

1978

S1. For each sample person enter name, person number, age, and sex from HIS-1.		24, 25				24, 25				24, 25									
		First name		Person No.		First name		Person No.		First name		Person No.							
		Last name				Last name				Last name									
		Age	26,27	Sex	28	Coders use	29	Age	26,27	Sex	28	Coders use	29	Age	26,27	Sex	28	Coders use	29
		1M 2F		1M 2F		1M 2F		1M 2F		1M 2F		1M 2F		1M 2F		1M 2F		1M 2F	
S2	S2	1 <input type="checkbox"/> Under 17 (NP) 30				2 <input type="checkbox"/> 17+ callback req. (NP)				3 <input type="checkbox"/> 17+ available									
1. Have you smoked at least 100 cigarettes in your entire life?	1.	1 Y 2 N (NP)		31		1 Y 2 N (NP)		31		1 Y 2 N (NP)		31							
2a. About how old were you when you first started smoking cigarettes fairly regularly?	2a.	____ Years (3)		32, 33		____ Years (3)		32, 33		____ Years (3)		32, 33							
		00 <input type="checkbox"/> Never smoked regularly				00 <input type="checkbox"/> Never smoked regularly				00 <input type="checkbox"/> Never smoked regularly									
b. Do you smoke cigarettes now?	b.	1 Y 2 N (NP)		34		1 Y 2 N (NP)		34		1 Y 2 N (NP)		34							
c. On the average, about how many cigarettes a day do you smoke?	c.	____ Number (NP)		35, 36		____ Number (NP)		35, 36		____ Number (NP)		35, 36							
3. During the period when you were smoking the most, about how many cigarettes a day did you usually smoke?	3.	____ Number		37, 38		____ Number		37, 38		____ Number		37, 38							
4a. Do you smoke cigarettes now?	4a.	1 Y (5) 2 N		39		1 Y (5) 2 N		39		1 Y (5) 2 N		39							
b. About how long has it been since you last smoked cigarettes fairly regularly?	b.	2 <input type="checkbox"/> Days		} S3 40-42		2 <input type="checkbox"/> Days		} S3 40-42		2 <input type="checkbox"/> Days		} S3 40-42							
		3 <input type="checkbox"/> Weeks				3 <input type="checkbox"/> Weeks				3 <input type="checkbox"/> Weeks									
		Number 4 <input type="checkbox"/> Months				Number 4 <input type="checkbox"/> Months				Number 4 <input type="checkbox"/> Months									
		5 <input type="checkbox"/> Years				5 <input type="checkbox"/> Years				5 <input type="checkbox"/> Years									
5. On the average, about how many cigarettes a day do you now smoke?	5.	____ Number		43, 44		____ Number		43, 44		____ Number		43, 44							
S3	S3	1 <input type="checkbox"/> "Y" in 4a (6) 45				2 <input type="checkbox"/> Less than 1 year in 4b (6)				3 <input type="checkbox"/> 1+ years in 4b (NP)									
6a. What brand of cigarettes do (did) you usually smoke?	6a.	Brand name(s)		46		Brand name(s)		46		Brand name(s)		46							
		_____				_____				_____									
If more than one brand ask:		Brand name		47, 48		Brand name		47, 48		Brand name		47, 48							
b. Which brand do (did) you smoke the most?	b.	_____				_____				_____									

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7. What type of cigarettes are the (<i>brand</i>) that you smoke (smoked)? Are they:		49		49		49
a. Filter tip OR Non-filter tip?	a.	1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT		a.	1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT	
b. Plain OR Menthol?	b.	1 <input type="checkbox"/> P 2 <input type="checkbox"/> M	50	b.	1 <input type="checkbox"/> P 2 <input type="checkbox"/> M	50
c. Hardpack OR Softpack?	c.	1 <input type="checkbox"/> HP 2 <input type="checkbox"/> SP	51	c.	1 <input type="checkbox"/> HP 2 <input type="checkbox"/> SP	51
d. Regular OR King size OR 100 Millimeter?	d.	1 <input type="checkbox"/> R 2 <input type="checkbox"/> K 3 <input type="checkbox"/> 100	52	d.	1 <input type="checkbox"/> R 2 <input type="checkbox"/> K 3 <input type="checkbox"/> 100	52
S4	S4	1 <input type="checkbox"/> "N" in 4a (NP) 2 <input type="checkbox"/> "Y" in 4a	53	S4	1 <input type="checkbox"/> "N" in 4a (NP) 2 <input type="checkbox"/> "Y" in 4a	53
8a. Have you ever made a serious attempt to stop smoking cigarettes?	8a.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (NP)	54	8a.	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (NP)	54
b. About how many times would you say you made a fairly serious attempt to stop smoking cigarettes entirely?	b.	0 <input type="checkbox"/> Never (NP) 1 2 3 4 5+	55	b.	0 <input type="checkbox"/> Never (NP) 1 2 3 4 5+	55
c. During the past 12 months, that is since (<i>date</i>) a year ago, about how many times would you say you made a fairly serious attempt to stop smoking cigarettes entirely?	c.	0 1 2 3 4 5+	56	c.	0 1 2 3 4 5+	56
9. How long ago was the START of the LAST time you tried to stop entirely?	9.	2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	57-59	9.	2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years	57-59
10. How long did you actually stay off cigarettes the last time?	10.	2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off	60-62	10.	2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off	60-62