

1979

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																										
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													
S2	S2	<input type="checkbox"/> Under 17 (NP) <span style="float:right">30</span> <input type="checkbox"/> 17+ callback req. (NP) <input type="checkbox"/> 17+ available				S2	<input type="checkbox"/> Under 17 (NP) <span style="float:right">30</span> <input type="checkbox"/> 17+ callback req. (NP) <input type="checkbox"/> 17+ available				S2	<input type="checkbox"/> Under 17 (NP) <span style="float:right">30</span> <input type="checkbox"/> 17+ callback req. (NP) <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.	1 Y 2 N (NP)		31		1.	1 Y 2 N (NP)		31													
2a. About how old were you when you first started smoking cigarettes fairly regularly?	2a.	_____ Years (3) <span style="float:right">32, 33</span> <input type="checkbox"/> Never smoked regularly				2a.	_____ Years (3) <span style="float:right">32, 33</span> <input type="checkbox"/> Never smoked regularly				2a.	_____ Years (3) <span style="float:right">32, 33</span> <input type="checkbox"/> Never smoked regularly															
b. Do you smoke cigarettes now?	b.	1 Y 2 N (NP)		34		b.	1 Y 2 N (NP)		34		b.	1 Y 2 N (NP)		34													
c. On the average, about how many cigarettes a day do you smoke?	c.	_____ Number (NP) <span style="float:right">35, 36</span>				c.	_____ Number (NP) <span style="float:right">35, 36</span>				c.	_____ Number (NP) <span style="float:right">35, 36</span>															
3. During the period when you were smoking the most, about how many cigarettes a day did you usually smoke?	3.	_____ Number <span style="float:right">37, 38</span>				3.	_____ Number <span style="float:right">37, 38</span>				3.	_____ Number <span style="float:right">37, 38</span>															
4a. Do you smoke cigarettes now?	4a.	1 Y (5) 2 N		39		4a.	1 Y (5) 2 N		39		4a.	1 Y (5) 2 N		39													
b. About how long has it been since you last smoked cigarettes fairly regularly?	b.	_____ Number <table style="display: inline-table; vertical-align: middle;"> <tr><td>2 <input type="checkbox"/> Days</td></tr> <tr><td>3 <input type="checkbox"/> Weeks</td></tr> <tr><td>4 <input type="checkbox"/> Months</td></tr> <tr><td>5 <input type="checkbox"/> Years</td></tr> </table> } S3 <span style="float:right">40-42</span>				2 <input type="checkbox"/> Days	3 <input type="checkbox"/> Weeks	4 <input type="checkbox"/> Months	5 <input type="checkbox"/> Years	b.	_____ Number <table style="display: inline-table; vertical-align: middle;"> <tr><td>2 <input type="checkbox"/> Days</td></tr> <tr><td>3 <input type="checkbox"/> Weeks</td></tr> <tr><td>4 <input type="checkbox"/> Months</td></tr> <tr><td>5 <input type="checkbox"/> Years</td></tr> </table> } S3 <span style="float:right">40-42</span>				2 <input type="checkbox"/> Days	3 <input type="checkbox"/> Weeks	4 <input type="checkbox"/> Months	5 <input type="checkbox"/> Years	b.	_____ Number <table style="display: inline-table; vertical-align: middle;"> <tr><td>2 <input type="checkbox"/> Days</td></tr> <tr><td>3 <input type="checkbox"/> Weeks</td></tr> <tr><td>4 <input type="checkbox"/> Months</td></tr> <tr><td>5 <input type="checkbox"/> Years</td></tr> </table> } S3 <span style="float:right">40-42</span>				2 <input type="checkbox"/> Days	3 <input type="checkbox"/> Weeks	4 <input type="checkbox"/> Months	5 <input type="checkbox"/> Years
2 <input type="checkbox"/> Days																											
3 <input type="checkbox"/> Weeks																											
4 <input type="checkbox"/> Months																											
5 <input type="checkbox"/> Years																											
2 <input type="checkbox"/> Days																											
3 <input type="checkbox"/> Weeks																											
4 <input type="checkbox"/> Months																											
5 <input type="checkbox"/> Years																											
2 <input type="checkbox"/> Days																											
3 <input type="checkbox"/> Weeks																											
4 <input type="checkbox"/> Months																											
5 <input type="checkbox"/> Years																											
5. On the average, about how many cigarettes a day do you now smoke?	5.	_____ Number <span style="float:right">43, 44</span>				5.	_____ Number <span style="float:right">43, 44</span>				5.	_____ Number <span style="float:right">43, 44</span>															
S3	S3	<input type="checkbox"/> "Y" in 4a (6) <input type="checkbox"/> Less than 1 year in 4b (6) <input type="checkbox"/> 1+ years in 4b (NP)				S3	<input type="checkbox"/> "Y" in 4a (6) <input type="checkbox"/> Less than 1 year in 4b (6) <input type="checkbox"/> 1+ years in 4b (NP)				S3	<input type="checkbox"/> "Y" in 4a (6) <input type="checkbox"/> Less than 1 year in 4b (6) <input type="checkbox"/> 1+ years in 4b (NP)															
6a. What brand of cigarettes do (did) you usually smoke?	6a.	Brand name(s) <span style="float:right">45</span> _____				6a.	Brand name(s) <span style="float:right">45</span> _____				6a.	Brand name(s) <span style="float:right">45</span> _____															
<i>If more than one brand ask:</i>		Brand name <span style="float:right">46-48</span>					Brand name <span style="float:right">46-48</span>					Brand name <span style="float:right">46-48</span>															
b. Which brand do (did) you smoke the most?	b.	_____ <span style="float:right">46-48</span>				b.	_____ <span style="float:right">46-48</span>				b.	_____ <span style="float:right">46-48</span>															

1979 cont.

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