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| FORM HIS-1(S) (1980) (3-28-80) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE U.S. HEALTH INTERVIEW SURVEY SMOKING SUPPLEMENT | NOTICE — All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes. | | | 1. Book _____ of _____ Books | | |
| | 2. R.O. number 3, 4 | 3. Sample 5-7 | 4. Control number PSU 8-10 Segment 11-14 Serial 15, 16 | | | |
| | 5. Interviewer's name | | | Code 17, 18 | 6. Telephone (Q 15) 19 1 Y 2 N | |
| | INTERVIEWER — For this supplement, interview sample persons ONLY. However, if SP is unable to respond because of health, accept household respondent as proxy. Footnote reason and column number of respondent. | | | | Code Blank 20-23 | |

FOOTNOTES

| 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 | Sex | Coders use | Age | Sex | Coders use | | | |
| | 26, 27 | 1 M 2 F | 28 | 26, 27 | 1 M 2 F | 28 | 26, 27 | 1 M 2 F | 28 |
| S2 | S2 | 1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+ callback req. (NP) 3 <input type="checkbox"/> 17+ available | 30 | S2 | 1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+ callback req. (NP) 3 <input type="checkbox"/> 17+ available | 30 | S2 | 1 <input type="checkbox"/> Under 17 (NP) 2 <input type="checkbox"/> 17+ callback req. (NP) 3 <input type="checkbox"/> 17+ available | 30 |
| 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) oo <input type="checkbox"/> Never smoked regularly | 32, 33 | 2a. | _____ Years (3) oo <input type="checkbox"/> Never smoked regularly | 32, 33 | 2a. | _____ Years (3) oo <input type="checkbox"/> Never smoked regularly | 32, 33 |
| 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) | 35, 36 | c. | _____ Number (NP) | 35, 36 | c. | _____ 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 | 3. | _____ Number | 37, 38 | 3. | _____ Number | 37, 38 |
| 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. | 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years } S3 | 40-42 | b. | 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years } S3 | 40-42 | b. | 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years } S3 | 40-42 |
| 5. On the average, about how many cigarettes a day do you now smoke? | 5. | _____ Number | 43, 44 | 5. | _____ Number | 43, 44 | 5. | _____ Number | 43, 44 |
| S3 | S3 | 1 <input type="checkbox"/> "Y" in 4a (6) 2 <input type="checkbox"/> Less than 1 year in 4b (6) 3 <input type="checkbox"/> 1+ years in 4b (NP) | | S3 | 1 <input type="checkbox"/> "Y" in 4a (6) 2 <input type="checkbox"/> Less than 1 year in 4b (6) 3 <input type="checkbox"/> 1+ years in 4b (NP) | | S3 | 1 <input type="checkbox"/> "Y" in 4a (6) 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) | 45 | 6a. | Brand name(s) | 45 | 6a. | Brand name(s) | 45 |
| <i>If more than one brand ask:</i> | | | | | | | | | |
| b. Which brand do (did) you smoke the most? | b. | Brand name | 46-48 | b. | Brand name | 46-48 | b. | Brand name | 46-48 |
| 7. What type of cigarettes are the (brand) that you smoke (smoked)? Are they: | | | 49 | | | 49 | | | 49 |
| a. Filter tip OR Non-filter tip? | 7a. | 1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT | | 7a. | 1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT | | 7a. | 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 | 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 | 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 | 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) 53 2 <input type="checkbox"/> "Y" in 4a | S4 1 <input type="checkbox"/> "N" in 4a (NP) 53 2 <input type="checkbox"/> "Y" in 4a | S4 1 <input type="checkbox"/> "N" in 4a (NP) 53 2 <input type="checkbox"/> "Y" in 4a |
| 8a. Have you ever made a serious attempt to stop smoking cigarettes? | 8a. 1 Y 2 N (NP) 54 | 8a. 1 Y 2 N (NP) 54 | 8a. 1 Y 2 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) 55 1 2 3 4 5+ | b. 0 <input type="checkbox"/> Never (NP) 55 1 2 3 4 5+ | b. 0 <input type="checkbox"/> Never (NP) 55 1 2 3 4 5+ |
| c. During the past 12 months, that is since (date) 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 | 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 57-59 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years | 9. 2 <input type="checkbox"/> Days 57-59 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years | 9. 2 <input type="checkbox"/> Days 57-59 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years |
| 10. How long did you actually stay off cigarettes the last time? | 10. 2 <input type="checkbox"/> Days 60-62 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off | 10. 2 <input type="checkbox"/> Days 60-62 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off | 10. 2 <input type="checkbox"/> Days 60-62 3 <input type="checkbox"/> Weeks Number 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Did not stay off |
| S5. Transcribe for each sample person 17+ after leaving household. | S5 00 <input type="checkbox"/> None 63, 64 | S5 00 <input type="checkbox"/> None 63, 64 | S5 00 <input type="checkbox"/> None 63, 64 |
| 1a. Highest grade attended in school (Q 2a, p. 48) | 1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+ | 1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+ | 1a. Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+ |
| b. Finished grade (Q 2b, p. 48) | b. 1 Y 2 N 65 | b. 1 Y 2 N 65 | b. 1 Y 2 N 65 |
| 2. Racial background (Q 4a, b, p. 48) (If single entry in 4a, transcribe that entry. If multiple entry in 4a, transcribe entry in 4b.) | 2. 1 2 3 4 5 - Specify 66 | 2. 1 2 3 4 5 - Specify 66 | 2. 1 2 3 4 5 - Specify 66 |
| 3. Family income (Q 12, p. 52) | 3. 00 <input type="checkbox"/> A 04 <input type="checkbox"/> E 08 <input type="checkbox"/> I 67, 68 01 <input type="checkbox"/> B 05 <input type="checkbox"/> F 09 <input type="checkbox"/> J 02 <input type="checkbox"/> C 06 <input type="checkbox"/> G 10 <input type="checkbox"/> K 03 <input type="checkbox"/> D 07 <input type="checkbox"/> H | | |
| S6. Final Status | S6 1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 8 <input type="checkbox"/> Other - Specify 67 | S6 1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 8 <input type="checkbox"/> Other - Specify 67 | S6 1 <input type="checkbox"/> Complete—Personal visit 2 <input type="checkbox"/> Complete—telephone 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Not at home—Repeated calls 5 <input type="checkbox"/> Temporarily absent 8 <input type="checkbox"/> Other - Specify 67 |