
Now I'm going to ask you some questions about using tobacco.

(3) TB1C Have you ever:

TB1c1

1. Smoked a cigarette, even a puff?

NO.....(SKIP TO 2)1
YES5

a. How old were you the (first/last) time you smoked a cigarette?

AGE ONS: ____/____ TB1c_ao1
ONS: 1 5 TB1c_o1

AGE REC: ____/____ TB1c_ar1
REC: 1 5 TB1c_r1

TB1c2

2. Smoked a cigar?

NO.....(SKIP TO 3)1
YES5

a. How old were you the (first/last) time you smoked a cigar?

AGE ONS: ____/____ TB1c_ao2
ONS: 1 5 TB1c_o2

AGE REC: ____/____ TB1c_ar2
REC: 1 5 TB1c_r2

TB1c3

3. Smoked a tobacco pipe?

NO.....(SKIP TO 4)1
YES5

a. How old were you the (first/last) time you smoked a tobacco pipe?

AGE ONS: ____/____ TB1c_ao3
ONS: 1 5 TB1c_o3

AGE REC: ____/____ TB1c_ar3
REC: 1 5 TB1c_r3

TB1c4

4. Used chewing tobacco?

NO....(SKIP TO BOX TB1).....1
YES5

a. How old were you the (first/last) time you used chewing tobacco?

AGE ONS: ____/____ TB1c_ao4
ONS: 1 5 TB1c_o4

AGE REC: ____/____ TB1c_ar4
REC: 1 5 TB1c_r4

BOX TB1 IF TB1C1=1, SKIP TO AL1

TB1d

D. Have you ever smoked a full cigarette?

NO(SKIP TO AL1)..... 1
YES 5

E. How old were you the first time you smoked a full cigarette?

AGE ONS: ____/____ TBd_ao1
ONS: 1 5 TBd_o1

| | | | |
|---|-------|--|--|
| (4) | TB2 | OMITTED | |
| (5) | TB3 | Over your lifetime, have you smoked a total of 100 cigarettes (smoked 5 or more packs)? | TB3 NO..... 1 YES.....(SKIP TO A)..... 5 TB3_1 NO..... 1 YES.....5 |
| | | 1. Over your lifetime, have you smoked a total of 20 cigarettes (smoked 1 pack or more)? | |
| | A. | What is the largest number of cigarettes you've ever smoked in a single day? | TB3a ____ ____ ____ NUM |
| | | IF TB3=1, SKIP TO AL1 | |
| BEGIN SCORING ASTERISKED ITEMS ON TOBACCO TALLY SHEET. | | | |
| (1 & 6) | TB4A. | When you were smoking regularly, how many days per week did you usually smoke cigarettes? IF NOT AS OFTEN AS ONCE A WEEK, CODE 0. | TB4a ____ DAYS |
| | | IF DK, ASK: | |
| | | 1. Did you usually smoke at least 2 days per week? | TB4a1 NO..... 1 YES5 |
| ND45(=20) | B. | How many cigarettes did you usually smoke in a day? | TB4b ____ ____ ____ CIGS* |
| | | IF DK, ASK: | |
| | | 1. Did you usually smoke at least 20 cigarettes in a day? | TB4b1 NO..... 1 YES5 |
| | | IF 20 OR MORE CIGS 2+ DAYS PER WEEK, MARK TOBACCO TALLY SHEET. | |
| | C. | For about how long did you smoke this many cigarettes at that rate? | TB4cNum ____ ____ ____ NUM TB4cUnit CODE UNITS: DAYS..... 1 WEEKS 2 MONTHS..... 3 YEARS 4 |
| | D. | How old were you the (first/last) time you smoked cigarettes at that rate? | AGE ONS: ____/____ TB_ao4 ONS: 1 5 TB_o4 AGE REC: ____/____ TB_ar4 REC: 1 5 TB_r4 |

| | | |
|--|---|---|
| Think about the period lasting a month or more when you were smoking the <u>most</u> . | | |
| (7) | TB5x. During this period when you were smoking the most, about how many cigarettes did you usually have per day? IF DK: Do you think it was (READ OPTIONS) . . . | TB5x ____ ____ CIGS TB5xDK 10 OR FEWER.....1 11-20.....2 21-30.....3 31 OR MORE.....4 |
| | TB5 During this period when you were smoking the most, about how many minutes after you woke up did you smoke your first cigarette? IF DK, ASK A. OTHERS SKIP TO TB6. A. IF DK: Was it usually (READ OPTIONS) . . | TB5 ____ ____ MINUTES TB5a WITHIN 5 MINUTES 1 WITHIN 6-30 MINUTES 2 WITHIN 31-60 MINUTES 3 MORE THAN ONE HOUR 4 |
| (8) | TB6 During the period when you were smoking the most, did you <u>usually</u> smoke more frequently during the first hours after waking than during the rest of the day? | TB6 NO..... 1 YES 5 |
| (9) | TB7 During the period when you were smoking the most, did you usually find it difficult to keep from smoking in places where it was forbidden; for example, on airplanes, in church, at the library, in movie theaters, in "no smoking" sections of restaurants or office buildings, or perhaps in situations where someone asked you not to? | TB7 NO..... 1 YES 5 |
| | TB8 During the period when you were smoking the most, which cigarette would you have hated <u>most</u> to give up: the first one in the morning, after eating, while watching television, or some other one? | TB8 ANY OTHER..... 1 FIRST ONE IN MORNING 5 |
| (10) | TB9 During the period when you were smoking the most, were there times you smoked even when you were so ill that you had to be in bed most of the day? | TB9 NO..... 1 YES 5 |

Now I'd like you to think about your cigarette smoking throughout your life as I ask you more questions about experiences people sometimes have when they smoke cigarettes. (Since you don't smoke now, I'd like to ask you about the times when you used to smoke cigarettes.)

- (11) TB10 Did you ever chain smoke; that is, where you smoked several cigarettes, one right after another? TB10
NO.....(SKIP TO TB11)1
YES.....5
- A. For how many hours in a row did you smoke like that?
CODE LESS THAN 1 HOUR = 0. TB10a ____ HOURS
1. **IF DK:** Did you ever smoke like that for 3 hours or more? TB10a1
NO.....1
YES.....5
- B. How many cigarettes did you smoke in a row? TB10b ____ NUMBER

BOX TB10 IF LESS THAN 3 CIGARETTES, SKIP TO TB11.

1. **IF DK:** Was it at least 3 in a row? TB10b1
NO.....(SKIP TO TB11).....1
YES.....5
- ND45 C. What is the longest period of time you have chain smoked every day or nearly every day? TB10cNum ____ NUM
- IF 7 OR MORE DAYS, MARK TALLY SHEET.** TB10cUNIT
CODE UNITS:
DAYS.....1
WEEKS.....2 *
MONTHS.....3 *
YEARS4 *

| | | |
|---------------------------|---|--|
| (12) ND46 | TB11 Have you <u>often</u> given up or spent much less time in activities important to you such as work, sports, going to movies, or seeing friends or relatives because you would not be able to smoke? | TB11 NO.....1 YES 5* |
| (13) ND43 | TB12 Have you <u>often</u> smoked a lot more than you intended or for more days in a row than you intended? For example, smoking half a pack or more when trying to smoke only 1 or 2 cigarettes? | TB12 NO.....1 YES 5* |
| ND43 | A. Have you <u>often</u> found that you've run out of cigarettes sooner than you intended? | TB12a NO.....1 YES 5* |
| (14) ASP3RC7 ASP4A5 | TB13 Have you smoked in situations where it was dangerous to smoke; for example, smoking in bed, when getting gasoline, or when using paint thinners or cleaning fluids? A. Did this happen a total of 3 or more times? B. Did this ever happen 3 or more times in any 12-month period? | TB13 NO.....(SKIP TO TB14).....1 YES5 TB13A NO.....(SKIP TO TB14).....1 YES5 TB13B NO1 YES5 |
| (15) ND44 | TB14 Have you <u>often</u> wanted to quit or cut down on smoking? A. Have you ever tried to quit smoking for at least 24 hours? B. How many times did you try to quit? SKIP TO C 1. Have you ever tried to cut down, by about half, the number of cigarettes you smoked? C. Were you <u>always</u> able to stop or cut down when you tried to? 1. Were you able to stop or cut down for at least 1 month? D. Have you 3 or more times found that you were unable to stop or cut down on smoking for at least 1 month? | TB14 NO1 YES 5* TB14a NO.....(SKIP TO B1).1 YES.....5 TB14b _____ TIMES TB14b1 NO....(SKIP TO TB15).....1 YES.....(SKIP TO C).....5 TB14C NO.....(SKIP TO D).....1 YES5 TB14c1 NO1 YES.....(SKIP TO TB15).....5 TB14d NO1 YES 5* |

- (16) TB15 Since you began smoking regularly, what is the longest period of time you have gone without using any form of tobacco for any reason, like when you had an illness, or lost interest in tobacco, or intentionally quit? **IF NEVER, CODE 0 DAYS. IF LESS THAN ONE DAY, CODE 1 DAY.**

TB15NUM ____ NUM
TB15UNIT
CODE UNITS:
DAYS1
WEEKS2
MONTHS3
YEARS4

**BOX TB15 IF TB15 = 0 DAYS, SKIP TO TB16.
OTHERS CONTINUE.**

- (23) A. Have you ever attended a class or group for people trying to quit or reduce their use of tobacco?
- B. Have you ever tried nicotine gum or a nicotine patch (to quit or reduce your use of tobacco)?
- C. Have you ever tried nicotine-free cigarettes (to quit or reduce your use of tobacco)?
- D. Have you tried any other form of treatment or medicine to quit or reduce your use of tobacco?

TB15a
NO1
YES5

TB15b
NO1
YES5

TB15c
NO1
YES5

TB15d
NO1
YES.....(SPECIFY).....5

SPECIFY: TB15Specify _____

**IF ANY 5 IS CODED IN TB15A-D, CONTINUE.
OTHERS SKIP TO TB16.**

- E. How old were you the (first/last) time you tried any of these methods to quit or cut down?

AGE ONS: ____/____ TB_ao15
ONS: 1 5 TB_o15

AGE REC: ____/____ TB_ar15
REC: 1 5 TB_r15

- (17) TB16 I'm going to ask you about some problems that you might have had when you stopped smoking or smoked less tobacco than usual. Think about the time when you had the most problems when you went without cigarettes or had fewer than usual.

| I-SX | During that time: | | |
|------|--|-----------|------------|
| | | <u>NO</u> | <u>YES</u> |
| | 1. Were you irritable, angry, or frustrated?..... | 1 | 5 TB16_1 |
| | 2. Were you nervous or anxious? | 1 | 5 TB16_2 |
| | 3. Were you restless?..... | 1 | 5 TB16_3 |
| | 4. Did you have trouble concentrating?..... | 1 | 5 TB16_4 |
| | 5. Did your heart slow down? | 1 | 5 TB16_5 |
| | 6. Did you feel down or depressed? | 1 | 5 TB16_6 |
| | 7. Did you have such a strong desire for cigarettes that you couldn't think of anything else?..... | 1 | 5 TB16_7 |
| | 8. Did your appetite increase or did you gain weight? | 1 | 5 TB16_8 |
| | 9. Did you have trouble sleeping?..... | 1 | 5 TB16_9 |

BOX TB16 IF 4 OR MORE 5'S CODED IN TB16 1-9, MARK TALLY SHEET & CONTINUE. IF NO 5's CODED IN TB16.1-9, SKIP TO TB17. OTHERS CONTINUE.

A. OMITTED

B. OMITTED

C. Did the problems you had after quitting or cutting down on smoking often interfere with your work, school, or household responsibilities? TB16c

NO1
YES5

D. Did you start smoking again or use other sources of nicotine to avoid having the problems that quitting might cause? TB16d

NO1
YES5*

| | | | |
|--------------|------|--|--|
| (18) | TB17 | Has smoking ever made you nervous or jittery or caused you any other emotional or mental problem? | TB17 NO.....(SKIP TO TB18).....1 YES5 |
| | A. | Did feeling nervous, jittery, or having other emotional or mental problems from smoking interfere with your functioning? | TB17a NO.....(SKIP TO TB18).....1 YES5 |
| ND47 | B. | Did you continue to smoke after you knew it caused you problems like these? | TB17b NO1 YES 5* |
| (19) | TB18 | Has smoking caused you any health problem such as a problem with your heart or blood pressure, lung trouble, a cough that wouldn't go away, or any other health problem? | TB18 NO.....(SKIP TO TB19).....1 YES(SPECIFY).....5 |
| | | SPECIFY: TB18Specify _____ | TB18Code CODE:___ __ __ |
| ND47 | A. | Did you continue to smoke after you knew it caused you (this/these) health problem(s)? | TB18a NO.....1 YES.....5* |
| (20) ND47 | TB19 | Have you continued to smoke when you had another serious illness that you knew was made worse by smoking, for example: asthma or bronchitis? | TB19 NO1 YES.....(SPECIFY).....5* |
| | | SPECIFY: TB19Specify _____ | TB19Code CODE: __ __ __ |
| (21) | TB20 | A. After you had been smoking regularly for some time, did you need to increase your daily use to feel comfortable? | TB20a NO1 YES.....(SKIP TO C).....5 |
| | B. | After you had been smoking regularly, did you come to need more cigarettes each day? | TB20b NO.....(SKIP TO D).....1 YES.....5 |
| ND41A | C. | Was this 50% more? So, if you used to smoke 10 cigarettes a day, you would increase to 15 a day, or go from 20 to 30? | TB20c NO1 YES..(SKIP TO BOX TB21)...5* |
| ND41B | D. | After you had been smoking for some time, did you find that cigarettes had less effect on you than before? | TB20d NO 1 YES.....5* |

**BOX TB21 IF 3 OR MORE BOXES MARKED ON TOBACCO
TALLY, CONTINUE. OTHERS SKIP TO AL1.**

HAND R TOBACCO TALLY SHEET.

- (22) TB21 Now I'd like you to think about the 12-month period of time when you had the greatest number of the problems or experiences we've talked about. These experiences might not have occurred together—one could have happened in March, another in November, and another the following January. But they must have occurred in the same 12-month period. You've said that: **(READ SX MARKED ON TALLY SHEET).**

ND4 During this period of 12 months when you had the greatest number of problems, did you . . .

**READ SX CHECKED ON THE TALLY SHEET.
CIRCLE YES OR NO FOR EACH SX IN 12-MONTH
COLUMN.**

**IF FEWER THAN 3 SX CIRCLED IN 12-MONTH
COLUMN, SKIP TO AL1. OTHERS CONTINUE.**

- A. We were just talking about the time in your life when you had the greatest number of problems or experiences with tobacco. Now, I'd like you to think about the very first time you had several of these problems or experiences within a 12-month period. It might have been the same period, or it could have been earlier.

How old were you when this period began?

TB_ao21

AGE ONS: ____/____

- . How old were you the last time you had several of these experiences within a 12-month period? It might have been the same period we just talked about, or it could have been later.

TB_ar21

AGE REC: ____/____

TOBACCO TALLY SHEET

| ITEM | SYMPTOM | 12 MONTH Clustering Variables* |
|-------|--|--------------------------------------|
| TB4B | Smoke 20+ cigarettes in a day at least twice a week | TB4bCl |
| TB10 | Chain smoke for 7+ days | TB10Cl |
| TB11 | Give up or greatly reduce important activities because could not smoke | TB11Cl |
| TB12 | Often smoke a lot more than intended | TB12Cl |
| TB12A | Often run out of cigarettes sooner than intended | TB12aCl |
| TB14 | Often want to quit or cut down on smoking | TB14Cl |
| TB14D | Find that you were unable to stop or cut down on smoking 3+ times | TB14dCl |
| TB16 | Experience withdrawal symptoms after quitting or cutting down | TB16aCl |
| TB16D | Smoke or use other source of nicotine to avoid withdrawal symptoms | TB16dCl |
| TB17B | Continue to smoke knowing it caused some emotional problems | TB17bCl |
| TB18A | Continue to smoke knowing it caused physical health problems | TB18aCl |
| TB19 | Continue to smoke despite serious physical illness | TB19Cl |
| TB20C | Need to increase cigarettes by 50% or more | TB20cCl |
| TB20D | Find smoking had less effect | TB20dCl |