

Smoking Cessation Questions

1. How old were you when you FIRST started to smoke fairly regularly? (Age)
 - a. 0-12
 - b. 13-18
 - c. 19-22
 - d. 23-30
 - e. 31-40
 - f. 41-50
 - g. <50
2. Have you ever used (tobacco products)
 - a. Cigarettes
 - b. Chewing Tobacco (Dip)
 - c. Cigars/Pipes
 - d. Electronic Cigarettes
 - e. Hookah
 - f. Other
3. On average, how many cigarettes did you smoke a day before you had your surgery? (number of cigarettes)
 - a. (input number)
4. What is your current smoking status? (smoking status)
 - a. Currently nonsmoking **Go to #9**
 - b. Currently smoking **Go to #5**
5. (Currently Smoking) Did you stop smoking at any point between your lower extremity surgery and now? (yes smoking)
 - a. Yes **Go to #6a**
 - b. No **Go to #7a**
6. (Yes)
 - a. For how long did you quit smoking before beginning again? (length of quit)
 - i. <1 week
 - ii. 1-2 weeks
 - iii. Up to 3 months
 - iv. Up to 6 months
 - v. Up to a year
 - vi. Greater than a year
 - b. How many quit attempts have you made? (quits)
 - i. (input number)
 - c. Why did you start smoking again? (why smoke)
 - i. (input answer)
 - d. Were you able to decrease the amount you regularly smoke? (decrease)
 - i. Yes
 - ii. No

Go to #8

7. (No)

- a. Did you decrease the amount you regularly smoke since surgery? (decrease 2)
 - i. Yes
 - ii. No

Go to #8

8. How likely are you to continue smoking? (continue smoking)

- a. Very likely
- b. Likely
- c. Unlikely
- d. Very unlikely

Go to #11

End of Survey for Currently Smoking #7 answer No

9. How many quit attempts did you make before it stuck? (attempts)

- a. (input number) **Go to #10**

10. How likely are you to continue with smoking cessation in the future? (stay cessation)

- a. Very likely
- b. Likely
- c. Unlikely
- d. Very unlikely

Go to #11

11. What technique did you use to quit smoking? (technique)

- a. Cold Turkey, no outside help
- b. Nicotine Gum
- c. Nicotine Lozenges
- d. Transdermal nicotine patches
- e. Non-nicotine Medication (ex: Chantix (varenicline), Zyban (bupropion))
- f. Prescription Nicotine Replacement (ex: Nicotrol)
- g. Electronic Nicotine Delivery Systems (E-Cigarettes)
- h. Nicotine Inhalers
- i. Group-treatment
- j. Self-Help treatment
- k. One on one treatment counseling
- l. Helpline Telephone Service
- m. Non nicotine or non tobacco Vaping
- n. Other

12. What do you think was the most successful technique you tried? (successful attempt)

- a. Cold Turkey, no outside help
- b. Nicotine Gum
- c. Nicotine Lozenges
- d. Transdermal nicotine patches
- e. Non-nicotine Medication (ex: Chantix (varenicline), Zyban (bupropion))

- f. Prescription Nicotine Replacement (ex: Nicotrol)
 - g. Electronic Nicotine Delivery Systems
 - h. Nicotine Inhalers
 - i. Group-treatment
 - j. Self-Help treatment
 - k. One on one treatment counseling
 - l. Helpline Telephone Service
 - m. Non nicotine or non tobacco Vaping
 - n. Other
 - o. None helped me
13. Did your lower extremity surgery change your outlook on smoking? (outlook)
- a. Yes
 - b. No
14. Do you remember your doctor telling you to quit smoking? (doctor advice)
- a. Yes
 - b. No
15. Do you feel you were given the tools you needed to quit smoking at the time of your lower extremity surgery? (tools given)
- a. Yes **End of Survey**
 - b. No **Go to #16**
16. (No)
- a. What do you wish the doctor told you? (wish knew)
 - i. (input answer)

End of Survey Part #1

Demographic Questions

1. What race do you consider yourself to be?
 - a. White
 - b. African American
 - c. Asian
 - d. American Indian or Alaskan Native
 - e. Native Hawaiian or other Pacific Islander
 - f. Other
 - g. Refused
 - h. Don't Know
2. Are you of Latino or Hispanic origin?
 - a. Yes
 - b. No
 - c. Refused
 - d. Don't know
3. What is the highest grade or year of school you've completed?

- a. 8th grade or less
 - b. 9th to 12th grade, no diploma
 - c. GED or high school graduate
 - d. Some college, no degree
 - e. Associates degree (2 year degree)
 - f. Bachelors/college degree
 - g. Some graduate work, no degree
 - h. Graduate degree
 - i. Refused
 - j. Don't know
4. What would you say best describes what you've been doing most of the time since your lower extremity injury?
- a. Working
 - b. Laid off/looking for work
 - c. Going to school
 - d. Taking care of your house
 - Go to #6**
 - e. Something else **Go to #5**
5. If something else, please describe:
- a. In hospital or other health care facility
 - b. Retired
 - c. Disabled or ill
 - d. Doing volunteer work
 - e. Care giving
 - f. Doing nothing
 - g. On vacation
 - h. Refused
 - Go to #6**
6. How many people currently live in your household?
- a. (Input number)
7. Can you tell me if your total household income before taxes in [LAST CALENDAR YEAR] was
- a. \$20,000 or less
 - b. \$20,000 to \$40,000
 - c. \$40,000 to \$60,000
 - d. \$60,000 to \$100,000
 - e. \$100,000 to \$200,000
 - f. \$200,000 or more
 - g. Refused
 - h. Don't know

Past Medical History Questions

1. Have you had surgery for any problem since the time of your lower extremity surgery?
 - a. Yes **Go to #2**
 - b. No **End of Survey**
2. What was the problem
 - a. (Input answer)