



Health Practices: Tobacco Use

FORM CODE: TOB
Version B 02/24/2009

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I have a series of questions about your health habits. The first question involves your exposure to cigarette smoke. The remaining questions will be about tobacco use.”

1. In the past year about how many hours per week, on the average, were you in close contact with people where they were smoking? For example, at work, your home, in a car, or other close quarters? 00=less than 1hr Hours

2. Since you initially enrolled in the Jackson Heart Study, have you used tobacco for the first time? Yes 1

No

2

Skip to Question 29 in Section B

3. Have you smoked at least 400 cigarettes in your lifetime? [CODE “NO” IF LESS THAN 400 CIGARETTES, THAT IS, 20 PACKS OR 2 CARTONS IN A LIFETIME] Yes 1

No

2

Go to Item 16

4. How old were you when you first started to smoke cigarettes regularly, that is, every day? [ENTER “00” IF NEVER SMOKED REGULARLY]

Age

If "00", go to Item 14

5. Do you now smoke cigarettes? Yes 1

No

2

Go to Item 7

6. How long has it been since you last smoked cigarettes? 6a. Months
 [CALCULATE # OF MONTHS AND YEARS BASED ON PARTICIPANT RESPONSE]

6b.

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Years

IF PARTICIPANT HAS SMOKED CIGARETTES WITHIN THE PAST 3 MONTHS, SAY: "Please answer the next few questions with regard to your current or recent cigarette smoking practices."
IF PARTICIPANT HAS NOT SMOKED CIGARETTES WITHIN THE PAST 3 MONTHS, SAY: "Please answer the next few questions with regard to your usual cigarette smoking practices before you quit."

7. How many cigarettes do (did) you smoke per day?.....

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 [ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00.] Cigarettes

7a. Is (Was) your preferred brand of cigarettes menthol flavored?
 [Don't know=7, Refused=8, Missing =9].....Yes 1
 No 2

8. Do (did) you smoke more frequently during the first few hours after awakening than during the rest of the day?Yes 1
 No 2

9. In the past year, how soon after you wake (woke) up do (did) you smoke your first cigarette? Would you say within the first 5 minutes, the first 30 minutes, the first hour, or more than an hour after awakening? 0-5 minutes 1
 6-30 minutes 2
 31-60 minutes 3
 61 minutes or more 4

10. Of all the cigarettes you smoke (smoked) during the day, which one would you hate (have hated) to give up most? [IF PARTICIPANT STATES "IN THE MORNING", "WHEN I GET UP" "WITH MY COFFEE" OR A SIMILAR RESPONSE, CLARIFY.]..... First of the day 1
 Any other 2

11. Do (did) you find it difficult to refrain from smoking in places where it is forbidden, for example, in church, the library, cinema, etc? Yes 1
 No 2

12. Do (did) you smoke if you are (were) so ill that you are (were) in bed most of the day?..... Yes 1

No 2

13. On the average, for the entire time you have smoked, how many cigarettes did you usually smoke per day?
[ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00] Cigarettes

14. Since you began smoking, for how many years were you off cigarettes?
Years

15. How deeply do (did) you inhale the cigarette smoke—
not at all, slightly, moderately, or deeply?..... Not at all 1
Slightly 2
Moderately 3
Deeply 4

16. Have you ever used any other tobacco products regularly, that is cigars or cigarillos, pipes, chewing tobacco, or snuff/dip?..... Yes 1
No 2
 Go to Item 29

17. What is the total number of years you have smoked cigars or cigarillos regularly?
Years
 If "00", go to Item 20

18. Over the course of the entire time you smoked cigars or cigarillos, how many cigars or cigarillos per week have you typically smoked?
Cigars or Cigarillos

19. Do you currently smoke cigars or cigarillos?..... Yes 1
No 2

20. What is the total number of years you have smoked a pipe regularly?
Years
 If "00", go to Item 23

21. Over the course of the entire time you have smoked a pipe, how many pipefuls per week have you typically

smoked?

Pipefuls

22. Do you currently smoke a pipe?.....Yes 1
 No 2

23. What is the total number of years you have used chewing tobacco such as Redman, Beechnut or Levi Garret, regularly?.....

 Years

If "00", go to Item 26

24. Over the course of the entire time you have used chewing tobacco, how many pouches per week have you typically chewed?
 [A STANDARD POUCH CONTAINS 3 OUNCES]

 Pouches

25. Do you currently use chewing tobacco?Yes 1
 No 2

26. What is the total number of years you have used snuff or dip, such as Skoal Bandits or Copenhagen, regularly?.....

 Years

If "00", go to Item 29

27. Over the course of the entire time you have used dip or snuff, how many cans per week have you typically used?
 [A STANDARD CAN CONTAINS 1.2 OUNCES]

 Cans

28. Do you currently use dip or snuff?.....Yes 1
 No 2

Go to 36

B. TOBACCO USE FOLLOW-UP

FOR ALL THE FOLLOWING ITEMS, ASK ABOUT THE PAST 1 YEAR

29. In the past 12 months have you ever regularly used a tobacco product? .Yes 1
- Go to 36 — No 2
 Don't Know 7
 Refused 8
 Missing 9

30. In the past 12 months, how many cigarettes did you smoke per day? [ENTER EXACT NUMBER.]
 CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00.] Cigarettes

- 30a. In the past 12 months, was your preferred brand of cigarettes menthol flavored?
 [Don' know=7, Refused=8, Missing=9] Yes 1
 No 2

31. In the past 12 months, how soon after you woke up did you smoke your first cigarette? Would you say within the first 5 minutes, the first 30 minutes, the first hour, or more than an hour after awakening? 0-5 minutes 1
 6-30 minutes 2
 31-60 minutes 3
 61 minutes or more 4

32. In the past 12 months, if you smoked cigars or cigarillos, how many cigars or cigarillos per week have you typically smoked?
 Cigars or Cigarillos

33. In the past 12 months, if you have smoked a pipe, how many pipefuls per week have you typically smoked?
 Pipefuls

34. In the past 12 months, if you have used chewing tobacco, how many pouches per week have you typically chewed?
 [A STANDARD POUCH CONTAINS 3 OUNCES] Pouches

35. In the past 12 months, if you have used dip or snuff, how many cans per week have you typically used? [A STANDARD CAN CONTAINS 1.2 OUNCES]

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Cans

36. Please indicate whether you have used any of the following forms of tobacco during the past 12 months:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>	<u>MISSING</u>
36a. Bidi	1	2	7	8	9
36b. Hookah	1	2	7	8	9
36c. Kreteks.....	1	2	7	8	9
36d. Betel Quid	1	2	7	8	9
36e. Herbal Cigarettes.....	1	2	7	8	9
36f. Ariva Cigarette lozenges (Note: this is not the Commit Lozenge)	1	2	7	8	9
36g. Other, please specify:					

C. ADMINISTRATIVE INFORMATION

37. Date of data collection:

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38. Data Collected:..... In Clinic 1
Off Site 2

39. Method of Data Collected..... Computer 1
Paper 2

40. Code number of person completing this form:

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