't smoke.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

19. When I go too long without a cigarette I lose my temper more easily.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

20. When I feel stressed I want a cigarette.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

21. I rely on smoking to deal with stress.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

22. When I go too long without a cigarette I feel nervous or anxious.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

23. When I'm doing something that requires a lot of thought I crave a cigarette.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

24. Trying to give up smoking feels like losing a friend.

Describes me NOT AT ALL	Describes me A LITTLE	Describes me PRETTY WELL	Describes me VERY WELL
-----------------------------------	---------------------------------	------------------------------------	----------------------------------

If you have not smoked any cigarettes in the past 30 days, you have completed the survey.
If you have smoked a cigarette in the past 30 days, please continue.

25. After you have smoked a cigarette, how long can you go before you feel you need to smoke again?

- I don't feel a regular need to smoke
- Three weeks or more
- Two weeks
- One week
- Six days
- Five days
- Four days
- Three days
- Two days
- One day
- Less than a day. How many minutes or hours? _____

26. Think back 4 months ago, how long could you go before you felt you needed to smoke again?

- Four months ago I didn't smoke
- Four months ago I didn't feel a regular need to smoke
- Three weeks or more
- Two weeks
- One week
- Six days
- Five days
- Four days
- Three days
- Two days
- One day
- Less than a day. How many minutes or hours? _____

27. How often does smoking a cigarette give you pleasure?

0	1	2	3	4	5	6	7	8	9
NEVER					ALWAYS				

28. How much pleasure do you get from smoking a cigarette?

0	1	2	3	4	5	6	7	8	9
NONE					A GREAT DEAL				

Thank you for completing our survey.

APPENDIX B – TEACHER INSTRUCTION LETTER

The following was given to all teachers administering the survey in order to ensure that all student received the same instructions.

Teacher’s Instructions:

Thank you for taking the time to administer this survey. Please hand out one form to every student wishing to participate. Place any unused surveys back in the original envelope. Please do not allow the students to speak to each other once the forms have been handed out. This is an anonymous survey and we ask that teachers do not look at any of the student’s answers. Please read the following instructions to the students before they fill out the form:

You are invited to fill out a voluntary survey on smoking. Please do not speak to your classmates. This survey is completely anonymous. Only UMASS researchers will see you answers. If you do not want to complete the survey please tell your teacher. Please use a pencil or black ballpoint pen to fill out the form. Fill in bubbles completely. DO NOT put your name anywhere on the sheet. DO NOT read the other student’s answers. Please try and answer the requested questions even if you do not smoke. Once done, please place your own sheet in the envelope as it is passed around the classroom. This survey is very important to the research done at UMASS. Please take it seriously. We appreciate your help.

Once everyone is done, please allow the “Completed” envelope to be passed around the class, asking each student to place his or her answer sheet inside. At this time, seal the envelope to maintain privacy and return to Mr. Elworthy.

We thank you sincerely for your assistance,

Joseph DiFranza
Sanouri Ursprung

APPENDIX C – HOOKED ON NICOTINE CHECKLIST

The Hooked on Nicotine Checklist

Yes No

1. Have you ever tried to quit, but couldn't?
 2. Do you smoke now because it is really hard to quit?
 3. Have you ever felt like you were addicted to tobacco?
 4. Do you ever have strong cravings to smoke?
 5. Have you ever felt like you really needed a cigarette?
 6. Is it hard to keep from smoking in places where you are not supposed to?
- When you haven't used tobacco for a while ...
OR When you tried to stop smoking ...
7. did you find it hard to concentrate because you couldn't smoke?
 8. did you feel more irritable because you couldn't smoke?
 9. did you feel a strong need or urge to smoke?
 10. did you feel nervous, restless or anxious because you couldn't smoke?

APPENDIX D – THE MODIFIED FAGERSTROM TOLERANCE QUESTIONNAIRE

Please check one answer for each question.

1. How many cigarettes a day do you usually smoke?

- 1 - 10 0 points
- 11 - 20 1 points
- 21 - 30 2 points
- 31 or more 3 points

2. What type do you smoke? 0 points

- Low nicotine (0.9 mg or less) 1 point
- Medium nicotine (1.0 - 1.2 mg) 2 points
- High nicotine (1.3 mg or more) 3 points

3. How often do you inhale the smoke from your cigarette?

- Never 0 points
- Sometimes 1 points
- Always 2 points

4. How soon after you wake up do you smoke your first cigarette?

- Within less than 5 minutes 3 points
- Within 6-30 minutes 2 points
- Within 31-60 minutes 1 points

5. Do you smoke more during the first two hours of the day than during the rest of the day?

- No 0 points
- Yes 1 points

6. Which cigarette would you most hate to give up?

- The first cigarette in the morning 1 point
- Any cigarette other than the first one 0 points

7. Do you find it difficult to refrain from smoking in places where it is forbidden, such as public buildings, on airplanes or at work?

No 0 points

Yes 1 point

8. Do you still smoke even when you are so ill that you are in bed most of the day?

No 0 points

Yes 1 point