



Section C — PREGNANCY AND SMOKING — Continued		PERSON 1	
<b>ITEM C3</b>	Refer to question 4.	<b>C3</b>	<input type="checkbox"/> "Every day" in 4 (11) <input type="checkbox"/> Other in 4 (17)
<b>9. Have you EVER quit smoking for one day or longer?</b>		<b>9.</b>	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (20) <input type="checkbox"/> DK }
<b>10. During the past 12 months, have you quit smoking for one day or longer?</b>		<b>10.</b>	<input type="checkbox"/> Yes (11) <input type="checkbox"/> No } (12) <input type="checkbox"/> DK }
<b>11. How many times during the past 12 months have you quit smoking for one day or longer?</b>		<b>11.</b>	_____ Times (Number) <input type="checkbox"/> DK
<i>Hand Card C1. Read answer categories if telephone interview.</i>			
<b>12. Thinking about the most recent time you stopped smoking, which of the following describes why you stopped?</b>		<b>12.</b>	<input type="checkbox"/> I quit on purpose <b>36</b> <input type="checkbox"/> I could not smoke because I was sick <b>37</b> <input type="checkbox"/> I could not smoke for some other reason <b>38</b> <input type="checkbox"/> DK <b>39</b>
<b>ITEM C4</b>	Refer to questions 6 and 7.	<b>C4</b>	<input type="checkbox"/> "Every day" in 6 (13) <input type="checkbox"/> "Not at all" in 7 (18)
<b>13a. How long ago was the START of your MOST RECENT quit attempt that lasted for one day or longer?</b>		<b>13a.</b>	_____/19____ (14) Month Year <b>41-44</b> <b>45-47</b> OR <input type="checkbox"/> Days ago (14) <input type="checkbox"/> Weeks ago (14) <input type="checkbox"/> Months ago <input type="checkbox"/> Years ago } (Number) } <i>If one year or 12 months ago, go to 13b, otherwise go to 14</i> <input type="checkbox"/> DK (13b)
<b>b. Was it within the past year or a year or more ago?</b>		<b>b.</b>	<input type="checkbox"/> Within the past year <b>48</b> <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK
<b>14. How long did you actually stay off cigarettes that time before you started smoking again?</b>		<b>14.</b>	<input type="checkbox"/> Days <input type="checkbox"/> Weeks } (20) <input type="checkbox"/> Months } <input type="checkbox"/> Years } (Number) <input type="checkbox"/> DK (20)
<b>15. On how many of the past 30 days did you smoke cigarettes?</b>		<b>15.</b>	<input type="checkbox"/> None (C5) <b>52-53</b> _____ Days } (16) (Number) <input type="checkbox"/> DK
<b>16. On the average, when you smoked, how many cigarettes did you smoke a day?</b>		<b>16.</b>	_____ Cigarettes a day (Number) <input type="checkbox"/> DK <b>54-55</b>
<b>ITEM C5</b>	Refer to question 4.	<b>C5</b>	<input type="checkbox"/> "Every day" in 4 (18) <input type="checkbox"/> Other in 4 (17)
<b>17. Have you EVER smoked cigarettes every day?</b>		<b>17.</b>	<input type="checkbox"/> Yes (18) <input type="checkbox"/> No } (20) <input type="checkbox"/> DK }

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18a. About how long has it been since you last smoked cigarettes every day?		18a.	58-60 <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years (Number) } (19) If 1 year or 12 months ago go to 18b, otherwise go to 19 999 <input type="checkbox"/> DK
b. Was it within the past year or a year or more ago?		b.	61 <input type="checkbox"/> Within the past year <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK
19. On the average, how many cigarettes did you smoke a day when you last smoked every day?		19.	62-63 (Number) Cigarettes a day 99 <input type="checkbox"/> DK
Now, I will ask you some questions about smoking during your last pregnancy.		20.	64 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
20. Were you smoking cigarettes when you became pregnant with your last child?		21.	65 <input type="checkbox"/> Yes (C6) <input type="checkbox"/> No } (C7) <input type="checkbox"/> DK
21. Did you smoke cigarettes at any time during your pregnancy with your last child?		C6	66 <input type="checkbox"/> "Yes" in 9 (22) <input type="checkbox"/> "No" or "DK" in 9 (C7) <input type="checkbox"/> Other (22)
<b>ITEM C6</b>	Refer to question 9.	22.	67 <input type="checkbox"/> Yes (23) <input type="checkbox"/> No } (C7) <input type="checkbox"/> DK
22. Did you quit smoking for 7 days or longer during your pregnancy with your last child?		23.	68-69 (Number) Month 99 <input type="checkbox"/> DK
23. In what month of your pregnancy did you FIRST quit for 7 days or longer?		24.	70 <input type="checkbox"/> Stayed off rest of pregnancy (30) <input type="checkbox"/> Started again (25) <input type="checkbox"/> Never started again (C7) <input type="checkbox"/> DK (30)
24. Did you start smoking again during that pregnancy or did you stay off cigarettes for the rest of the pregnancy?		25.	71-73 <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years (Number) } 999 <input type="checkbox"/> DK
25. How long did you actually stay off cigarettes that time before you started smoking again?		26.	74 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No } (C7) <input type="checkbox"/> DK
26. Did you quit smoking for 7 days or longer at any other time during that pregnancy?		27.	75 <input type="checkbox"/> Stayed off rest of pregnancy (30) <input type="checkbox"/> Started again (28) <input type="checkbox"/> Never started again (C7) <input type="checkbox"/> DK (30)
27. Did you START smoking again during that pregnancy or did you stay off cigarettes for the rest of the pregnancy?		28.	76-77 (Number) Month 99 <input type="checkbox"/> DK
28. In what month of that pregnancy did your MOST RECENT quit attempt begin?		29.	78-80 <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years (Number) } (C7) 999 <input type="checkbox"/> DK (C7)
29. How long did you actually stay off cigarettes that time before you started smoking again?		30.	81 <input type="checkbox"/> Yes (31) <input type="checkbox"/> No } (C7) <input type="checkbox"/> DK
30. Did you start smoking cigarettes again at any time after your baby was born?			

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31. How long after your baby was born did you start smoking cigarettes again?		31.	<input type="checkbox"/> Days (82-84) <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years (Number) _____ 999 <input type="checkbox"/> DK
<b>ITEM C7</b>	Refer to questions 4 and 7.	C7	<input type="checkbox"/> "Not at all" in 4 and 7 (32) <input type="checkbox"/> Other (33)
		32. Did you smoke cigarettes AT ALL during the past 12 months?	32.
33a. During the past 12 months, how many different times did you stay overnight in a hospital?		33a.	<input type="checkbox"/> None (34) _____ Stays (33b) (Number) 99 <input type="checkbox"/> DK (34)
b. On how many of these hospital stays were you advised to quit smoking?		b.	<input type="checkbox"/> None (89-90) _____ Stays (Number) 99 <input type="checkbox"/> DK
34a. During the past 12 months, how many times have you visited a doctor or other health professional? (Do not count visits while staying overnight in a hospital.)		34a.	<input type="checkbox"/> None (35) (91-92) _____ Visits (34b) (Number) 99 <input type="checkbox"/> DK (35)
b. On how many of these visits were you advised to quit smoking by a doctor or other health professional?		b.	<input type="checkbox"/> None (35) (93-94) _____ Visits (C2 for NP or Section D) (Number) 99 <input type="checkbox"/> DK (35)
35. Has a doctor or other health professional EVER advised you to quit smoking?		35.	<input type="checkbox"/> Yes } (C2 for NP or Section D) <input type="checkbox"/> No } <input type="checkbox"/> DK }
Notes			