



Health Practices: Tobacco Use

FORM CODE: TOB
VERSION A 07/05/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I have a series of questions about your health habits. These first questions will be about tobacco use.”

1. 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 Y

— No N

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

3. Do you now smoke cigarettes? Yes Y
No N

4. How long has it been since you last smoked cigarettes? 4a.
Months

[CALCULATE # OF MONTHS AND YEARS
BASED ON PARTICIPANT RESPONSE]

4b.
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."

5. How many cigarettes do (did) you smoke per day?
 [ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00.] Cigarettes

6. Do (did) you smoke more frequently during the first few hours after awakening than during the rest of the day? Yes Y
 No N

7. 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 A
 6-30 minutes B
 31-60 minutes C
 61 minutes or more D

8. Of all the cigarettes you smoke (smoked) during the day, which one would you hate (have hated) to give up most? [ANSWER MUST BE STATED AS A TIME/ PLACE/SITUATION. IF PARTICIPANT STATES "IN THE MORNING", "WHEN I GET UP" "WITH MY COFFEE" OR A SIMILAR RESPONSE, CLARIFY.]..... First of the day F
 Any other A

9. 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 Y
 No N

10. Do (did) you smoke if you are (were) so ill that you are (were) in bed most of the day? Yes Y
 No N

11. 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

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

13. How deeply do (did) you inhale the cigarette smoke—
not at all, slightly, moderately, or deeply? Not at all N
Slightly S
Moderately M
Deeply D

14. Have you ever used any other tobacco products regularly, that is cigars or cigarillos, pipes, chewing tobacco, or snuff/dip? Yes Y
 Go to Item 27 — No N

15. What is the total number of years you have smoked cigars or cigarillos regularly? Years
 If "00", go to Item 18

16. 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

17. Do you currently smoke cigars or cigarillos? Yes Y
No N

18. What is the total number of years you have smoked a pipe regularly? Years
 If "00", go to Item 21

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

20. Do you currently smoke a pipe?Yes Y
No N

21. 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 24

22. 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

23. Do you currently use chewing tobacco? Yes Y
No N

24. 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 27

25. 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

26. Do you currently use dip or snuff?Yes Y
No N

27. [ASK EVERYONE] During 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?
Hours

ADMINISTRATIVE INFORMATION

28. Date of data collection:

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m	m		d	d		y	y	y	y
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29. Code number of person completing this form:

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