

FY 1965 NHIS Core Smoking Habits Page (17 years and over)

<p>Now I have a few questions about smoking --</p> <p>For each person 17 years old or over, ask:</p>		<p>①</p> <p><input type="checkbox"/> Under 17 years</p>
<p>18. a. Have you smoked at least one hundred cigarettes during your entire life?</p> <p>If "Yes," ask:</p> <p>b. During the period when you were smoking the most, how many cigarettes a day did you usually smoke?</p>	<p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 21)</p> <p>b. _____ per day OR _____ per week</p>	
<p>19. a. Do you smoke cigarettes now?</p> <p>If "Yes," ask questions 19b AND 19c. If "No," go to question 20:</p> <p>b. On the average, about how many cigarettes a day do you smoke?</p> <p>c. Twelve months ago, how many cigarettes a day were you smoking?</p>	<p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 20)</p> <p>b. _____ per day OR _____ per week</p> <p><input type="checkbox"/> Same <input type="checkbox"/> Didn't smoke</p> <p>c. _____ per day OR _____ per week</p>	
<p>If "No" to question 19a, ask BOTH questions 20a AND 20b:</p>		<p><input type="checkbox"/> None</p>
<p>20. a. On the average, about how many cigarettes a day were you smoking 12 months ago?</p> <p>b. How long has it been since you smoked cigarettes fairly regularly?</p>	<p>a. _____ per day OR _____ per week</p> <p>b. _____ months OR _____ years</p>	
<p>For each male 17 years old or over ask questions 21 AND 22:</p>		<p><input type="checkbox"/> Fem. or under 17</p>
<p>21. a. Have you smoked at least 10 cigars during your entire life?</p> <p>b. Do you smoke cigars now?</p> <p>If "Yes" to 21b, ask:</p> <p>c. About how many cigars a day do you usually smoke?</p> <p>If "No" to 21b, ask:</p> <p>d. About how long has it been since you smoked 3 or more cigars a week?</p>	<p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 22)</p> <p>b. <input type="checkbox"/> Yes (Ask c) <input type="checkbox"/> No (Ask d)</p> <p>c. _____ per day OR _____ per week</p> <p>d. _____ months OR _____ years</p> <p><input type="checkbox"/> NEVER smoked 3 or more a week</p>	
<p>22. a. Have you smoked at least 3 packages of pipe tobacco during your entire life?</p> <p>b. Do you smoke a pipe now?</p> <p>If "Yes" to 22b, ask:</p> <p>c. About how many pipefuls of tobacco a day do you usually smoke?</p> <p>If "No" to 22b, ask:</p> <p>d. About how long has it been since you smoked 3 or more pipefuls a week?</p>	<p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No (STOP)</p> <p>b. <input type="checkbox"/> Yes (Ask c) <input type="checkbox"/> No (Ask d)</p> <p>c. _____ per day OR _____ per week</p> <p>d. _____ months OR _____ years</p> <p><input type="checkbox"/> NEVER smoked 3 or more a week</p>	

FY 1966 NHIS Core Smoking Habits Page (17 years and over)

SMOKING HABITS

Now I have a few questions about smoking - (Fill one Smoking Habits page for each person 17 years old or over)

	1. Person number	Write in and mark	<input type="text"/>	0 1 2 0 1 2 3 4 5 6 7 8 9
	2a. Has ___ smoked at least one hundred cigarettes during his entire life?	Yes No - Go to 5	<input type="radio"/> <input type="radio"/>	WASHINGTON USE ONLY Yes No V <input type="radio"/> <input type="radio"/> <input type="radio"/> VX 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
	b. During the period when ___ was smoking the most, how many cigarettes a day did he usually smoke?	Per day OR Per week	<input type="text"/>	
If "Yes" or "don't know" in 2a ask:	3a. Does ___ smoke cigarettes now?	Yes No - Go to 4	<input type="radio"/> <input type="radio"/>	Present Time VX 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
	b. On the average, about how many cigarettes a day does he smoke?	Per day OR Per week	<input type="text"/>	
	c. Twelve months ago, how many cigarettes a day was he smoking?	Per day OR Per week	<input type="text"/>	12 Months Ago VX 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
Ask only for persons with "No" or "Don't know" in 3a.	4a. On the average, about how many cigarettes a day was he smoking 12 months ago?	Per day OR Per week	<input type="text"/>	
If "Yes" in 3a, go to 5.	b. How long has it been since ___ smoked cigarettes fairly regularly?	Months OR Years	<input type="text"/>	Last Smoked Months Years Never V <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
	5a. Has ___ smoked at least 10 cigars during his entire life?	Yes No - Go to 6	<input type="radio"/> <input type="radio"/>	Cigars Yes No V <input type="radio"/> <input type="radio"/> <input type="radio"/>
Ask questions 5 and 6 only for males 17 years old or over. If female mark below: Female -GO TO NEXT PERSON <input type="radio"/>	b. Does he smoke cigars now?	Yes - ASK 5 c No - ASK 5 d	<input type="radio"/> <input type="radio"/>	
	c. About how many cigars a day does ___ usually smoke?	Per day OR Per week	<input type="text"/>	Per 1 Week Und. 3 3-6 V <input type="radio"/> <input type="radio"/> <input type="radio"/> Per 1 Day 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
	d. About how long has it been since ___ smoked 3 or more cigars a week?	Months OR Years	<input type="text"/>	Months Years Never V <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
Ask only if "No" or "Don't know" in 5b or if entry in 5c indicates that person smokes less than 3 cigars per week	6a. Has ___ smoked 3 packages of pipe tobacco during his entire life?	Yes No - STOP	<input type="radio"/> <input type="radio"/>	Pipes Yes No V <input type="radio"/> <input type="radio"/> <input type="radio"/>
	b. Does ___ smoke a pipe now?	Yes - ASK 6 c No - ASK 6 d	<input type="radio"/> <input type="radio"/>	
	c. About how many pipefuls of tobacco a day does ___ usually smoke?	Per day OR Per week	<input type="text"/>	Per 1 Week Und. 3 3-6 V <input type="radio"/> <input type="radio"/> <input type="radio"/> Per 1 Day 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
Ask only if "No" or "Don't know" in 6b or if entry in 6c indicates that person smokes less than 3 pipefuls per week.	d. About how long has it been since ___ smoked 3 or more pipefuls a week?	Months OR Years	<input type="text"/>	Months Years Never V <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

NHIS Tobacco Questions: 1965 - 1995

1970 NHIS Core Smoking Page (17 years and over)

SMOKING PAGE	
Person No. _____ Complete Smoking Page for each person 17+ years of age.	
Now, I have a few questions about smoking:	
1. Has --- smoked at least 100 cigarettes during his entire life? 1 Y 2 N (11) 9 DK	11. Has --- smoked at least 50 cigars during his entire life? 1 Y 2 N (17) 9 DK
2. Does --- smoke cigarettes now? 1 Y (5) 2 N 9 DK	12. Does --- smoke cigars now? 1 Y 2 N (14) 9 DK (14)
3. How long has it been since --- smoked cigarettes fairly regularly? ___No. of completed years (4,9) 99 <input type="checkbox"/> Never smoked regularly (11) 99 <input type="checkbox"/> DK (8) 00 <input type="checkbox"/> Under 1 year (8)	13. About how many cigars a day does --- usually smoke? ___No. per day (15) If less than 1 per day: 96 <input type="checkbox"/> 3 to 6 per week (15) 99 <input type="checkbox"/> DK (15) 97 <input type="checkbox"/> Less than 3 per week
4. For years 1-10 ask: Which of these statements (Hand Card S) were reasons --- decided to stop smoking cigarettes? Please give me the number of any statement that applies. Circle number. 1 2 3 4 5 6 7 8 9 10 11 12 13 (Specify) → Any other reason? _____ If more than one circled, ask: What was the main reason --- decided to stop smoking cigarettes? Enter the number of the main reason _____ (9)	14. About how long has it been since --- smoked 3 or more cigars a week? ___No. of completed years (17) 00 <input type="checkbox"/> Under 1 year } (16) 97 <input type="checkbox"/> Never smoked 3 or more per week (17) 99 <input type="checkbox"/> Don't know
5. On the average, about how many cigarettes a day does --- smoke? ___No. per day 99 DK	15. What size cigars does --- usually smoke: full-sized cigars, the small cigars sometimes called cigarillos, or the very small cigars about the size of a cigarette? 1 <input type="checkbox"/> Full-sized 9 <input type="checkbox"/> Cigarette size 2 <input type="checkbox"/> Cigarillos 9 <input type="checkbox"/> DK
6. What size cigarette does --- usually smoke: regular size, king size, or extra long? 1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> King Size 3 <input type="checkbox"/> Extra long 9 <input type="checkbox"/> DK	16. Twelve months ago, about how many cigars a day did --- usually smoke? ___No. per day If less than 1 per day: 96 <input type="checkbox"/> 3 to 6 per week 97 <input type="checkbox"/> Less than 3 per week 99 <input type="checkbox"/> DK 98 <input type="checkbox"/> Did not smoke
7. Does --- usually smoke filter or nonfilter cigarettes? 1 <input type="checkbox"/> Filter 2 <input type="checkbox"/> Nonfilter 9 <input type="checkbox"/> DK	17. Has --- smoked at least 3 packages of pipe tobacco during his entire life? 1 Y 2 N (22) 9 DK
8. On the average, about how many cigarettes a day was --- smoking 12 months ago? ___No. per day 98 <input type="checkbox"/> Did not smoke 99 <input type="checkbox"/> DK	18. Does --- smoke a pipe now? 1 Y 2 N (20) 9 DK (20)
9. During the period when --- was smoking the most, about how many cigarettes a day did he usually smoke? ___No. per day 99 DK	19. About how many pipefuls of tobacco a day does --- usually smoke? ___No. per day (21) If less than 1 per day: 96 <input type="checkbox"/> 3 to 6 per week (21) 99 <input type="checkbox"/> DK (21) 97 <input type="checkbox"/> Less than 3 per week
10. About how old was --- when he first started smoking cigarettes fairly regularly? ___Age started smoking 98 <input type="checkbox"/> Never smoked regularly 99 <input type="checkbox"/> DK	20. About how long has it been since --- smoked 3 or more pipefuls a week? ___No. of completed years (22) 00 <input type="checkbox"/> Under 1 year 97 <input type="checkbox"/> Never smoked 3 or more per week (22) 99 <input type="checkbox"/> DK
	21. Twelve months ago, about how many pipefuls a day did --- usually smoke? ___No. per day If less than 1 per day: 96 <input type="checkbox"/> 3 to 6 per week 97 <input type="checkbox"/> Less than 3 per week 99 <input type="checkbox"/> DK 98 <input type="checkbox"/> Did not smoke
INTERVIEWER CHECK ITEM	22. Does --- presently use any other form of tobacco, such as snuff or chewing tobacco? 1 <input type="checkbox"/> Snuff 4 <input type="checkbox"/> Other 2 <input type="checkbox"/> Chewing tobacco 9 <input type="checkbox"/> DK 3 <input type="checkbox"/> No Person _____ was resp. Fill Interviewer Check Item

1970 NHIS Smoking Page – Flashcard for Question 4 (Card S)

CARD S

Which of the following were reasons you decided to stop smoking cigarettes?

1. Wanted to prove to myself that I could stop smoking cigarettes.
2. Had an illness which I thought would be made worse by smoking cigarettes.
3. Although unaware of having any illness, I thought that to continue to smoke cigarettes would damage my health.
4. Thought that cigarette smoking was too expensive.
5. Concerned about the smell of smoke on my breath and clothing.
6. Doctor suggested that I stop smoking cigarettes.
7. Doctor said I had to stop smoking cigarettes.
8. A relative or friend urged me to stop smoking cigarettes.
9. Concerned about the stains on teeth and fingers caused by cigarette smoking.
10. Wanted to set a good example for others.
11. TV, radio, newspaper and magazine warnings about the dangers of cigarette smoking.
12. Found cigarette smoking no longer enjoyable.
13. Other reason. What was that reason?

Any other reason?

1974 NHIS Hypertension Page [in core questionnaire]
 (17 years and over)

HYPERTENSION PAGE (SAMPLE PERSONS ONLY)	Person number _____	HPI	1 <input type="checkbox"/> SP under 17 (Medical Care Page) 2 <input type="checkbox"/> Eligible resp. avail. (1) 3 <input type="checkbox"/> Return call required (Next Hypertension Page)
21a. Have you smoked at least 100 cigarettes in your entire life?			
		1 Y	2 N (Medical Care Page)
b. Do you smoke cigarettes now?			
		1 Y	2 N (21a)
c. On the average, ABOUT how many cigarettes a day do you smoke?			
		_____ Cigarettes	
d. Have you EVER tried to stop smoking?			
		1 Y	2 N
e. Have you EVER been advised by a doctor to stop smoking?			
		1 Y	2 N (Medical Care Page)
f. Was this because of a specific condition you had at that time?			
		1 Y	2 N (Medical Care Page)
g. What condition was it?			

h. Any other condition?			
		Y (Reask 21g)	N
FOOTNOTES			

1976 Health Habits Supplement [in core questionnaire]
(20 years and over)

HEALTH HABITS PAGE		R1	<input type="checkbox"/> Not SP or SP under 19 (NP) <input type="checkbox"/> SP 19 + callback required (NP) <input type="checkbox"/> SP 19 + avail. (1-5)
5a. Have you smoked at least 100 cigarettes in your entire life?	5a.	1 Y	2 N (6)
b. Do you smoke cigarettes now?	b.	1 Y	2 N (5e)
c. On the average, ABOUT how many cigarettes a day do you smoke?	c.	_____ Cigarettes	
d. Have you EVER tried to stop smoking?	d.	1 Y	2 N
e. Have you EVER been advised by a doctor to stop smoking?	e.	1 Y	2 N (6)
f. Was this because of a specific condition you had at that time?	f.	1 Y	2 N (6)
g. What condition was it? Any other condition?	g.	_____	

NHIS Tobacco Questions: 1965 - 1995

1977 NHIS Health Habits (H1) Supplement [in core questionnaire]
(20 years and over)

O.M.B. No. 68-R1600; Approval Expires March 31, 1978

<p>NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).</p>				<p>1. Book _____ of _____ books</p>		
<p>FORM HIS-1 (1977) (9-18-77)</p> <p>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p>U.S. HEALTH INTERVIEW SURVEY</p>	2. R.O. number	3. Sample	4. Segment type	5. Control number		
			<input type="checkbox"/> Area <input type="checkbox"/> Permit <input type="checkbox"/> Address <input type="checkbox"/> Cen-Sup <input type="checkbox"/> Special Place	PSU	Segment	Serial

H 1 PAGE		R3	<input type="checkbox"/> Under 19 (NP) <input type="checkbox"/> 19+ (1-2)
11a. Have you smoked at least 100 cigarettes in your entire life?		11a	1 Y 2 N (12)
b. Do you smoke cigarettes now?		b	1 Y 2 N (12)
c. On the average, ABOUT how many cigarettes a day do you smoke?		c	_____ Cigarettes

NHIS Tobacco Questions: 1965 - 1995

1978-1980 NHIS Smoking Supplements (17 years and over)

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			
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																
2a. About how old were you when you first started smoking cigarettes fairly regularly?	2a.	____ Years (3) 32, 33				oo <input type="checkbox"/> Never smoked regularly												
b. Do you smoke cigarettes now?	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																
3. During the period when you were smoking the most, about how many cigarettes a day did you usually smoke?	3.	____ Number 37, 38																
4a. Do you smoke cigarettes now?	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																
5. On the average, about how many cigarettes a day do you now smoke?	5.	____ 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				____				____								
If more than one brand ask:		Brand name 47, 48				____				____								
b. Which brand do (did) you smoke the most?	b.	____ 47, 48				____				____								

1978-1980 NHIS Smoking Supplements (17 years and over)

7. What type of cigarettes are the (<i>brand</i>) that you smoke (smoked)? Are they:	a. 1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT	49	a. 1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT	49	a. 1 <input type="checkbox"/> FT 2 <input type="checkbox"/> NFT	49
a. Filter tip OR Non-filter tip?	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
b. Plain OR Menthol?	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
c. Hardpack OR Softpack?	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
d. Regular OR King size OR 100 Millimeter?	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	S4 1 <input type="checkbox"/> "N" in 4a (NP) 2 <input type="checkbox"/> "Y" in 4a	53
S4	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	8a. 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N (NP)	54
8a. Have you ever made a serious attempt to stop smoking cigarettes?	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	b. 0 <input type="checkbox"/> Never (NP) 1 2 3 4 5+	55
b. 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
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?	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	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. How long ago was the START of the LAST time you tried to stop entirely?	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	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. How long did you actually stay off cigarettes the last time?						

Note: The 1978 Smoking Supplement questions were asked in July-Dec 1978 (quarters 3-4). The 1979 Smoking Supplement questions were asked Jan-Dec, 1979. The 1980 Smoking Supplement questions were asked July-Dec 1980 (quarters 3-4).

1983 NHIS Alcohol and Health Practices Supplement
(18 years and over)

O. ALCOHOL/HEALTH PRACTICES PAGE		RT 64	
Sample Person Number _____		3-4	
01	Refer to household composition and age.	5	
	1 <input type="checkbox"/> Deleted (Next SP)		
	2 <input type="checkbox"/> Under 18 (Next SP)		
	3 <input type="checkbox"/> 18 and over, callback required (Next SP)		
	4 <input type="checkbox"/> 18 and over, noninterview (Specify, THEN next SP)		
	5 <input type="checkbox"/> 18 and over, available (1)		
	Read to respondent: (Name of SP, the following questions concern your health practices, smoking, and alcohol use. It is not necessary for anyone else to be present.)		
	1. How many hours do you usually sleep at night?	6-7	
	2. How often do you eat breakfast — almost every day, sometimes, rarely, or never?	8	
	3. Including evening snacks, how often do you eat between meals — almost every day, sometimes, rarely, or never?	9	
4. Would you say that you are physically more active, less active, or about as active as other persons your age?	10		
5a. Have you smoked at least 100 cigarettes in your life?	11		
b. Do you smoke cigarettes now?	12		
c. On the average, about how many cigarettes a day (do/did) you smoke?	13-14		
02	Refer to 5b.	15	
	1 <input type="checkbox"/> "Yes" in 5b (7) 2 <input type="checkbox"/> "No" in 5b (6)		
6. About how long has it been since you last smoked cigarettes fairly regularly?	16-18		
_____ Number { <ul style="list-style-type: none"> 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months 5 <input type="checkbox"/> Years 000 <input type="checkbox"/> Never smoked regularly (B) 			
03		19	
Refer to 6.			
1 <input type="checkbox"/> Less than 5 years (7b)			
2 <input type="checkbox"/> 5 years or more (B)			
7a. In the past 5 years, have you EVER tried to stop smoking cigarettes?	20		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (B)			
b. Now I am going to read a list of methods which some people use to stop smoking cigarettes. Tell me which of these methods you used in the past 5 years to stop or try to stop smoking.			
(1) Did you attend a formal program SUCH AS SmokEnders, the American Cancer Society program or American Lung Association program?	21		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
(2) Did you go to a health professional for help, SUCH AS a physician, psychologist, or psychiatrist?	22		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
(3) Did you use special filters or cigarette holders to regulate the amount of smoke inhaled in an attempt to stop smoking?	23		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
(4) Did you switch to lower tar and nicotine cigarettes in an attempt to stop smoking?	24		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
(5) Did you stop or try to stop smoking with a few friends, relatives, or acquaintances?	25		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
(6) Did you stop or try to stop entirely on your own?	26		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
(7) Did you use some other method to stop or try to stop smoking?	27		
1 <input type="checkbox"/> Yes (Specify) 2 <input type="checkbox"/> No			
Read to respondent: These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey, rum, gin, or vodka, and beer, and wine, and any other type of alcoholic beverage.			
8a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage?	28		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Bc)			
b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage?	29		
1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No			
c. What is your MAIN reason for not drinking?	30-31		
00 <input type="checkbox"/> No need/not necessary 01 <input type="checkbox"/> Don't care for/dislike it 02 <input type="checkbox"/> Medical/health reasons 03 <input type="checkbox"/> Religious/moral reasons 04 <input type="checkbox"/> Brought up not to drink 05 <input type="checkbox"/> Costs too much 06 <input type="checkbox"/> Family member an alcoholic or problem drinker 07 <input type="checkbox"/> Infrequent drinker 08 <input type="checkbox"/> Other (Specify) _____		(36)	

FORM HS 1 (5b) (1982) (3 14 83)

1985 Health Promotion and Disease Prevention (1990 Objectives) Supplement - Pregnancy and Smoking Section (18-44 years)

FORM HIS-1(SB) (1985) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH INTERVIEW SURVEY HEALTH PROMOTION AND DISEASE PREVENTION SUPPLEMENT BOOKLET		NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(f) of the Public Health Service Act (42 USC 242m)		
1. Book of books 3-7 8		2. R.O. Number 9-10		3. Sample 11-13
4. Control number PSU 14-16		Segment 17-20		Serial 21-23
5. Person number 23-24		6. Sex 25 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	7. Sample Person Last name 26-45 First name 46-80	

Section M. PREGNANCY AND SMOKING		Person Number	5-6
M1	Refer to age and sex on Household Composition Page. <input type="checkbox"/> Females 18-44 in family (Enter person number and name of all females 18-44; THEN 1) <input type="checkbox"/> No females 18-44 in family (Section N)	First name	
Read to respondent: These next few questions refer to smoking and pregnancy and are asked of women aged 18-44. In this family the questions refer to (read names).			
1a. Are any of these women now pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) <input type="checkbox"/> DK (2)		1b. <input type="checkbox"/> Yes, pregnant now <input type="checkbox"/> DK (2)	
b. Who is this? Mark box in person's column.			
c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No			
2a. Have any of these women given birth to a live born infant in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (M2) <input type="checkbox"/> DK (M2)		2b. <input type="checkbox"/> Yes, child past 5 years <input type="checkbox"/> DK (2)	
b. Who is this? Mark box in person's column.			
c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No			
M2	Mark first appropriate box. <input type="checkbox"/> 1b and 2b blank for all persons (Sections N)	M2 1 <input type="checkbox"/> Available, "Yes" in 2b (3) 2 <input type="checkbox"/> Available, "Yes" in 1b (4) 3 <input type="checkbox"/> Callback required (NP) 4 <input type="checkbox"/> Noninterview (Cover page, THEN NP) 5 <input type="checkbox"/> Other (NP)	
3. In what month and year was your last child born?		3. _____ / 19____ Month Year 10-13	
4. Have you smoked at least 100 cigarettes in your entire life?		4. 1 <input type="checkbox"/> Yes (Mark "Smoking asked" box, THEN 5) 2 <input type="checkbox"/> No (Mark "Smoking asked" box, THEN NP) 14	
5a. Do you smoke cigarettes now?		5a. 1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No 15	
b. About how long has it been since you last smoked cigarettes fairly regularly?		b. <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months (M3) <input type="checkbox"/> Years Number 33 <input type="checkbox"/> Never smoked regularly (M3) 16-18	
6. On the average, about how many cigarettes a day do you now smoke?		6. _____ Number 00 <input type="checkbox"/> Less than 1 per day 19-20	
M3	Mark appropriate box.	M3 1 <input type="checkbox"/> "Yes" in 1b and "Yes" in 5a (8) 2 <input type="checkbox"/> "Yes" in 1b and "No" in 5a (7) 3 <input type="checkbox"/> Other (M4) 21	
7. Have you smoked cigarettes at any time during this pregnancy?		7. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (M4) 22	
8. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant this time?		8. _____ Number 99 <input type="checkbox"/> Did not smoke regularly 23-24	
9. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant this time?		9. _____ Number 99 <input type="checkbox"/> Did not smoke regularly 25-26	

**1985 Health Promotion and Disease Prevention (1990 Objectives)
Supplement - Pregnancy and Smoking Section (18-44 years)**

M4	Mark appropriate box.	M4	1 <input type="checkbox"/> "Yes" in 2b (10) a <input type="checkbox"/> Other (14)	27
10.	Did you smoke cigarettes at all during the 12 months before your last child was born in (month and year in 3)?	10.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (14)	28
11.	On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant?	11.	_____ Number 99 <input type="checkbox"/> Did not smoke regularly	29-30
12.	On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant?	12.	_____ Number 99 <input type="checkbox"/> Did not smoke regularly 00 <input type="checkbox"/> None (14)	31-32
13.	In general, would you say that you smoked cigarettes during MOST of that pregnancy?	13.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No a <input type="checkbox"/> Other (Specify) _____	33
14.	Did a doctor EVER advise you to quit or cut down on smoking?	14.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	34

FORM HHS 1581 (1985) (4-25-85)

**1985 Health Promotion and Disease Prevention (1990 Objectives)
Supplement (18 years and over)**

Section S. SMOKING					RT78						
S1	Refer to "Smoking asked" box on HIS-1.	1 <input type="checkbox"/> "Smoking asked" box marked (4) a <input type="checkbox"/> Other (1)			3-4						
Read to respondent: These next questions are about smoking cigarettes.					5						
1.	Have you smoked at least 100 cigarettes in your entire life?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4)			6						
2a.	Do you smoke cigarettes now?	1 <input type="checkbox"/> Yes (3) 2 <input type="checkbox"/> No			7						
b.	About how long has it been since you last smoked cigarettes fairly regularly?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td rowspan="4" style="font-size: 2em; vertical-align: middle;">}</td> <td>1 <input type="checkbox"/> Days</td> <td rowspan="4" style="font-size: 2em; vertical-align: middle;">(4)</td> </tr> <tr> <td>2 <input type="checkbox"/> Weeks</td> </tr> <tr> <td>3 <input type="checkbox"/> Months</td> </tr> <tr> <td>4 <input type="checkbox"/> Years</td> </tr> </table> _____ Number 99a <input type="checkbox"/> Never smoked regularly (4)	}	1 <input type="checkbox"/> Days	(4)	2 <input type="checkbox"/> Weeks	3 <input type="checkbox"/> Months	4 <input type="checkbox"/> Years			8-10
}	1 <input type="checkbox"/> Days	(4)									
	2 <input type="checkbox"/> Weeks										
	3 <input type="checkbox"/> Months										
	4 <input type="checkbox"/> Years										
3.	On the average, about how many cigarettes a day do you now smoke?	00 <input type="checkbox"/> Less than 1 per day _____ Number			11-12						
4.	{These next questions are about smoking cigarettes.} (Hand Card S) Tell me if you think CIGARETTE SMOKING definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting the following problems. First --	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION					
a.	Emphysema? (Give me a number from the card.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 13					
b.	Bladder cancer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 14					
c.	Cancer of the larynx (lar'inks) or voice box?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 15					
d.	Cataracts?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 16					
e.	Cancer of the esophagus?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 17					
f.	Chronic bronchitis?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 18					
g.	Gallstones?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 19					
h.	Lung cancer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 20					

**1985 Health Promotion and Disease Prevention (1990 Objectives)
Supplement (18 years and over)**

S2	Refer to age.	1 <input type="checkbox"/> SP is under 45 (4i) 2 <input type="checkbox"/> SP is 45+ (S3)	21
Read to respondent: Does cigarette smoking during pregnancy definitely increase, probably increase, probably not or definitely not increase the chances of —		DEFINITELY INCREASES PROBABLY INCREASES PROBABLY DOES NOT INCREASE DEFINITELY DOES NOT INCREASE DK/NO OPINION	
	i. Miscarriage?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	22
	j. Stillbirth?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	23
	k. Premature birth?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	24
	l. Low birth weight of the newborn?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	25
	5a. If a woman takes birth control pills, is she more likely to have a stroke if she smokes than if she does not smoke?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (S3)	26
	b. Is she much more likely or somewhat more likely to have a stroke?	1 <input type="checkbox"/> Much more 2 <input type="checkbox"/> Somewhat more	27
S3	Refer to 1.	1 <input type="checkbox"/> "Yes" in 1 (6) 2 <input type="checkbox"/> Other (Section T)	28
	6. Did a doctor EVER advise you to quit or cut down on smoking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	29

FORM HIS 1022 (1995) 14-25 95

Section P. HIGH BLOOD PRESSURE					RT75	
					3-4	
1. I am going to read a list of things which may or may not affect a person's chances of getting HEART DISEASE.						
Hand Card P After I read each one, tell me if you think it definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting heart disease. First —						
		DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION
a.	Cigarette smoking? (Give me a number from the card.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b.	Worry or anxiety?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c.	High blood pressure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d.	Diabetes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e.	Being VERY overweight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f.	Overwork?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g.	Drinking coffee with caffeine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h.	Eating a diet high in animal fat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i.	Family history of heart disease?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j.	High cholesterol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

1987 NHIS Cancer Control Supplement (18 years and over)

OMB No. 0933-0161; Approval Expires March 31, 1988

<p>FORM HIS-1A (1987) (7-28-86)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">NATIONAL HEALTH INTERVIEW SURVEY</p> <p style="text-align: center;">CANCER CONTROL</p>	<p>NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">1. RT 85 3-7 8</td> <td style="width: 25%; border: 1px solid black;">2. R.O. number 9-10</td> <td style="width: 25%; border: 1px solid black;">3. Sample 11-13</td> </tr> <tr> <td colspan="3" style="border: 1px solid black;">Book _____ of _____ books</td> </tr> <tr> <td style="border: 1px solid black;">4. Control number PSU 14-16</td> <td style="border: 1px solid black;">Segment 17-23</td> <td style="border: 1px solid black;">Serial 24-25</td> </tr> <tr> <td colspan="2" style="border: 1px solid black;">5. Beginning time</td> <td style="border: 1px solid black;">25-29 30</td> </tr> <tr> <td colspan="2" style="border: 1px solid black;"></td> <td style="border: 1px solid black;">1 a.m. 2 p.m.</td> </tr> </table>	1. RT 85 3-7 8	2. R.O. number 9-10	3. Sample 11-13	Book _____ of _____ books			4. Control number PSU 14-16	Segment 17-23	Serial 24-25	5. Beginning time		25-29 30			1 a.m. 2 p.m.
1. RT 85 3-7 8	2. R.O. number 9-10	3. Sample 11-13														
Book _____ of _____ books																
4. Control number PSU 14-16	Segment 17-23	Serial 24-25														
5. Beginning time		25-29 30														
		1 a.m. 2 p.m.														

Section T — SMOKING HABITS	
<p>These next questions are about cigarette smoking.</p> <p>1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4) 3 <input type="checkbox"/> DK</p> <p style="text-align: right;">41</p>
<p>2. How old were you when you first started smoking cigarettes fairly regularly?</p>	<p>_____ Age</p> <p>00 <input type="checkbox"/> Never smoked regularly (4) 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">42-43</p>
<p>3. Do you smoke cigarettes now?</p>	<p>1 <input type="checkbox"/> Yes (section V) 2 <input type="checkbox"/> No (section U)</p> <p style="text-align: right;">44</p>
<p>4. When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away from the person, just do nothing, or something else?</p>	<p>1 <input type="checkbox"/> Ask person not to smoke 2 <input type="checkbox"/> Move away 3 <input type="checkbox"/> Do nothing 4 <input type="checkbox"/> Something else</p> <p style="text-align: right;">(section W) 45</p>

1987 NHIS Cancer Control Supplement (18 years and over)

Section U – FORMER SMOKER																																									
1. About how long has it been since you last smoked cigarettes regularly?	<div style="text-align: right;">46-48</div> 000 <input type="checkbox"/> Never smoked regularly (section W) _____ { <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years 999 <input type="checkbox"/> DK																																								
2. On the average, how many cigarettes did you usually smoke a day?	<div style="text-align: right;">49-50</div> 00 <input type="checkbox"/> Less than one cigarette per day _____ Cigarettes per day 99 <input type="checkbox"/> DK																																								
3. How many minutes or hours after awakening did you usually have your first cigarette?	<div style="text-align: right;">51-53</div> 000 <input type="checkbox"/> Immediately _____ { <input type="checkbox"/> Minutes <input type="checkbox"/> Hours 999 <input type="checkbox"/> DK																																								
4. Before you quit (entry in 1) ago, did you make any other serious attempts to stop smoking?	<div style="text-align: right;">54</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (7)																																								
5. Including the last time you quit smoking, how many times did you make a serious attempt to stop smoking cigarettes?	<div style="text-align: right;">55-56</div> _____ Times 99 <input type="checkbox"/> DK																																								
6. Before you quit smoking (entry in 1) ago, what was the longest period you stayed off cigarettes?	<div style="text-align: right;">57-59</div> 000 <input type="checkbox"/> Less than one day _____ { <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years 999 <input type="checkbox"/> DK																																								
7. For how many years were you a regular smoker (do not include the times when you stayed off cigarettes)?	<div style="text-align: right;">60-61</div> 00 <input type="checkbox"/> Less than one year _____ Years 99 <input type="checkbox"/> DK																																								
I'm going to read a list of methods which some people use to stop smoking cigarettes.																																									
8a. (When you quit did you ever/In any of your quit attempts did you ever) –	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>1) switch to lower tar or nicotine cigarettes?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">62</td> </tr> <tr> <td>2) use special filters or cigarette holders to regulate the amount of smoke inhaled?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">63</td> </tr> <tr> <td>3) gradually decrease the number of cigarettes you smoked in a day?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">64</td> </tr> <tr> <td>4) use prescription chewing gum called "nicorette"?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">65</td> </tr> <tr> <td>5) participate in the Great American Smoke-out?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">66</td> </tr> <tr> <td>6) stop smoking along with friends or relatives who were also trying to quit?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">67</td> </tr> <tr> <td>7) stop by following instructions in a book or pamphlet?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">68</td> </tr> <tr> <td>8) stop "cold turkey", that is, stopping all at once without cutting down?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">69</td> </tr> <tr> <td>9) use some other method?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: right;">70</td> </tr> </table>		Yes	No		1) switch to lower tar or nicotine cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	62	2) use special filters or cigarette holders to regulate the amount of smoke inhaled?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	63	3) gradually decrease the number of cigarettes you smoked in a day?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	64	4) use prescription chewing gum called "nicorette"?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	65	5) participate in the Great American Smoke-out?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	66	6) stop smoking along with friends or relatives who were also trying to quit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	67	7) stop by following instructions in a book or pamphlet?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	68	8) stop "cold turkey", that is, stopping all at once without cutting down?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	69	9) use some other method?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	70
	Yes	No																																							
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8) stop "cold turkey", that is, stopping all at once without cutting down?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	69																																						
9) use some other method?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	70																																						
If "No" in 4 or only 1 method in 8a, mark box(es) without asking and skip to 9; otherwise ask:																																									
b. Thinking of the methods you just mentioned, which ones did you use the last time you quit smoking?	<table border="0" style="width: 100%;"> <tr> <td>1 <input type="checkbox"/> Switch to lower tar/nicotine cigarettes</td> <td style="text-align: right;">71</td> </tr> <tr> <td>1 <input type="checkbox"/> Use special filters/cigarette holders</td> <td style="text-align: right;">72</td> </tr> <tr> <td>1 <input type="checkbox"/> Gradually decrease number smoked</td> <td style="text-align: right;">73</td> </tr> <tr> <td>1 <input type="checkbox"/> Use "nicorette"</td> <td style="text-align: right;">74</td> </tr> <tr> <td>1 <input type="checkbox"/> Great American Smoke-out</td> <td style="text-align: right;">75</td> </tr> <tr> <td>1 <input type="checkbox"/> Stop with friends or relatives</td> <td style="text-align: right;">76</td> </tr> <tr> <td>1 <input type="checkbox"/> Follow instructions in pamphlet or book</td> <td style="text-align: right;">77</td> </tr> <tr> <td>1 <input type="checkbox"/> Stop "cold turkey"</td> <td style="text-align: right;">78</td> </tr> <tr> <td>1 <input type="checkbox"/> Other</td> <td style="text-align: right;">79</td> </tr> <tr> <td>1 <input type="checkbox"/> DK</td> <td style="text-align: right;">80</td> </tr> </table>	1 <input type="checkbox"/> Switch to lower tar/nicotine cigarettes	71	1 <input type="checkbox"/> Use special filters/cigarette holders	72	1 <input type="checkbox"/> Gradually decrease number smoked	73	1 <input type="checkbox"/> Use "nicorette"	74	1 <input type="checkbox"/> Great American Smoke-out	75	1 <input type="checkbox"/> Stop with friends or relatives	76	1 <input type="checkbox"/> Follow instructions in pamphlet or book	77	1 <input type="checkbox"/> Stop "cold turkey"	78	1 <input type="checkbox"/> Other	79	1 <input type="checkbox"/> DK	80																				
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1 <input type="checkbox"/> Other	79																																								
1 <input type="checkbox"/> DK	80																																								
Mark all applicable boxes, do not probe.																																									

FORM NS-1A (1987) (7-28-86)

1987 NHIS Cancer Control Supplement (18 years and over)

Section U — FORMER SMOKER — Continued		3-4
<p>9. Thinking of the time(s) you tried to quit smoking, please tell me the reasons you had for trying to quit.</p> <p><i>Mark all mentioned, do not probe.</i></p> <p><i>If for health reasons in general ask:</i></p> <p>Was that concern for your health at the time or concern for your future health?</p>	<p>1 <input type="checkbox"/> Health symptom/problem</p> <p>1 <input type="checkbox"/> Present health</p> <p>1 <input type="checkbox"/> Future health</p> <p>1 <input type="checkbox"/> Both present and future health</p> <p>1 <input type="checkbox"/> Cost of cigarettes</p> <p>1 <input type="checkbox"/> Pressure from family and friends</p> <p>1 <input type="checkbox"/> Advice from my doctor</p> <p>1 <input type="checkbox"/> Setting a good example for children</p> <p>1 <input type="checkbox"/> Effect my smoking had on others</p> <p>1 <input type="checkbox"/> Pregnancy</p> <p>1 <input type="checkbox"/> Lost desire</p> <p>1 <input type="checkbox"/> Dirty habit</p> <p>1 <input type="checkbox"/> Other</p> <p>1 <input type="checkbox"/> DK</p>	<p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p>
<p>10a. Did you ever try to quit smoking because of a health condition you had at the time?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (11)</p>	<p>19</p>
<p>b. What was the health condition?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Heart trouble/problem</p> <p>1 <input type="checkbox"/> High blood pressure</p> <p>1 <input type="checkbox"/> Cancer</p> <p>1 <input type="checkbox"/> Emphysema</p> <p>1 <input type="checkbox"/> Cough</p> <p>1 <input type="checkbox"/> Shortness of breath</p> <p>1 <input type="checkbox"/> Cold/flu/virus</p> <p>1 <input type="checkbox"/> Other respiratory problem</p> <p>1 <input type="checkbox"/> Sore throat</p> <p>1 <input type="checkbox"/> Pregnancy</p> <p>1 <input type="checkbox"/> Other</p> <p>1 <input type="checkbox"/> DK</p>	<p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p>
<p>11. Did a doctor ever advise you to quit smoking?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>32</p>
<p>12a. Do you believe your smoking affected your health in any way?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } (13)</p> <p>9 <input type="checkbox"/> DK }</p>	<p>33</p>
<p>b. How did smoking affect your health?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Heart trouble/problem</p> <p>1 <input type="checkbox"/> High blood pressure</p> <p>1 <input type="checkbox"/> Cancer</p> <p>1 <input type="checkbox"/> Emphysema</p> <p>1 <input type="checkbox"/> Cough</p> <p>1 <input type="checkbox"/> Shortness of breath</p> <p>1 <input type="checkbox"/> Cold/flu/virus</p> <p>1 <input type="checkbox"/> Other respiratory problem</p> <p>1 <input type="checkbox"/> Sore throat</p> <p>1 <input type="checkbox"/> Other</p> <p>1 <input type="checkbox"/> DK</p>	<p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p>
<p>13. When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away from the person, just do nothing, or something else?</p>	<p>1 <input type="checkbox"/> Ask person not to smoke</p> <p>2 <input type="checkbox"/> Move away</p> <p>3 <input type="checkbox"/> Do nothing</p> <p>9 <input type="checkbox"/> Something else</p>	<p>45</p>
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Section V — CURRENT SMOKER	
<i>If telephone interview, skip to 1b.</i>	
1 a. In order to get an accurate record of the brand of cigarette you smoke most often, I'd like to see the cigarette package. Do you have the pack handy?	<input type="checkbox"/> Yes (Record UPC, THEN 3) 46-57 <input type="checkbox"/> No
b. What brand or type of cigarette do you smoke most often?	_____ Brand/Type name 58-60
2. What type of cigarettes are the (brand in 1b) that you smoke? Are they —	<input type="checkbox"/> 1 Filter tip 61 <input type="checkbox"/> 2 Non-filter tip
a. filter tip or non-filter tip?	<input type="checkbox"/> 1 Hard pack 62 <input type="checkbox"/> 2 Soft pack
b. hard pack or soft pack?	<input type="checkbox"/> 1 Menthol 63 <input type="checkbox"/> 2 Plain
c. menthol or plain?	<input type="checkbox"/> 1 Regular 64 <input type="checkbox"/> 2 King-size <input type="checkbox"/> 3 100 millimeter <input type="checkbox"/> 4 120 millimeter <input type="checkbox"/> 5 DK
d. regular, king-size, 100, or 120 millimeter?	<input type="checkbox"/> 1 Regular 65 <input type="checkbox"/> 2 Lights <input type="checkbox"/> 3 Ultra lights <input type="checkbox"/> 5 DK
e. regular, lights or ultra lights?	<input type="checkbox"/> 00 Less than one cigarette per day 66-67 _____ Cigarettes per day <input type="checkbox"/> 99 DK
3. On the average, how many cigarettes do you usually smoke a day?	<input type="checkbox"/> 000 Immediately 68-70 _____ { <input type="checkbox"/> 1 Minutes <input type="checkbox"/> 2 Hours <input type="checkbox"/> 999 DK
4. How many minutes or hours after awakening do you have your first cigarette?	<input type="checkbox"/> 1 Addicted 71 <input type="checkbox"/> 1 Relaxes or calms me/nerves&stress/helps me cope 72 <input type="checkbox"/> 1 To keep my weight down 73 <input type="checkbox"/> 1 Wakes me up 74 <input type="checkbox"/> 1 Gives me something to do with my hands 75 <input type="checkbox"/> 1 Keeps me going/helps me concentrate/excuse to take a break 76 <input type="checkbox"/> 1 Habit 77 <input type="checkbox"/> 1 I like it/enjoy it 78 <input type="checkbox"/> 1 Social reasons 79 <input type="checkbox"/> 1 Other 80 <input type="checkbox"/> 1 DK 81
5. What are the reasons you smoke cigarettes? <i>Mark all mentioned, do not probe.</i>	<input type="checkbox"/> 1 Yes 82 <input type="checkbox"/> 2 No } (12) <input type="checkbox"/> 9 DK
6 a. Have you ever made a serious attempt to stop smoking cigarettes?	<input type="checkbox"/> 1 Yes 83 <input type="checkbox"/> 2 No (6d)
b. Have you made more than one serious attempt?	<input type="checkbox"/> 01 Once (6d) 84-85 <input type="checkbox"/> 00 Never (6e) _____ Times } (6e) <input type="checkbox"/> 99 DK
c. How many times within the last year have you made a serious attempt to stop smoking cigarettes?	_____ / 19 _____ (7a) month year
d. When did you make the serious attempt to quit smoking?	_____ / 19 _____ (7b) month year
e. When did you last make a serious attempt to quit smoking?	<input type="checkbox"/> 000 Less than a day 86-88 _____ { <input type="checkbox"/> 1 Days <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Years } (8) <input type="checkbox"/> 999 DK
7 a. When you tried to quit, how long did you stay off cigarettes?	89-93
7 a. When you tried to quit, how long did you stay off cigarettes?	94-98

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Section V — CURRENT SMOKER — Continued		RT 74
7b. When you tried to quit in (entry in 6a), for how long did you stay off cigarettes?	<input type="checkbox"/> Less than a day <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> DK	3-4 5-7
c. Of all the times you have tried to quit smoking, what was the longest period you stayed off cigarettes?	<input type="checkbox"/> Less than a day <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> DK	8-10
I'm going to read a list of methods which some people use to stop smoking cigarettes.		
8a. [When you tried to quit did you ever/in any of your quit attempts did you ever] —	Yes No	
1) switch to lower tar or nicotine cigarettes?	<input type="checkbox"/> <input type="checkbox"/>	11
2) use special filters or cigarette holders to regulate the amount of smoke inhaled?	<input type="checkbox"/> <input type="checkbox"/>	12
3) gradually decrease the number of cigarettes you smoked in a day?	<input type="checkbox"/> <input type="checkbox"/>	13
4) use prescription chewing gum called "nicorette"?	<input type="checkbox"/> <input type="checkbox"/>	14
5) participate in the Great American Smoke-out?	<input type="checkbox"/> <input type="checkbox"/>	15
6) stop smoking along with friends or relatives who were also trying to quit?	<input type="checkbox"/> <input type="checkbox"/>	16
7) stop by following instructions in a book or pamphlet?	<input type="checkbox"/> <input type="checkbox"/>	17
8) stop "cold turkey", that is, stopping all at once without cutting down?	<input type="checkbox"/> <input type="checkbox"/>	18
9) use some other method?	<input type="checkbox"/> <input type="checkbox"/>	19
If "No" in 6a, or only 1 method in 8a, mark box(es) without asking and skip to 9, otherwise ask:		
b. Thinking of the methods you just mentioned, which ones did you use the last time you tried to quit smoking?	<input type="checkbox"/> Switch to lower tar/nicotine cigarettes <input type="checkbox"/> Use special filters/cigarette holders <input type="checkbox"/> Gradually decrease number smoked <input type="checkbox"/> Use "nicorette" <input type="checkbox"/> Great American Smoke-out <input type="checkbox"/> Stop with friends or relatives <input type="checkbox"/> Follow instructions in pamphlet or book <input type="checkbox"/> Stop "cold turkey" <input type="checkbox"/> Other <input type="checkbox"/> DK	20 21 22 23 24 25 26 27 28 29
Mark all applicable boxes, do not probe.		
9. Thinking of the time(s) you tried to quit smoking, please tell me the reasons you had for trying to quit.	<input type="checkbox"/> Health symptom/problem <input type="checkbox"/> Present health <input type="checkbox"/> Future health <input type="checkbox"/> Both present and future health <input type="checkbox"/> Cost of cigarettes <input type="checkbox"/> Pressure from family and friends <input type="checkbox"/> Advice from my doctor <input type="checkbox"/> Setting a good example for children <input type="checkbox"/> Effect my smoking had on others <input type="checkbox"/> Pregnancy <input type="checkbox"/> Lost desire <input type="checkbox"/> Dirty habit <input type="checkbox"/> Other <input type="checkbox"/> DK	30 31 32 33 34 35 36 37 38 39 40 41 42 43
Mark all mentioned, do not probe.		
If for health reasons in general ask:		
Was that concern for your health at the time or concern for your future health?		
10a. Did you ever try to quit smoking because of a health condition you had at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No (11)	44
b. What was the health condition?	<input type="checkbox"/> Heart trouble/problem <input type="checkbox"/> High blood pressure <input type="checkbox"/> Cancer <input type="checkbox"/> Emphysema <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cold/flu/virus <input type="checkbox"/> Other respiratory problem <input type="checkbox"/> Sore throat <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other <input type="checkbox"/> DK	45 46 47 48 49 50 51 52 53 54 55 56
Mark all mentioned, do not probe.		

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Section V — CURRENT SMOKER — Continued		
<p>11 a. After your attempt(s) to quit, what were the reasons you started to smoke again?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>00 <input type="checkbox"/> Fear of gaining weight</p> <p>01 <input type="checkbox"/> Actual weight gain</p> <p>02 <input type="checkbox"/> Headaches/irritability/difficulty concentrating/drowsiness</p> <p>03 <input type="checkbox"/> Bored/blue/depressed</p> <p>04 <input type="checkbox"/> Nervous/tense/angry/frustrated/stress</p> <p>05 <input type="checkbox"/> Stressful life event</p> <p>06 <input type="checkbox"/> Pressure from others to smoke</p> <p>07 <input type="checkbox"/> No support from others</p> <p>08 <input type="checkbox"/> Habit/situation where used to smoke regularly</p> <p>09 <input type="checkbox"/> Addiction/craving</p> <p>10 <input type="checkbox"/> Pleasure of smoking/enjoy it</p> <p>11 <input type="checkbox"/> Others smoking around me</p> <p>12 <input type="checkbox"/> Not ready to quit/didn't want to quit</p> <p>13 <input type="checkbox"/> Didn't try hard enough/no will power</p> <p>14 <input type="checkbox"/> Any mention of alcohol</p> <p>99 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<p>87-88</p> <p>89-90</p> <p>81-82</p> <p>83-84</p> <p>85-86</p> <p>87-88</p> <p>89-90</p> <p>71-72</p> <p>73-74</p> <p>75-76</p> <p>77-78</p> <p>79-80</p> <p>81-82</p> <p>83-84</p> <p>85-86</p> <p>87-88</p> <p>89-90</p>
	<p><i>If only one reason in 11a, mark box without asking and skip to 12; otherwise ask:</i></p> <p>b. Of the reasons you have told me, which of these was the MOST IMPORTANT to you as a reason for starting to smoke again.</p>	<p>MOST IMPORTANT</p> <p>00 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/></p> <p>01 <input type="checkbox"/> 07 <input type="checkbox"/> 13 <input type="checkbox"/></p> <p>02 <input type="checkbox"/> 08 <input type="checkbox"/> 14 <input type="checkbox"/></p> <p>03 <input type="checkbox"/> 09 <input type="checkbox"/> 88 <input type="checkbox"/></p> <p>04 <input type="checkbox"/> 10 <input type="checkbox"/> 99 <input type="checkbox"/></p> <p>05 <input type="checkbox"/> 11 <input type="checkbox"/></p>
<p>12. Have you ever switched to a lower tar and nicotine cigarette just to reduce your health risk?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>93</p>
<p>13a. Do you believe your smoking has affected your health in any way?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (14)</p>	<p>94</p>
<p>b. How has your smoking affected your health?</p> <p><i>Mark all mentioned, do not probe.</i></p>	<p>1 <input type="checkbox"/> Heart trouble/problem</p> <p>1 <input type="checkbox"/> High blood pressure</p> <p>1 <input type="checkbox"/> Cancer</p> <p>1 <input type="checkbox"/> Emphysema</p> <p>1 <input type="checkbox"/> Cough</p> <p>1 <input type="checkbox"/> Shortness of breath</p> <p>1 <input type="checkbox"/> Cold/flu/virus</p> <p>1 <input type="checkbox"/> Other respiratory problem</p> <p>1 <input type="checkbox"/> Other</p> <p>1 <input type="checkbox"/> DK</p>	<p>95</p> <p>96</p> <p>97</p> <p>98</p> <p>99</p> <p>100</p> <p>101</p> <p>102</p> <p>103</p> <p>104</p>
<p>14. Has a doctor ever advised you to quit smoking?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>105</p>
<p>15. For how many years have you been a regular smoker (do not include the times when you stayed off cigarettes)?</p>	<p>00 <input type="checkbox"/> Less than one year</p> <p>_____ Years</p> <p>99 <input type="checkbox"/> DK</p>	<p>106-107</p>
<p>16a. Could you quit smoking permanently if you wanted to?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (17)</p> <p>9 <input type="checkbox"/> DK</p>	<p>108</p>
<p>b. How hard do you think it would be to quit smoking cigarettes entirely — very hard, somewhat hard, or not hard at all?</p>	<p>1 <input type="checkbox"/> Very hard</p> <p>2 <input type="checkbox"/> Somewhat hard</p> <p>3 <input type="checkbox"/> Not hard at all</p> <p>9 <input type="checkbox"/> DK</p>	<p>109</p>
<p>17. When you are inside public places that have no rules about smoking, what are you most likely to do — light up a cigarette if you wish, look around to see if others are smoking and then light up, ask if others would mind, just not smoke, or something else?</p>	<p>1 <input type="checkbox"/> Light up</p> <p>2 <input type="checkbox"/> Look around</p> <p>3 <input type="checkbox"/> Ask others</p> <p>4 <input type="checkbox"/> Not smoke</p> <p>8 <input type="checkbox"/> Something else</p>	<p>110</p>
<p>Notes</p>		

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Section W — OTHER TOBACCO USE		RT 75
These next questions are about the use of other tobacco products.		3-4
1 a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 3 <input type="checkbox"/> DK Chewing tobacco (6)	5
b. Have you used chewing tobacco at least 20 times?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6) 3 <input type="checkbox"/> DK }	5
2. How old were you when you first used chewing tobacco?	_____ Age 99 <input type="checkbox"/> DK	7-8
3. Do you use chewing tobacco now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9
4. Altogether, about how long [did you use/have you used] chewing tobacco?	000 <input type="checkbox"/> Less than one month ____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK	10-12
5 a. On the average, how many days per month [did/do] you use chewing tobacco?	00 <input type="checkbox"/> Less than one day a month 97 <input type="checkbox"/> Never used regularly (6) 98 <input type="checkbox"/> Everyday ____ Days per month 99 <input type="checkbox"/> DK	13-14
b. On the days that you use(d) chewing tobacco, how many times [did/do] you use it?	____ Times per day 99 <input type="checkbox"/> DK	15-16
6 a. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12) 3 <input type="checkbox"/> DK Snuff (12)	17
b. Have you used snuff at least 20 times?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (12) 3 <input type="checkbox"/> DK }	18
7. How old were you when you first used snuff?	____ Age 99 <input type="checkbox"/> DK	19-20
8. Do you use snuff now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	21
9. Altogether, about how long [did you use/have you used] snuff?	000 <input type="checkbox"/> Less than one month ____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK	22-24
10 a. On the average, how many days per month [did/do] you use snuff?	00 <input type="checkbox"/> Less than one day a month 97 <input type="checkbox"/> Never used regularly (12) 98 <input type="checkbox"/> Everyday ____ Days per month 99 <input type="checkbox"/> DK	25-26
b. On the days you use(d) snuff, how many times [did/do] you use it?	____ Times per day 99 <input type="checkbox"/> DK	27-28
11. [Did/Do] you use snuff by sniffing it or by placing it in your mouth?	1 <input type="checkbox"/> Sniffing 2 <input type="checkbox"/> Mouth 3 <input type="checkbox"/> Both	29
12 a. Have you ever smoked a pipe?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17)	30
b. Have you smoked a pipe at least 50 times?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (17) 3 <input type="checkbox"/> DK }	31
13. How old were you when you first smoked a pipe?	____ Age 99 <input type="checkbox"/> DK	32-33

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Section W – OTHER TOBACCO USE – Continued	
14. Do you smoke a pipe now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 34
15. Altogether, about how long [did you smoke/have you smoked] a pipe?	000 <input type="checkbox"/> Less than one month _____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK 35–37
16a. On the average, how many days per month [did/do] you smoke a pipe?	00 <input type="checkbox"/> Less than one day a month 97 <input type="checkbox"/> Never smoked a pipe regularly (17) 98 <input type="checkbox"/> Everyday _____ Days per month 99 <input type="checkbox"/> DK 38–39
b. On the days you smoke(d) a pipe, how many pipefuls of tobacco [did/do] you smoke?	00 <input type="checkbox"/> Less than one _____ Pipefuls per day 99 <input type="checkbox"/> DK 40–41
17a. Have you ever smoked cigars?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (22) 42
b. Have you smoked at least 50 cigars in your entire life?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (22) 9 <input type="checkbox"/> DK } 43
18. How old were you when you first smoked cigars?	_____ Age 99 <input type="checkbox"/> DK 44–45
19. Do you smoke cigars now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 46
20. Altogether, about how long [did you smoke/have you smoked] cigars?	000 <input type="checkbox"/> Less than one month _____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK 47–49
21a. On the average, how many days per month [did/do] you smoke cigars?	00 <input type="checkbox"/> Less than one day a month 97 <input type="checkbox"/> Never smoked cigars regularly (22) 98 <input type="checkbox"/> Everyday _____ Days per month 99 <input type="checkbox"/> DK 50–51
b. On the days you smoke(d) cigars, how many [did/do] you smoke?	00 <input type="checkbox"/> Less than one _____ Cigars per day 99 <input type="checkbox"/> DK 52–53
Notes	

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Section W — OTHER TOBACCO USE — Continued			
22a. Do you believe cigarette smoking is related to —		HAND CARD W ASK 22b for each "Yes" in 22a.	ASK 22c for each "Yes" in 22a.
		b. Do you think there is a strong, moderate, or slight relationship between cigarette smoking and (condition)?	c. Do you believe that if a person stops smoking completely, his chances of getting (condition) are reduced?
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
1) emphysema?	(2) 54	(2) 55	56
2) gallstones?	(3) 57	(3) 58	59
3) lung cancer?	(4) 60	(4) 61	62
4) chronic bronchitis?	(5) 63	(5) 64	65
5) diabetes?	(6) 66	(6) 67	68
6) cancer of the mouth and throat?	(7) 69	(7) 70	71
7) heart disease?	(22b) 72	(22c) 73	74
W1 Mark appropriate box	1 <input type="checkbox"/> Sample 871 (23) 2 <input type="checkbox"/> Sample 872—874 (W2)		75
W2 Mark race. Refer to question 3, page 42 or 43 on HIS-1.	1 <input type="checkbox"/> White (section X) 9 <input type="checkbox"/> All others (23)		76
23a. Do you think that using chewing tobacco on a regular basis can increase a person's chances of getting mouth and throat cancer?		HAND CARD W Ask 23b for each "Yes" in 23a	b. Do you think there is a strong, moderate or slight connection between mouth and throat cancer and (YES in 23a)?
			What about (YES in 23a)?
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Strong 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Slight 9 <input type="checkbox"/> DK
1) Using chewing tobacco?	(2) 77		78
What about —			
2) Using snuff by mouth?	(3) 79		80
3) Smoking a pipe?	(4) 81		82
4) Smoking cigars?	(23b) 83		84

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Section W – OTHER TOBACCO USE – Continued	
<p><i>HAND CARD R2</i></p> <p>24. Now I'm going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you strongly agree, agree, disagree, or strongly disagree, or if you have no opinion.</p> <p>a. Everything causes cancer anyway so it doesn't really matter if you smoke.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> No opinion</p> <p style="text-align: right;">85</p>
<p>b. Smoking by a pregnant woman may harm the baby.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> No opinion</p> <p style="text-align: right;">86</p>
<p>c. The smoke from someone else's cigarette is harmful to you.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> No opinion</p> <p style="text-align: right;">87</p>
<p>d. Most deaths from lung cancer are caused by cigarette smoking.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> No opinion</p> <p style="text-align: right;">88</p>
<p>e. People who smoke low tar and nicotine cigarettes are less likely to get cancer than people who smoke high tar and nicotine cigarettes.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> No opinion</p> <p style="text-align: right;">89</p>
<p>f. If people want to smoke, they should not do so inside public places where it might disturb others.</p>	<p>1 <input type="checkbox"/> Strongly agree 2 <input type="checkbox"/> Agree 3 <input type="checkbox"/> Disagree 4 <input type="checkbox"/> Strongly disagree 5 <input type="checkbox"/> No opinion</p> <p style="text-align: right;">90</p>
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Section X — OCCUPATIONAL EXPOSURE		RT 76
X1	Refer to HIS-1, C1	3-4
	1 <input type="checkbox"/> Wa/Wb box marked (1) 2 <input type="checkbox"/> All others (B)	5
1.	On your current job, are you exposed to any substances that would be harmful if you breathed them or got them on your skin?	6
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3a) 3 <input type="checkbox"/> DK }	
2a.	Do you know how these substances could affect your health?	7
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3a)	
b.	Where did you learn how these substances could affect your health? <i>Mark all mentioned, do not probe.</i>	8
	1 <input type="checkbox"/> Employer	9
	1 <input type="checkbox"/> Union	10
	1 <input type="checkbox"/> Health clinic at work	11
	1 <input type="checkbox"/> Magazines	12
	1 <input type="checkbox"/> Newspapers	13
	1 <input type="checkbox"/> Notices posted at work	14
	1 <input type="checkbox"/> Doctor	15
	1 <input type="checkbox"/> Television	16
	1 <input type="checkbox"/> Read container label	17
	1 <input type="checkbox"/> Other	18
	1 <input type="checkbox"/> DK	
3a.	Do you spend at least half your work day in an office building or some other type of building or do you work mostly outside?	19
	1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside } (6) 3 <input type="checkbox"/> DK }	
b.	Are there at least five other people working in the building?	20
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6) 3 <input type="checkbox"/> DK }	
4a.	Is smoking allowed where you work?	21
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (4c) 3 <input type="checkbox"/> DK (6)	
b.	Do you have smoking and non-smoking areas where you work?	22
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5) 3 <input type="checkbox"/> DK }	
c.	Does your employer restrict smoking (to certain areas) for health reasons and personal comfort, or for some other reasons?	23
	1 <input type="checkbox"/> Health/personal comfort 2 <input type="checkbox"/> Other reasons 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> DK	
	<i>If "No" in 4a, skip to 6; otherwise ask:</i>	
5.	Would you say your immediate work area is very smoky from tobacco, somewhat smoky, or not smoky at all?	24
	1 <input type="checkbox"/> Very smoky 2 <input type="checkbox"/> Somewhat smoky 3 <input type="checkbox"/> Not smoky at all 4 <input type="checkbox"/> DK	
6.	In general, would you say the smoke from other people's cigarettes is very annoying to you, somewhat annoying to you, or not at all annoying to you?	25
	1 <input type="checkbox"/> Very annoying 2 <input type="checkbox"/> Somewhat annoying 3 <input type="checkbox"/> Not at all annoying	
Notes		

1987 NHIS Cancer Epidemiology Supplement (18 years and over)

OMB No. 0933 0161: Approval Expires March 31, 1988

<p>FORM HIS-1B (1987) 16 1 881</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">NATIONAL HEALTH INTERVIEW SURVEY</p> <p style="text-align: center;">EPIDEMIOLOGY STUDY</p>	<p>NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(b) of the Public Health Service Act (42 USC 242m).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">1. Book RT 77 3-7 8 of 8 books</td> <td style="width: 25%; border-bottom: 1px solid black;">2. R.O. number 9-10</td> <td style="width: 25%; border-bottom: 1px solid black;">3. Sample 11-13</td> <td style="width: 25%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">4. Control number PSU 14-16 Segment 17-23 Serial 24-25</td> <td colspan="3" style="border-bottom: 1px solid black;">5. Beginning time 26-29 30 1 a.m. 2 p.m.</td> </tr> </table>	1. Book RT 77 3-7 8 of 8 books	2. R.O. number 9-10	3. Sample 11-13		4. Control number PSU 14-16 Segment 17-23 Serial 24-25	5. Beginning time 26-29 30 1 a.m. 2 p.m.		
1. Book RT 77 3-7 8 of 8 books	2. R.O. number 9-10	3. Sample 11-13							
4. Control number PSU 14-16 Segment 17-23 Serial 24-25	5. Beginning time 26-29 30 1 a.m. 2 p.m.								

Section EE - SMOKING HABITS		88
These next questions are about cigarette smoking.		
<p>1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (section FF) 9 <input type="checkbox"/> DK</p>	
<p>2. How old were you when you first started smoking cigarettes fairly regularly?</p>	<p>_____ Age 00 <input type="checkbox"/> Never smoked regularly (section FF) 99 <input type="checkbox"/> DK</p>	89-90
<p>3. Do you smoke cigarettes now?</p>	<p>1 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No</p>	91
<p>4. How old were you when you stopped smoking cigarettes?</p>	<p>_____ Age 99 <input type="checkbox"/> DK</p>	92-93
<p>5. On the average, how many cigarettes [did/do] you usually smoke a day?</p>	<p>00 <input type="checkbox"/> Less than one cigarette per day ____ Cigarettes per day 99 <input type="checkbox"/> DK</p>	94-95
<p>6. For how many years [have you been/were you] a regular smoker, do not include the times you may have stayed off cigarettes?</p>	<p>00 <input type="checkbox"/> Less than one year ____ Years 99 <input type="checkbox"/> DK</p>	96-97

**1990 Health Promotion and Disease Prevention (1990 Objectives)
Supplement - Pregnancy and Smoking Section (18-44 years)**

Section P — PREGNANCY AND SMOKING		Person Number _____
ITEM P1	Refer to age and sex on Household Composition Page. <input type="checkbox"/> Females 18–44 in family (Enter person number and name of all females 18–44; THEN 1) <input type="checkbox"/> No females 18–44 in family (Section Q)	P1 First name _____
These next few questions refer to smoking and pregnancy and are asked of women aged 18–44. In this family the questions refer to (read names).		
1a. Are any of these women now pregnant? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) 3 <input type="checkbox"/> DK (2)		
b. Who is this? Mark box in person's column.		1b. <input type="checkbox"/> Yes, pregnant now 7707
c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No		
2a. Have any of these women given birth to a live born infant in the past 5 years? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Item P2) 3 <input type="checkbox"/> DK (Item P2)		
b. Who is this? Mark box in person's column.		2b. <input type="checkbox"/> Yes, child past 5 years 7708
c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No		
ITEM P2	Mark first appropriate box. <input type="checkbox"/> 1b and 2b blank, refused, or DK for all eligible females. (Section Q)	P2 1 <input type="checkbox"/> Available, "Yes" in 2b (3) 7709 2 <input type="checkbox"/> Available, "Yes" in 1b (4) 3 <input type="checkbox"/> Callback required (NP) 4 <input type="checkbox"/> Noninterview (Cover page, THEN NP) 5 <input type="checkbox"/> Other (NP)
3. In what month and year was your last child born?		3. _____ / 19 _____ 7710 Month Year
4. Have you smoked at least 100 cigarettes in your entire life?		4. 1 <input type="checkbox"/> Yes (Mark "Sm" box, THEN 5) 7714 2 <input type="checkbox"/> No (Mark "Sm" box, THEN P2 for NP)
5a. Do you smoke cigarettes now?		5a. 1 <input type="checkbox"/> Yes (6) 7715 2 <input type="checkbox"/> No
b. About how long has it been since you last smoked cigarettes fairly regularly?		b. <input type="checkbox"/> Less than 1 day 7716 <input type="checkbox"/> Days <input type="checkbox"/> Weeks Number { <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Never smoked regularly (P3)
6. On the average, about how many cigarettes a day [do you now smoke/did you smoke when you last smoked regularly]?		6. 00 <input type="checkbox"/> Less than 1 per day 7719 _____ Number
ITEM P3	Refer to question 5a.	P3 <input type="checkbox"/> "No" in 5a (P4) <input type="checkbox"/> Other (7)
7. Have you ever made a serious attempt to stop smoking cigarettes?		7. 1 <input type="checkbox"/> Yes 7722 2 <input type="checkbox"/> No (P4) 3 <input type="checkbox"/> DK (P4)
8a. When was the START of your MOST RECENT serious quit attempt?		8a. _____ { <input type="checkbox"/> Days ago 7723 <input type="checkbox"/> Weeks ago Number { <input type="checkbox"/> Months ago <input type="checkbox"/> Years ago 3 <input type="checkbox"/> DK
b. How long did you actually stay off cigarettes that time?		b. 0 <input type="checkbox"/> Less than one day 7726 <input type="checkbox"/> Days Number { <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years (P4) 3 <input type="checkbox"/> DK

**1990 Health Promotion and Disease Prevention (1990 Objectives)
Supplement - Pregnancy and Smoking Section (18-44 years)**

Section P — PREGNANCY AND SMOKING — Continued		Person Number _____	
ITEM P4	Refer to questions 1b and 5a.	P4	<input type="checkbox"/> "Yes" in 1b and "Yes" in 5a (10) <input type="checkbox"/> "Yes" in 1b and "No" in 5a (9) <input type="checkbox"/> Other (P5)
9.	Have you smoked cigarettes at any time during this pregnancy?	9.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (P5) 7730
10.	On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant this time?	10.	_____ Number 99 <input type="checkbox"/> Did not smoke regularly 7731
11.	On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant this time?	11.	_____ Number 99 <input type="checkbox"/> Did not smoke regularly 7733
ITEM P5	Refer to question 2b.	P5	<input type="checkbox"/> "Yes" in 2b (12) <input type="checkbox"/> Other (16)
12.	Did you smoke cigarettes at all during the 12 months before your last child was born in (month and year in 3)?	12.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (16) 7736
13.	On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant?	13.	_____ Number 99 <input type="checkbox"/> Did not smoke regularly 7737
14.	On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant?	14.	_____ Number 99 <input type="checkbox"/> Did not smoke regularly 00 <input type="checkbox"/> None (16) 7739
15.	In general, would you say that you smoked cigarettes during MOST of that pregnancy?	15.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Other 7741
16.	Did a doctor EVER advise you to quit or cut down on smoking?	16.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (P2 for NP) 7742

**1990 Health Promotion and Disease Prevention (1990 Objectives)
Supplement (18 years and over)**

Section U — CARDIOVASCULAR DISEASE						
1. I am going to read a list of things which may or may not affect a person's chances of getting HEART DISEASE. Hand Card U1. Repeat answer categories if telephone interview. After I read each one, tell me if you think it definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting heart disease. First —						
	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
a. Cigarette smoking? (Give me a number from the card.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	8405
b. High blood pressure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	8406
c. Diabetes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	8407
d. Being VERY overweight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	8408
e. Eating a diet high in animal fat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	8409
f. Family history of heart disease?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	8410
g. High cholesterol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	8411

**1990 Health Promotion and Disease Prevention (1990 Objectives)
Supplement (18 years and over)**

Section X – SMOKING		
ITEM X1	Refer to "Sm" box on HIS-1.	<input type="checkbox"/> "Sm" box marked (6) <input type="checkbox"/> Other (1)
These next questions are about smoking cigarettes.		8806
1. Have you smoked at least 100 cigarettes in your entire life?	<input type="checkbox"/> Yes <input type="checkbox"/> No (6)	8806
2a. Do you smoke cigarettes now?	<input type="checkbox"/> Yes (3) <input type="checkbox"/> No	8807
b. About how long has it been since you last smoked cigarettes fairly regularly?	_____ Number { <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Never smoked regularly (6)	8808
3. On the average, about how many cigarettes a day [do you now smoke/did you smoke when you last smoked regularly]?	00 <input type="checkbox"/> Less than 1 per day _____ Number	8811
ITEM X2	Refer to question 2a.	<input type="checkbox"/> "No" in 2a (6) <input type="checkbox"/> Other (4)
4. Have you ever made a SERIOUS attempt to stop smoking cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No } (6) <input type="checkbox"/> DK	8814
5a. When was the START of your MOST RECENT serious quit attempt?	_____ Number { <input type="checkbox"/> Days ago <input type="checkbox"/> Weeks ago <input type="checkbox"/> Months ago <input type="checkbox"/> Years ago <input type="checkbox"/> DK	8815
b. How long did you actually stay off cigarettes that time?	000 <input type="checkbox"/> Less than 1 day _____ Number { <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> DK	8818

**1990 Health Promotion and Disease Prevention (1990 Objectives)
Supplement (18 years and over)**

Section X – SMOKING – Continued						
<p>6. (These next questions are about smoking cigarettes.) <i>Hand Card X.</i> Tell me if you think CIGARETTE SMOKING definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting the following problems. First –</p>		DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION
a. Emphysema? (Give me a number from the card.)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8821
b. Bladder cancer?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8822
c. Cancer of the larynx (lar'inks) or voice box?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8823
d. Cancer of the esophagus?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8824
e. Chronic bronchitis?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8825
f. Lung cancer?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8826
ITEM X3	Refer to age.	<input type="checkbox"/> SP is under 45 (6g) <input type="checkbox"/> SP is 45+ (X4)				
<p>Does cigarette smoking during pregnancy definitely increase, probably increase, probably not or definitely not increase the chances of –</p>		DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION
g. Miscarriage?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8828
h. Stillbirth?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8829
i. Premature birth?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8830
j. Low birth weight of the newborn?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 8831
7a. If a woman takes birth control pills, is she more likely to have a stroke if she smokes than if she does not smoke?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (X4)				8832
b. Is she much more likely or somewhat more likely to have a stroke?		1 <input type="checkbox"/> Much more 2 <input type="checkbox"/> Somewhat more				8833
ITEM X4	Refer to 1 on page 37.	<input type="checkbox"/> "Yes" in 1 (B) <input type="checkbox"/> Other (Section Y)				
8. Did a doctor EVER advise you to quit or cut down on smoking?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK				8835

NHIS Tobacco Questions: 1965 - 1995

**1991 Health Promotion and Disease Prevention (2000 Objectives)
Supplement (18 years and over)**

FORM HIS-2 (1991) (1-23-91)		OMB No. 0920-0214; Approval Expires 3/31/92	
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. PUBLIC HEALTH SERVICE NATIONAL HEALTH INTERVIEW SURVEY 1991 SUPPLEMENT BOOKLET		NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 25 to 75 minutes per response, with an average of 65 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA, Humphrey Building, Room 721-H, 200 Independence Avenue, SW, Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.	
		1. Book _____ of _____ books	RT 85 3-7 8
2. R.O. number _____	9-10	3. Sample _____	11-13
4. Control number PSU 14-16 Segment 17-23 Serial 24-26	5. Family number _____		28
6. Field Representative's name _____		Code _____	27-29

**1991 Health Promotion and Disease Prevention (2000 Objectives)
Supplement - Pregnancy and Smoking Section (18-49 years)**

Section C — PREGNANCY AND SMOKING		PERSON 1	3-4
ITEM C1	a. Refer to age and sex on Household Composition Page.	C1	1 <input type="checkbox"/> Female(s) 18-49 in family (C1b) 5
	b. Mark appropriate box in each person's column.	a.	2 <input type="checkbox"/> No female 18-49 in family (Section D)
	c. Enter name of eligible female.	b.	<input type="checkbox"/> Female 18-49 (C1c) <input type="checkbox"/> Other (NP)
	d. Enter person number of respondent.	c.	Enter name, then C1b for NP
The next questions refer to pregnancy, breastfeeding, and smoking and are asked of women aged 18-49. In this family, the questions refer to (read names).		d.	Person No. of Resp. 6-7
1a. Have any of these women given birth to a live born infant in the past 5 years?		1a.	1 <input type="checkbox"/> Yes 8 2 <input type="checkbox"/> No } (Section D) 9 <input type="checkbox"/> Dk }
b. Who is this? Mark box in person's column.		b.	1 <input type="checkbox"/> Child in the past 5 years 9
c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (Item C2)			
ITEM C2	a. Refer to 1b.	C2	1 <input type="checkbox"/> Box marked in 1b (C2b) 10 2 <input type="checkbox"/> Other (NP or Section D)
	b. Mark first appropriate box.	a.	1 <input type="checkbox"/> Available (2) 11 2 <input type="checkbox"/> Callback required (Arrange, THEN NP or Section D) 3 <input type="checkbox"/> Noninterview (Back Cover, THEN NP or Section D)
(Earlier I was told that you have had a baby in the past 5 years.) These questions are about breastfeeding, pregnancy, and smoking.		2a.	____/19 12-15 Month Year
2a. In what month and year was your last child born?		b.	1 <input type="checkbox"/> Yes (2c) 16 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }
b. Did you ever breastfeed this child?		c.	1 <input type="checkbox"/> Yes (2d) 17 2 <input type="checkbox"/> No } (2e) 9 <input type="checkbox"/> DK }
c. Was there a period of one day or more when your breast milk was the child's ONLY food?		d.	000 <input type="checkbox"/> Still only breast milk (3) 18-20 (Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK }
d. For how long was this child fed ONLY breast milk?		e.	000 <input type="checkbox"/> Still breastfeeding 21-23 (Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK }
e. How old was this child when he or she COMPLETELY stopped breastfeeding?		3.	1 <input type="checkbox"/> Yes (Mark "Sm" box, THEN 4) 24 2 <input type="checkbox"/> No } (Mark "Sm" box, THEN 3 <input type="checkbox"/> DK } C2 for NP or Section D
3. Have you smoked at least 100 cigarettes in your entire life?		4.	1 <input type="checkbox"/> Every day 25 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK
4. Around this time LAST YEAR, were you smoking cigarettes every day, some days, or not at all?		5.	1 <input type="checkbox"/> Yes (6) 26 2 <input type="checkbox"/> No (7)
5. Do you smoke cigarettes now?		6.	1 <input type="checkbox"/> Every day (8) 27 2 <input type="checkbox"/> Some days (15)
6. Do you now smoke cigarettes every day or some days?		7.	1 <input type="checkbox"/> Some days (15) 28 2 <input type="checkbox"/> Not at all (C3)
7. Do you now smoke cigarettes some days or not at all?		8.	Cigarettes a day 29-30 (Number) } (9) 99 <input type="checkbox"/> DK
8. On the average, how many cigarettes do you now smoke a day?			

**1991 Health Promotion and Disease Prevention (2000 Objectives)
Supplement - Pregnancy and Smoking Section (18-49 years)**

Section C — PREGNANCY AND SMOKING — Continued		PERSON 1	
ITEM C3	Refer to question 4.	C3	1 <input type="checkbox"/> "Every day" in 4 (11) 2 <input type="checkbox"/> Other in 4 (17) 31
9.	Have you EVER quit smoking for one day or longer?	9.	1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No } (20) 3 <input type="checkbox"/> DK }
10.	During the past 12 months, have you quit smoking for one day or longer?	10.	1 <input type="checkbox"/> Yes (11) 2 <input type="checkbox"/> No } (12) 3 <input type="checkbox"/> DK }
11.	How many times during the past 12 months have you quit smoking for one day or longer?	11.	____ Times (Number) 99 <input type="checkbox"/> DK 34-35
<i>Hand Card C1. Read answer categories if telephone interview.</i>			
12.	Thinking about the most recent time you stopped smoking, which of the following describes why you stopped? <i>Mark all that apply.</i>	12.	1 <input type="checkbox"/> I quit on purpose 36 2 <input type="checkbox"/> I could not smoke because I was sick 37 3 <input type="checkbox"/> I could not smoke for some other reason 38 4 <input type="checkbox"/> DK 39
ITEM C4	Refer to questions 6 and 7.	C4	1 <input type="checkbox"/> "Every day" in 6 (13) 2 <input type="checkbox"/> "Not at all" in 7 (18) 40
13a.	How long ago was the START of your MOST RECENT quit attempt that lasted for one day or longer?	13a.	____/19____ (14) Month Year 41-44 OR (Number) { 1 <input type="checkbox"/> Days ago (14) 2 <input type="checkbox"/> Weeks ago (14) 3 <input type="checkbox"/> Months ago 4 <input type="checkbox"/> Years ago } 45-47 <i>If one year or 12 months ago, go to 13b, otherwise go to 14</i> 999 <input type="checkbox"/> DK (13b)
b.	Was it within the past year or a year or more ago?	b.	1 <input type="checkbox"/> Within the past year 48 2 <input type="checkbox"/> 1 year or more 3 <input type="checkbox"/> DK
14.	How long did you actually stay off cigarettes that time before you started smoking again?	14.	(Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years } (20) 999 <input type="checkbox"/> DK (20) 49-51
15.	On how many of the past 30 days did you smoke cigarettes?	15.	00 <input type="checkbox"/> None (C5) 52-53 (Number) Days } (16) 99 <input type="checkbox"/> DK
16.	On the average, when you smoked, how many cigarettes did you smoke a day?	16.	(Number) Cigarettes a day 54-55 99 <input type="checkbox"/> DK
ITEM C5	Refer to question 4.	C5	1 <input type="checkbox"/> "Every day" in 4 (18) 2 <input type="checkbox"/> Other in 4 (17) 56
17.	Have you EVER smoked cigarettes every day?	17.	1 <input type="checkbox"/> Yes (18) 2 <input type="checkbox"/> No } (20) 3 <input type="checkbox"/> DK }

**1991 Health Promotion and Disease Prevention (2000 Objectives)
Supplement - Pregnancy and Smoking Section (18-49 years)**

Section C — PREGNANCY AND SMOKING — Continued		PERSON 1	
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 } (19) (Number) { <input type="checkbox"/> Months } <input type="checkbox"/> Years } 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 _____ Cigarettes a day (Number) 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?		21.	65 <input type="checkbox"/> Yes (C6) <input type="checkbox"/> No } (C7) <input type="checkbox"/> DK }
ITEM C6	Refer to question 9.	C6	66 <input type="checkbox"/> "Yes" in 9 (22) <input type="checkbox"/> "No" or "DK" in 9 (C7) <input type="checkbox"/> Other (22)
22. Did you quit smoking for 7 days or longer during your pregnancy with your last child?		22.	67 <input type="checkbox"/> Yes (23) <input type="checkbox"/> No } (C7) <input type="checkbox"/> DK }
23. In what month of your pregnancy did you FIRST quit for 7 days or longer?		23.	68-69 _____ Month (Number) 99 <input type="checkbox"/> DK
24. Did you start smoking again during that pregnancy or did you stay off cigarettes for the rest of the pregnancy?		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)
25. How long did you actually stay off cigarettes that time before you started smoking again?		25.	71-73 <input type="checkbox"/> Days <input type="checkbox"/> Weeks } (Number) { <input type="checkbox"/> Months } <input type="checkbox"/> Years } 999 <input type="checkbox"/> DK
26. Did you quit smoking for 7 days or longer at any other time during that pregnancy?		26.	74 <input type="checkbox"/> Yes (27) <input type="checkbox"/> No } (C7) <input type="checkbox"/> DK }
27. Did you START smoking again during that pregnancy or did you stay off cigarettes for the rest of the 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)
28. In what month of that pregnancy did your MOST RECENT quit attempt begin?		28.	76-77 _____ Month (Number) 99 <input type="checkbox"/> DK
29. How long did you actually stay off cigarettes that time before you started smoking again?		29.	78-80 <input type="checkbox"/> Days <input type="checkbox"/> Weeks } (C7) (Number) { <input type="checkbox"/> Months } <input type="checkbox"/> Years } 999 <input type="checkbox"/> DK (C7)
30. Did you start smoking cigarettes again at any time after your baby was born?		30.	81 <input type="checkbox"/> Yes (31) <input type="checkbox"/> No } (C7) <input type="checkbox"/> DK }

**1991 Health Promotion and Disease Prevention (2000 Objectives)
Supplement - Pregnancy and Smoking Section (18-49 years)**

Section C – PREGNANCY AND SMOKING – Continued		PERSON 1	
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
ITEM C7	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.	<input type="checkbox"/> Yes (33) <input type="checkbox"/> No } (35) <input type="checkbox"/> DK }
33a. During the past 12 months, how many different times did you stay overnight in a hospital?		33a.	<input type="checkbox"/> None (34) (Number) Stays (33b) 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 (Number) Stays 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) (Number) Visits (34b) 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) (Number) Visits (C2 for NP or Section D) 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 }

**1991 Health Promotion and Disease Prevention (2000 Objectives)
Supplement (18 years and over)**

Section E – ENVIRONMENTAL HEALTH		RT 75
		3-4
These next questions are about this home.		5
1. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?	<input type="checkbox"/> Yes <input type="checkbox"/> No } (3) <input type="checkbox"/> DK }	
2. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?	<input type="checkbox"/> Less than 1 day per week/Rarely (Number) Days per week <input type="checkbox"/> DK	6

**1991 Health Promotion and Disease Prevention (2000 Objectives)
Supplement (18 years and over)**

Section F — TOBACCO		3-4
ITEM F1	<i>Refer to the "Sm" box on the HIS-1 for adult sample person.</i>	1 <input type="checkbox"/> Available, "Sm" box marked (22) 2 <input type="checkbox"/> Available, Other (1) 3 <input type="checkbox"/> Callback required (Household page) 4 <input type="checkbox"/> Noninterview (Inside back cover, then Section R)
These next questions are about tobacco use.		5
1. Have you smoked at least 100 cigarettes in your entire life?	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No } (22) 9 <input type="checkbox"/> DK }	6
2. Around this time LAST YEAR, were you smoking cigarettes every day, some days, or not at all?	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK	7
3. Do you smoke cigarettes now?	1 <input type="checkbox"/> Yes (4) 2 <input type="checkbox"/> No (5)	8
4. Do you now smoke cigarettes every day or some days?	1 <input type="checkbox"/> Every day (6) 2 <input type="checkbox"/> Some days (13)	9
5. Do you now smoke cigarettes "not at all" or "some days"?	1 <input type="checkbox"/> Not at all (F2) 2 <input type="checkbox"/> Some days (13)	10
6. On the average, how many cigarettes do you now smoke a day?	_____ Cigarettes a day } (7) (Number) 99 <input type="checkbox"/> DK	11-12
ITEM F2	<i>Refer to question 2.</i>	1 <input type="checkbox"/> "Every day" in 2 (9) 8 <input type="checkbox"/> All others in 2 (15)
7. Have you EVER quit smoking for one day or longer?	1 <input type="checkbox"/> Yes (8) 2 <input type="checkbox"/> No } (19) 9 <input type="checkbox"/> DK }	13
8. During the past 12 months, have you quit smoking for one day or longer?	1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }	14
9. How many times during the past 12 months have you quit smoking for one day or longer?	_____ Times (Number) 99 <input type="checkbox"/> DK	15
10. Thinking about the most recent time you stopped smoking, which of the following describes why you stopped? <i>Mark all that apply.</i>	Hand Card C1. Read answer categories if telephone interview. 1 <input type="checkbox"/> I quit on purpose 2 <input type="checkbox"/> I could not smoke because I was sick 3 <input type="checkbox"/> I could not smoke for some other reason 9 <input type="checkbox"/> DK	16-17
ITEM F3	<i>Refer to questions 4 and 5.</i>	1 <input type="checkbox"/> "Every day" in 4 (11) 2 <input type="checkbox"/> "Not at all" in 5 (16)
11a. How long ago was the START of your MOST RECENT quit attempt that lasted for one day or longer?	_____/19____ or (12) Month Year _____ { 1 <input type="checkbox"/> Days ago } (12) (Number) { 2 <input type="checkbox"/> Weeks ago } { 3 <input type="checkbox"/> Months ago } (If 1 year or 12 months ago, go to { 4 <input type="checkbox"/> Years ago } 11b, otherwise go to 12) 999 <input type="checkbox"/> DK (11b)	18 19 20 21
b. Was it within the past year or a year or more ago?	1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 year or more 9 <input type="checkbox"/> DK	22
12. How long did you actually stay off cigarettes that time before you started smoking again?	000 <input type="checkbox"/> Still off (19) _____ { 1 <input type="checkbox"/> Days } (19) (Number) { 2 <input type="checkbox"/> Weeks } { 3 <input type="checkbox"/> Months } { 4 <input type="checkbox"/> Years } 999 <input type="checkbox"/> DK (19)	23-26 27-29
13. On how many of the past 30 days did you smoke cigarettes?	00 <input type="checkbox"/> None (F4) _____ Days } (14) (Number) 99 <input type="checkbox"/> DK	30
		31-33
		34-35

**1991 Health Promotion and Disease Prevention (2000 Objectives)
Supplement (18 years and over)**

Section F – TOBACCO – Continued		
These next questions are about your use of other tobacco products.	1 <input type="checkbox"/> Yes (23) 2 <input type="checkbox"/> No } (27) 9 <input type="checkbox"/> DK }	57
22. Have you ever smoked a pipe?	1 <input type="checkbox"/> Yes (24) 2 <input type="checkbox"/> No } (27) 9 <input type="checkbox"/> DK }	58
23. Have you smoked a pipe at least 50 times in your entire life?	1 <input type="checkbox"/> Yes (25) 2 <input type="checkbox"/> No (26)	59
24. Do you smoke a pipe now?	1 <input type="checkbox"/> Every day } (27) 2 <input type="checkbox"/> Some days }	60
25. Do you now smoke a pipe every day or some days?	1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Some days	61
26. Do you now smoke a pipe "not at all" or "some days"?	1 <input type="checkbox"/> Yes (28) 2 <input type="checkbox"/> No } (32) 9 <input type="checkbox"/> DK }	62
27. Have you ever smoked cigars?	1 <input type="checkbox"/> Yes (29) 2 <input type="checkbox"/> No } (32) 9 <input type="checkbox"/> DK }	63
28. Have you smoked at least 50 cigars in your entire life?	1 <input type="checkbox"/> Yes (30) 2 <input type="checkbox"/> No (31)	64
29. Do you smoke cigars now?	1 <input type="checkbox"/> Every day } (32) 2 <input type="checkbox"/> Some days }	65
30. Do you now smoke cigars every day or some days?	1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Some days	66
31. Do you now smoke cigars "not at all" or "some days"?	1 <input type="checkbox"/> Yes (33) 2 <input type="checkbox"/> No } (37) 9 <input type="checkbox"/> DK }	67
32. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?	1 <input type="checkbox"/> Yes (34) 2 <input type="checkbox"/> No } (37) 9 <input type="checkbox"/> DK }	68
33. Have you used snuff at least 20 times in your entire life?	1 <input type="checkbox"/> Yes (35) 2 <input type="checkbox"/> No (36)	69
34. Do you use snuff now?	1 <input type="checkbox"/> Every day } (37) 2 <input type="checkbox"/> Some days }	70
35. Do you now use snuff every day or some days?	1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Some days	71
36. Do you now use snuff "not at all" or "some days"?	1 <input type="checkbox"/> Yes (38) 2 <input type="checkbox"/> No } (Section G) 9 <input type="checkbox"/> DK }	72
37. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?	1 <input type="checkbox"/> Yes (39) 2 <input type="checkbox"/> No } (Section G) 9 <input type="checkbox"/> DK }	73
38. Have you used chewing tobacco at least 20 times in your entire life?	1 <input type="checkbox"/> Yes (40) 2 <input type="checkbox"/> No (41)	74
39. Do you use chewing tobacco now?	1 <input type="checkbox"/> Every day } (Section G) 2 <input type="checkbox"/> Some days }	75
40. Do you now use chewing tobacco every day or some days?	1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Some days	76
41. Do you now use chewing tobacco "not at all" or "some days"?		

**1991 Health Promotion and Disease Prevention (2000 Objectives)
 Supplement - Occupational Safety and Health Section
 (Currently Employed, 18 years and over)**

Section I – OCCUPATIONAL SAFETY AND HEALTH – Continued		
6a. During the past 2 weeks, has anyone smoked in your IMMEDIATE work area?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	21
b. In general, would you say that your IMMEDIATE work area is very smoky, somewhat smoky, a little smoky, or not smoky at all?	1 <input type="checkbox"/> Very smoky 2 <input type="checkbox"/> Somewhat smoky 3 <input type="checkbox"/> A little smoky 4 <input type="checkbox"/> Not smoky at all 9 <input type="checkbox"/> DK	22
c. Is smoking allowed in your IMMEDIATE work area?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	23
7a. Does your employer have an official policy that restricts smoking in any way?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (B)	24
<i>Hand card 12. Read all categories if telephone interview.</i>		
b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? Mark only one.	1 <input type="checkbox"/> Not allowed in ANY indoor or common public areas 2 <input type="checkbox"/> Allowed in SOME public areas, including designated smoking areas 3 <input type="checkbox"/> Allowed in ALL indoor or common public areas 9 <input type="checkbox"/> DK	25
<i>Hand card 13. Read all categories if telephone interview.</i>		
c. Which of these best describes your employer's smoking policy for work areas? Mark only one.	1 <input type="checkbox"/> Not allowed in ANY work areas 2 <input type="checkbox"/> Allowed in SOME work areas 3 <input type="checkbox"/> Allowed in ALL work areas 9 <input type="checkbox"/> DK	26
8. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	27

1992 NHIS Cancer Epidemiology Supplement (18 years and over)

Section H – SMOKING HABITS		3-4
These next questions are about cigarette smoking.		5
1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i>	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section J)	
2. How old were you when you first started smoking cigarettes?	_____ Age 99 <input type="checkbox"/> DK	6-7
3. Do you now smoke cigarettes every day, some days, or not at all?	1 <input type="checkbox"/> Every day (4) 2 <input type="checkbox"/> Some days (5) 3 <input type="checkbox"/> Not at all (Section J)	8
4. On the average, how many cigarettes do you now smoke a day?	_____ Cigarettes a day } (Section J) (Number) 99 <input type="checkbox"/> DK	9-10
5a. On how many of the past 30 days did you smoke cigarettes?	00 <input type="checkbox"/> None (Section J) _____ Days } (5b) (Number) 99 <input type="checkbox"/> DK	11-12
b. On the average, when you smoked, about how many cigarettes did you smoke a day?	_____ Cigarettes a day } (Number) 99 <input type="checkbox"/> DK	13-14

1992 NHIS Cancer Control Supplement (18 years and over)

Section T – SMOKING HABITS		3-4
These next questions are about cigarette smoking.		5
1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i>	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section W)	
2. How old were you when you first started smoking cigarettes fairly regularly?	_____ Age 00 <input type="checkbox"/> Never smoked regularly 99 <input type="checkbox"/> DK	6-7
3. Do you smoke cigarettes now?	1 <input type="checkbox"/> Yes (4) 2 <input type="checkbox"/> No (5)	8
4. Do you now smoke cigarettes every day or some days?	1 <input type="checkbox"/> Every day (6) 2 <input type="checkbox"/> Some days (7)	9
5. Do you now smoke cigarettes "not at all" or "some days"?	1 <input type="checkbox"/> Not at all (Section V) 2 <input type="checkbox"/> Some days (7)	10
6. On the average, how many cigarettes do you now smoke a day?	_____ Cigarettes a day } (Section U) (Number) 99 <input type="checkbox"/> DK	11-12
7a. On how many of the past 30 days did you smoke cigarettes?	00 <input type="checkbox"/> None (Section V) _____ Days } (7b) (Number) 99 <input type="checkbox"/> DK	13-14
b. On the average, when you smoked, about how many cigarettes did you smoke a day?	_____ Cigarettes a day } (Section U) (Number) 99 <input type="checkbox"/> DK	15-16

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1992 NHIS Cancer Control Supplement (18 years and over)

Section U – CURRENT SMOKER			
ITEM U1	Refer to question 4, page 22, Section T to determine if SP now smokes every day.	1 <input type="checkbox"/> Every day in 4 (4) 2 <input type="checkbox"/> All others (1)	17
1.	Have you EVER smoked cigarettes every day for at least 6 months?	1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK }	18
2a.	About how long has it been since you last smoked cigarettes every day?	Number { 1 <input type="checkbox"/> Days } (3) { 2 <input type="checkbox"/> Weeks } { 3 <input type="checkbox"/> Month } If 1 year or 12 months ago, go to 2b; { 4 <input type="checkbox"/> Years } otherwise go to 3. 999 <input type="checkbox"/> DK (2b)	19-21
b.	Was it within the past year or a year or more ago?	1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 year or more 9 <input type="checkbox"/> DK	22
3a.	On the average, how many cigarettes did you smoke a day when you last smoked every day?	_____ Cigarettes a day Number 99 <input type="checkbox"/> DK	23-24
b.	What is the total number of years you smoked every day? Do not include any time you stayed off cigarettes for at least 6 months or longer?	00 <input type="checkbox"/> None or less than one year } (12) _____ Years } 99 <input type="checkbox"/> DK }	25-26
4.	What is the total number of years you have smoked every day? Do not include any time you stayed off cigarettes for at least 6 months or longer.	00 <input type="checkbox"/> None or less than one year _____ Years 99 <input type="checkbox"/> DK	27-28
5a.	Have you EVER stopped smoking for one day or longer?	1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (12) 9 <input type="checkbox"/> DK }	29
b.	In your whole life how many times have you stopped smoking for one day or longer, including the last time?	_____ Times Number 99 <input type="checkbox"/> DK	30-31
6a.	During the PAST 12 MONTHS, have you stopped smoking for one day or longer?	1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (6c) 9 <input type="checkbox"/> DK }	32
b.	How many times during the past 12 months have you stopped smoking for one day or longer?	_____ Times } (7) Number } 99 <input type="checkbox"/> DK }	33-34
c.	How long ago was the last time you stopped smoking for one day or longer?	1 <input type="checkbox"/> 1-5 years 2 <input type="checkbox"/> 6-10 years 3 <input type="checkbox"/> 10 years or more 9 <input type="checkbox"/> DK	35
7.	How long did you actually stay off cigarettes the last time you stopped smoking?	Number { 1 <input type="checkbox"/> Days } { 2 <input type="checkbox"/> Weeks } { 3 <input type="checkbox"/> Month } { 4 <input type="checkbox"/> Years } 999 <input type="checkbox"/> DK	36-38
HAND CARD U1.			39
8.	The last time you stopped smoking did you stop on purpose, were you sick, or was there some other reason you couldn't smoke? Mark all that apply.	1 <input type="checkbox"/> I stopped on purpose 2 <input type="checkbox"/> I could not smoke because I was sick 8 <input type="checkbox"/> I could not smoke for some other reason 9 <input type="checkbox"/> DK	40 41 42

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1992 NHIS Cancer Control Supplement (18 years and over)

Section U — CURRENT SMOKER — Continued			
ITEM U2	Refer to question 8.	1 <input type="checkbox"/> Box 2, Stopped for sickness ONLY (11) 2 <input type="checkbox"/> All others (9)	43
HAND CARD U2. Read each category if telephone interview.		1 <input type="checkbox"/> Concern about my future health 2 <input type="checkbox"/> Concern about my health at the time 3 <input type="checkbox"/> Pressure from family and friends 4 <input type="checkbox"/> Cost of cigarettes 5 <input type="checkbox"/> Pregnancy 6 <input type="checkbox"/> Some other reason (Specify) _____ 9 <input type="checkbox"/> DK	44 45 46 47 48 49 50
9.	The last time you stopped smoking, what were the reasons you stopped? Mark each that applies.		
10.	The LAST TIME you stopped smoking, did you —	Yes No DK	
	(1) Stop smoking along with friends or relatives who were also trying to quit?	(1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	51
	(2) Use a prescription chewing gum called "Nicorette"?	(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	52
	(3) Follow instructions in a pamphlet or book?	(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	53
	(4) Use a stop-smoking clinic or program?	(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	54
	(5) Stop all at once, or stop "cold turkey"?	(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	55
	(6) Use any other method?	(6) 1 <input type="checkbox"/> Specify ↴ 2 <input type="checkbox"/> 9 <input type="checkbox"/>	56
11.	When trying to stop smoking, have you EVER —	Yes No DK	57
	a. gradually decreased the number of cigarettes you smoked in a day?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	58
	b. switched to lower tar or nicotine cigarettes?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	59
12.	Do you think that your smoking affects your health now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	60
13.	How likely do you think it is that you will have serious health problems from smoking if you continue to smoke? Do you think it is unlikely, somewhat likely, or very likely?	1 <input type="checkbox"/> Unlikely 2 <input type="checkbox"/> Somewhat likely 3 <input type="checkbox"/> Very likely	60
14a.	In the past year have you seen a —		Ask for each "Yes" in 14a.
		Yes No DK	b. During the past year, did any . . . advise you to stop smoking?
	(1) Medical doctor?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
	(2) Dentist?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
ITEM U3	Refer to question 14b(1) and 14b(2) to determine if medical doctor or dentist advised the SP to stop smoking.	1 <input type="checkbox"/> Yes in 14b(1) or 14b(2) (16) 2 <input type="checkbox"/> All others (15)	61 62 63 64 65
15.	Has a medical doctor or dentist EVER advised you to stop smoking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	66
16a.	Are you seriously considering stopping within the next 6 months?	1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No (17) 9 <input type="checkbox"/> DK (16b)	67
b.	Are you planning to stop within the next 30 days?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	68
17.	About how often in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke? Never, once or twice, several times, or many times?	0 <input type="checkbox"/> Never 1 <input type="checkbox"/> Once or twice 2 <input type="checkbox"/> Several times 3 <input type="checkbox"/> Many times	69

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1992 NHIS Cancer Control Supplement (18 years and over)

Section V — FORMER SMOKER				
1. Have you EVER smoked cigarettes every day for at least 6 months?	1 <input type="checkbox"/> Yes (3) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK }		70	
2. How long has it been since you completely stopped smoking cigarettes?	(Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years } (7) 999 <input type="checkbox"/> DK (7)		71-73	
3a. About how long has it been since you last smoked cigarettes every day?	(Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years } (4) 999 <input type="checkbox"/> DK (3b) <i>If 1 year or 12 months ago, go to 3b; otherwise go to 4.</i>		74-76	
b. Was it within the past year or a year or more ago?	1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 year or more 9 <input type="checkbox"/> DK		77	
4. On the average, how many cigarettes did you smoke a day when you last smoked every day?	_____ Cigarettes per day (Number) 99 <input type="checkbox"/> DK		78-79	
5. What is the total number of years you smoked every day? Do not include any time you stayed off cigarettes for at least 6 months or longer.	00 <input type="checkbox"/> None or less than one year _____ Years		80-81	
6. In your whole life, how many times have you stopped smoking for one day or longer, including the last time?	_____ Times (Number) 99 <input type="checkbox"/> DK		82-83	
HAND CARD U1.			84	
7. When you stopped smoking completely, did you stop on purpose, were you sick, or was there some other reason you couldn't smoke? <i>Mark each that applies.</i>	1 <input type="checkbox"/> I stopped on purpose 2 <input type="checkbox"/> I could not smoke because I was sick 8 <input type="checkbox"/> I could not smoke for some other reason 9 <input type="checkbox"/> DK		85 86 87	
ITEM V1	Refer to question 7.	1 <input type="checkbox"/> Box 2, Stopped for sickness ONLY (10) 2 <input type="checkbox"/> All others (8)	88	
HAND CARD U2. Read each category if telephone interview.			89	
8. When you stopped smoking completely, what were the reasons you stopped? <i>Mark each that applies.</i>	1 <input type="checkbox"/> Concern about my future health 2 <input type="checkbox"/> Concern about my health at the time 3 <input type="checkbox"/> Pressure from family and friends 4 <input type="checkbox"/> Cost of cigarettes 5 <input type="checkbox"/> Pregnancy 8 <input type="checkbox"/> Some other reason (Specify) ∇ 9 <input type="checkbox"/> DK		90 91 92 93 94 95	
9. When you stopped smoking cigarettes completely, did you —	Yes	No	DK	
(1) Stop smoking along with friends or relatives who were also trying to quit?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	96
(2) Use a prescription chewing gum called "Nicorette"?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	97
(3) Follow instructions in a pamphlet or book?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	98
(4) Use a stop-smoking clinic or program?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	99
(5) Stop all at once, or stop "cold turkey"?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	100
(6) Use any other method?	(6) 1 <input type="checkbox"/> Specify ∇	2 <input type="checkbox"/>	9 <input type="checkbox"/>	101
10. When trying to stop smoking, did you EVER —	Yes	No	DK	102
a. gradually decrease the number of cigarettes you smoked in a day?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	
b. switch to lower tar or nicotine cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	103

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1992 NHIS Cancer Control Supplement (18 years and over)

Section W — OTHER TOBACCO USE		3-4
These next questions are about other tobacco products.		5
1a. Have you ever smoked a pipe?	1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK }	
b. Have you smoked a pipe at least 50 times in your entire life?	1 <input type="checkbox"/> Yes (1c) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK }	6
c. Do you smoke a pipe now?	1 <input type="checkbox"/> Yes (1d) 2 <input type="checkbox"/> No (2)	7
d. On the average, how many days per month do you smoke a pipe?	00 <input type="checkbox"/> Less than one day a month _____ Days per month 30 <input type="checkbox"/> Every day 99 <input type="checkbox"/> DK	8-9
2a. Have you ever smoked cigars?	1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }	10
b. Have you smoked at least 50 cigars in your entire life?	1 <input type="checkbox"/> Yes (2c) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }	11
c. Do you smoke cigars now?	1 <input type="checkbox"/> Yes (2d) 2 <input type="checkbox"/> No (3)	12
d. On the average, how many days per month do you smoke cigars?	00 <input type="checkbox"/> Less than one day a month _____ Days per month 30 <input type="checkbox"/> Every day 99 <input type="checkbox"/> DK	13-14
3a. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?	1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }	15
b. Have you used snuff at least 20 times in your entire life?	1 <input type="checkbox"/> Yes (3c) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }	16
c. How old were you when you first used snuff?	_____ Age 99 <input type="checkbox"/> DK	17-18
d. Do you use snuff now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	19
e. Altogether, about how long [have you used/did you use] snuff?	000 <input type="checkbox"/> Less than one month _____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK	20-22
f. On the average, how many days per month [do/did] you use it?	00 <input type="checkbox"/> Less than one day a month _____ Days per month 30 <input type="checkbox"/> Every day 99 <input type="checkbox"/> DK	23-24
g. On the days that you use(d) snuff, how many times [do/did] you use it?	00 <input type="checkbox"/> Less than one time per day _____ Time(s) per day 99 <input type="checkbox"/> DK	25-26
h. [Do/Did] you use snuff by sniffing it or by placing it in your mouth? <i>Mark only one.</i>	1 <input type="checkbox"/> Sniffing 2 <input type="checkbox"/> Mouth 3 <input type="checkbox"/> Both	27

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1992 NHIS Cancer Control Supplement (18 years and over)

Section W – OTHER TOBACCO USE – Continued				
3i. Have you EVER been advised to stop using snuff by a –	Yes	No	DK	
(1) Medical doctor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
(2) Dentist?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
4a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Bechnut?	1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK			30
b. Have you used chewing tobacco at least 20 times in your entire life?	1 <input type="checkbox"/> Yes (4c) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK			31
c. How old were you when you first used chewing tobacco?	_____ Age 99 <input type="checkbox"/> DK			32-33
d. Do you use chewing tobacco now?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			34
e. Altogether, about how long [have you used/ did you use] chewing tobacco?	000 <input type="checkbox"/> Less than one month _____ { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK			35-37
f. On the average, how many days per month [do/did] you use it?	00 <input type="checkbox"/> Less than one day a month _____ Days per month 30 <input type="checkbox"/> Every day 99 <input type="checkbox"/> DK			38-39
g. On the days that you use(d) chewing tobacco, how many times [do/did] you use it?	00 <input type="checkbox"/> Less than one time per day _____ Time(s) per day 99 <input type="checkbox"/> DK			40-41
h. Have you EVER been advised to stop using chewing tobacco by a –	Yes	No	DK	
(1) Medical doctor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
(2) Dentist?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
5. Now I am going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you agree, disagree, or have no opinion.	AGREE/YES	DISAGREE/NO	NO OPINION/DK	
a. So many things cause cancer that it doesn't really matter if you smoke	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
b. Smoking by a pregnant woman may harm the baby	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
c. The smoke from other people's cigarettes is harmful to you	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
d. Most deaths from LUNG CANCER are caused by cigarette smoking	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
e. Smoking should not be allowed in indoor public places	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
f. Even if a person has smoked for more than 20 years, there is a health benefit to quitting	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1992 NHIS Cancer Control Supplement (18 years and over)

Section W — OTHER TOBACCO USE — Continued			
6a. Do you think smoking is a habit, an addiction, neither, or both?		1 <input type="checkbox"/> Habit 2 <input type="checkbox"/> Addiction 3 <input type="checkbox"/> Neither 4 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK	50
b. In general, would you say that the smoke from other people's cigarettes is not at all annoying to you, somewhat annoying to you, or very annoying to you?		0 <input type="checkbox"/> Not annoying at all 1 <input type="checkbox"/> Somewhat annoying 2 <input type="checkbox"/> Very annoying 9 <input type="checkbox"/> DK	51
ITEM W1	Refer to question 3, page 22, Section T, to determine if SP smokes cigarettes now.	1 <input type="checkbox"/> Smokes cigarettes now (7) 8 <input type="checkbox"/> All other (8)	52
	<i>HAND CARD W. Read categories if telephone interview.</i>		53
7. When you are inside a public place that has no rules about smoking, what are you most likely to do? <i>Mark only one.</i>		1 <input type="checkbox"/> Light up a cigarette and smoke if you wish 2 <input type="checkbox"/> Look around to see if others are smoking and then light up 3 <input type="checkbox"/> Ask if others would mind 4 <input type="checkbox"/> Just not smoke 8 <input type="checkbox"/> Do something else (Specify) \overline{x} _____ 9 <input type="checkbox"/> DK	53
8. When you are inside a public place that has no rules about smoking and someone else lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away, do nothing, or something else?		1 <input type="checkbox"/> Ask person not to smoke 2 <input type="checkbox"/> Move away 3 <input type="checkbox"/> Do nothing 8 <input type="checkbox"/> Do something else (Specify) \overline{x} _____ 9 <input type="checkbox"/> DK	54
9. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?		1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section X)	55
10. On an average week day, how many people smoke anywhere inside this home?		_____ Number of smokers 9 <input type="checkbox"/> DK	56
11. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?		0 <input type="checkbox"/> Less than one day per week/Rarely 7 <input type="checkbox"/> Every day _____ Days per week (Number) 9 <input type="checkbox"/> DK	57

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1992 NHIS Cancer Control Supplement (18 years and over)

Section X — WORKPLACE TOBACCO SMOKE			
ITEM X1	Refer to SP's "Wa/Wb" boxes in C1 on HIS-1.	1 <input type="checkbox"/> Wa or Wb box marked (Item X2) 9 <input type="checkbox"/> Other (Section Y)	58
ITEM X2	Refer to SP's 6g, page 44 or 45 on HIS-1.	1 <input type="checkbox"/> Entry of P, F, S, or L (1) 9 <input type="checkbox"/> Other (Section Y)	59
These next questions are about smoking in the workplace.			
1. Earlier [you told me/I was told] that you were employed during the past two weeks. Is that correct?		1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (Section Y) 9 <input type="checkbox"/> DK (2)	60
2a. Altogether, does your employer have 50 or more employees?		1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (2c) 9 <input type="checkbox"/> DK }	61
b. Does your employer have 50 or more employees at the building or location where you work?		1 <input type="checkbox"/> Yes (3) 2 <input type="checkbox"/> No } (2c) 9 <input type="checkbox"/> DK }	62
c. Does your employer have 5 or more employees at the building or location where you work?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	63
<i>HAND CARD X1. Read ALL categories if telephone interview.</i>			64-65
3. Which of these best describes the area in which you work most of the time? <i>Mark only one.</i>		01 <input type="checkbox"/> Private enclosed office with door 02 <input type="checkbox"/> Enclosed office with door shared with one or more other persons 03 <input type="checkbox"/> Cubicle 04 <input type="checkbox"/> Open area 05 <input type="checkbox"/> Classroom 06 <input type="checkbox"/> Hospital (not an office) 07 <input type="checkbox"/> In a home 08 <input type="checkbox"/> In one building, but no regular work area } (5) 09 <input type="checkbox"/> Mainly work outdoors } (7) 10 <input type="checkbox"/> Travel to different buildings or sites } 11 <input type="checkbox"/> In a motor vehicle } 98 <input type="checkbox"/> Other (Specify) _____ 99 <input type="checkbox"/> DK	
4a. During the past 2 weeks, has anyone smoked in your IMMEDIATE work area?		1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not work in past 2 weeks } (5) 9 <input type="checkbox"/> DK (4b)	66
b. During the past 2 weeks, have you ever been bothered by cigarette smoke in your immediate work area?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	67
5a. Does your employer have an official policy that restricts smoking in any way?		1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (Item X3) 9 <input type="checkbox"/> DK }	68
<i>HAND CARD X2. Read ALL categories if telephone interview.</i>			69
b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? <i>Mark only one.</i>		1 <input type="checkbox"/> Not allowed in ANY indoor or common public areas 2 <input type="checkbox"/> Allowed in SOME public areas, including designated smoking areas 3 <input type="checkbox"/> Allowed in ALL indoor or common public areas 4 <input type="checkbox"/> Not applicable, no policy for these areas 9 <input type="checkbox"/> DK	
<i>HAND CARD X3. Read ALL categories if telephone interview.</i>			70
c. Which of these best describes your employer's smoking policy for work areas? <i>Mark only one.</i>		1 <input type="checkbox"/> Not allowed in ANY work areas (6) 2 <input type="checkbox"/> Allowed in SOME work areas (5d) 3 <input type="checkbox"/> Allowed in ALL work areas (Item X3) 4 <input type="checkbox"/> Not applicable, no policy for these areas } (5d) 9 <input type="checkbox"/> DK }	
d. Is smoking allowed in YOUR immediate work area?		1 <input type="checkbox"/> Yes (Item X3) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }	71

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1992 NHIS Cancer Control Supplement (18 years and over)

Section X — WORKPLACE TOBACCO SMOKE — Continued		
6a. Are there ever customers or clients in your work area, that is, people who do not work for your employer?		1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item X3)
b. Are these people allowed to smoke in your work area?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
7. Does your employer offer a stop smoking program or any other help to employees who want to quit smoking?		1 <input type="checkbox"/> Yes (Item X3) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section Y)
ITEM X3	Refer to question 3, page 22, Section T, to determine if SP is a current smoker.	1 <input type="checkbox"/> "Yes," current smoker (8) 2 <input type="checkbox"/> "No," former smoker (9) 9 <input type="checkbox"/> Other (Section Y)
8a. Do you ever smoke during the time you are at work?		1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8c)
HAND CARD X4.		
b. Where?		1 <input type="checkbox"/> In my work area
Mark all that apply.		2 <input type="checkbox"/> In a public area, such as a restroom, lunchroom, lobby, or other smoking area
		3 <input type="checkbox"/> Outside the building
		4 <input type="checkbox"/> Not applicable — I work outside or at different sites
		9 <input type="checkbox"/> DK
c. Do you feel that you smoke fewer cigarettes per day because of your employer's smoking policy?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
ASK OR VERIFY:		
9. Have you joined any quit smoking programs at work in the past year?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Quit more than 1 year ago 9 <input type="checkbox"/> DK

Note: 1992 NHIS Cancer Control and Cancer Epidemiology supplement questions were asked Jan-July 1992 (quarters 1-2).

1993 NHIS Year 2000 Objectives Supplement (18 years and over)

Section Y2 - YEAR 2000 OBJECTIVES		
YA - ENVIRONMENTAL HEALTH		3-4
ITEM YA1	Adult SP status. Begin here on Section Y2 callback.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)
These next questions are about this home. Mark (X) by observation or ask.		8
1. Which of the following best describes your home? <i>Read answer categories.</i>	<input type="checkbox"/> Single home, duplex, townhouse <input type="checkbox"/> Basement, first or second floor apartment or condominium <input type="checkbox"/> Apartment or condominium above second floor <input type="checkbox"/> Trailer/Mobile home <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> DK	
2. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?	<input type="checkbox"/> Yes (3) <input type="checkbox"/> No (4) <input type="checkbox"/> DK	7
3. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?	<input type="checkbox"/> Less than 1 day per week/Rarely _____ Days per week (Number) <input type="checkbox"/> DK	8
YB - TOBACCO		
These next questions are about cigarette smoking.		RT 76 3-4
1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i>	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (8) <input type="checkbox"/> DK	5
2. Around this time LAST YEAR, were you smoking cigarettes every day, some days, or not at all?	<input type="checkbox"/> Every day <input type="checkbox"/> Some days <input type="checkbox"/> Not at all <input type="checkbox"/> DK	6
3. Do you NOW smoke cigarettes every day, some days, or not at all?	<input type="checkbox"/> Every day (4) <input type="checkbox"/> Some days (6) <input type="checkbox"/> Not at all (8)	7
4. On the average, how many cigarettes do you now smoke a day?	_____ Cigarettes a day (Number) <input type="checkbox"/> DK	8-9
5. During the past 12 months, have you quit smoking for one day or longer.	<input type="checkbox"/> Yes <input type="checkbox"/> No (7) <input type="checkbox"/> DK	10
6a. On how many of the past 30 days did you smoke cigarettes?	<input type="checkbox"/> None (7) _____ Days (Number) } (6b) <input type="checkbox"/> DK	11-12
b. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?	_____ Cigarettes a day (Number) <input type="checkbox"/> DK	13-14
7. Would you like to completely stop smoking cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	15
8. Do you use snuff now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	16
9. Do you use chewing tobacco now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	17

1993 NHIS Year 2000 Objectives Supplement (18 years and over)

YD - OCCUPATIONAL SAFETY AND HEALTH		3-4
ITEM YD1	Refer to "Wa/Wb" boxes in C1 on HIS-1.	1 <input type="checkbox"/> Wa or Wb box marked (Item YD2) 2 <input type="checkbox"/> Other (Part YE)
ITEM YD2	Refer to 6g on page 44 or 45 on HIS-1.	1 <input type="checkbox"/> Entry of P, F, S or L (1) 2 <input type="checkbox"/> Other (Part YE)
<p>These next questions are about health and safety in the work place.</p> <p>1a. [You told me/I was told] that you were employed during the past two weeks. Is that correct?</p>		1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Part YE)
<p>b. Altogether, does your employer have 50 or more employees?</p>		1 <input type="checkbox"/> Yes (1c) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (1d)
<p>c. Does your employer have 50 or more employees at the building or location where you work?</p>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<p>d. How many hours did you work at your main job during the past TWO WEEKS?</p>		____ Hours (Number) 00 <input type="checkbox"/> Did not work in past 2 weeks (3) 99 <input type="checkbox"/> DK
<p>2a. During the past 2 weeks, did you drive or travel in a motor vehicle AS PART OF YOUR JOB? Do not count air travel or time spent traveling to and from work.</p>		1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3)
<p>b. Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.</p>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<p>HAND CARD T1. Read all categories if telephone interview.</p> <p>The next few questions are about smoking at work.</p> <p>3. Which of these best describes the area in which you work most of the time?</p> <p>Mark (X) only one.</p>		1 <input type="checkbox"/> Work mainly indoors (4) 2 <input type="checkbox"/> Work mainly outdoors 3 <input type="checkbox"/> Travel to different buildings or sites 4 <input type="checkbox"/> In a motor vehicle 9 <input type="checkbox"/> Other - Specify _____ 9 <input type="checkbox"/> DK } (5)
<p>4a. Does your employer have an official policy that restricts smoking in any way?</p>		1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (5)
<p>HAND CARD T2. Read all categories if telephone interview.</p> <p>b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?</p> <p>Mark (X) only one.</p>		1 <input type="checkbox"/> Not allowed in ANY indoor or common public areas 2 <input type="checkbox"/> Allowed in SOME public areas, including designated smoking areas 3 <input type="checkbox"/> Allowed in ALL indoor or common public areas 9 <input type="checkbox"/> DK
<p>HAND CARD T3. Read all categories if telephone interview.</p> <p>c. Which of these best describes your employer's smoking policy for work areas?</p> <p>Mark (X) only one.</p>		1 <input type="checkbox"/> Not allowed in ANY work areas 2 <input type="checkbox"/> Allowed in SOME work areas 3 <input type="checkbox"/> Allowed in ALL work areas 9 <input type="checkbox"/> DK
<p>5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?</p>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

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YG - CLINICAL AND PREVENTIVE SERVICES		3-4
<p>2. About how long has it been since your last routine check-up by a medical doctor or other health professional?</p>	<p>1 <input type="checkbox"/> Less than 1 year 2 <input type="checkbox"/> 1 year, less than 2 years 3 <input type="checkbox"/> 2 years, less than 3 years 4 <input type="checkbox"/> 3 years, less than 4 years 5 <input type="checkbox"/> 4+ years 6 <input type="checkbox"/> Never (6) 9 <input type="checkbox"/> DK (3)</p>	<p>7</p>
<p>3. During this last check-up, were you asked about -</p>	<p>Yes No DK</p>	
<p>a. Your diet and eating habits?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>8</p>
<p>b. The amount of physical activity or exercise you get?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>9</p>
<p>c. Whether you smoke cigarettes or use other forms of tobacco?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>10</p>
<p>d. How much and how often you drink alcohol?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>11</p>
<p>e. Whether you use marijuana, cocaine, or other drugs?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>12</p>
<p>f. Sexually transmitted diseases?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>13</p>
<p><i>Ask ONLY IF SP is less than 50 otherwise, skip to 4.</i></p>		
<p>g. The use of contraceptives?</p>	<p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>14</p>

1994 NHIS Year 2000 Objectives Supplement (18 years and over)

<p>FORM HIS-3 (1994) 4-194</p> <p>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL NATIONAL CENTER FOR HEALTH STATISTICS</p> <p>NATIONAL HEALTH INTERVIEW SURVEY</p> <p>1994 SUPPLEMENT BOOKLET</p> <p>III. FAMILY RESOURCES</p> <p>IV. YEAR 2000 OBJECTIVES</p> <p>V. AIDS KNOWLEDGE AND ATTITUDES</p>	<p>NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 60 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.</p>		
	2. R.O. number 9-10	3. Sample 11-13	RT 84
	1. Book ___ of ___ books		3-7 8
	4. Control number		5. Family number 26
	PSU 14-16	Segment 17-23	Serial 24-25
	6. Field Representative's name		Code 27-29
	7. Beginning time 30-33 34	8. Ending time 35-38 39	
<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

Section IV - YEAR 2000 OBJECTIVES

ITEM IV2	Refer to sample person selection label.	<input type="checkbox"/> Y (Item A1) <input type="checkbox"/> A (Section V, AIDS on page 67)	NI 35 3-4 6
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Part A - ENVIRONMENTAL HEALTH

ITEM A1	Adult SP status. Begin here on Section IV callbacks.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 16 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)
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The next questions are about smoking inside this home.		31
8a. Does ANYONE who lives here smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?	<input type="checkbox"/> Yes (8b) <input type="checkbox"/> No } (8d) <input type="checkbox"/> DK	
b. In an average week, how many PEOPLE who live here smoke cigarettes, cigars, or pipes anywhere inside this home?	_____ People (Number)	32-33
c. On the average, about how many DAYS PER WEEK do people who live here smoke ANYWHERE INSIDE this home?	<input type="checkbox"/> Less than 1 day per week/Rarely _____ Days per week (Number) <input type="checkbox"/> DK	34
d. On the average, about how many DAYS PER WEEK are there VISITORS who smoke ANYWHERE INSIDE this home?	<input type="checkbox"/> Less than 1 day per week/Rarely/None _____ Days per week (Number) <input type="checkbox"/> DK	35

1994 NHIS Year 2000 Objectives Supplement (18 years and over)

Part B - TOBACCO		3-4
<p>These next questions are about cigarette smoking.</p>		
<p>1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i></p>	<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8)</p>	5
<p>2. Around this time LAST YEAR, were you smoking cigarettes everyday, some days, or not at all?</p>	<p>1 <input type="checkbox"/> Everyday 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK</p>	6
<p>3a. Do you NOW smoke cigarettes everyday, some days, or not at all?</p>	<p>1 <input type="checkbox"/> Everyday (4) 2 <input type="checkbox"/> Some days (6) 3 <input type="checkbox"/> Not at all (3b) 9 <input type="checkbox"/> DK (6)</p>	7
<p>b. How long has it been since you quit smoking cigarettes?</p>	<p>(Number) <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right\}</math> (8) 999 <input type="checkbox"/> DK (8)</p>	8-10
<p>4. On the average, how many cigarettes do you now smoke a day?</p>	<p>(Number) Cigarettes a day 99 <input type="checkbox"/> DK</p>	11-12
<p>5. During the past 12 months, have you stopped smoking for one day or longer?</p>	<p>1 <input type="checkbox"/> Yes } (7) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	13
<p>6a. On how many of the past 30 days did you smoke cigarettes?</p>	<p>00 <input type="checkbox"/> None (7) (Number) Days } (6b) 99 <input type="checkbox"/> DK</p>	14-15
<p>b. On the average, when you smoked DURING THE PAST 30 DAYS, about how many cigarettes did you smoke EACH day?</p>	<p>(Number) Cigarettes a day 99 <input type="checkbox"/> DK</p>	16-17
<p>7. Would you like to completely quit smoking cigarettes?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	18
<p>8a. Have you ever used snuff such as Skoal, Skoal Bandits, or Copenhagen?</p>	<p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (9)</p>	19
<p>b. Have you used snuff at least 20 times in your entire life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	20
<p>c. Do you use snuff now?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	21
<p>9a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?</p>	<p>1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Part C, page 57)</p>	22
<p>b. Have you used chewing tobacco at least 20 times in your entire life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	23
<p>c. Do you use chewing tobacco now?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	24

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Part C – OCCUPATIONAL SAFETY AND HEALTH		25
<p>The next questions are about health and safety in the workplace.</p> <p>Ask or verify:</p> <p>1a. Were you employed at a job or business during the past two weeks?</p>		<p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Part D on page 60)</p>
<p>b. Were you an employee of a private company, the federal, state, or local government, or were you self-employed?</p>		<p>1 <input type="checkbox"/> Private company 2 <input type="checkbox"/> Federal government 3 <input type="checkbox"/> State government 4 <input type="checkbox"/> Local government 5 <input type="checkbox"/> Self employed 6 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK } (1c) (Part D, page 60)</p>
<p>c. Altogether, does your employer have 50 or more employees?</p>		<p>1 <input type="checkbox"/> Yes (1d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2)</p>
<p>d. Does your employer have 50 or more employees at the building or location where you work?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>HAND CARD YC1. Read all categories if telephone interview.</p> <p>2. Which of these best describes the area in which you work most of the time?</p>		<p>1 <input type="checkbox"/> Work mainly indoors (3) 2 <input type="checkbox"/> Work mainly outdoors 3 <input type="checkbox"/> Travel to different buildings or sites 4 <input type="checkbox"/> In a motor vehicle 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK } (Check Item C1)</p>
<p>The next few questions are about smoking at work.</p> <p>3a. Does your employer have an official policy that restricts smoking in any way?</p>		<p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Check Item C1)</p>
<p>HAND CARD YC2. Read all categories if telephone interview.</p> <p>b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?</p> <p>Mark (X) only one.</p>		<p>1 <input type="checkbox"/> Not allowed in ANY indoor common areas 2 <input type="checkbox"/> Allowed in SOME indoor common areas, including designated smoking areas 3 <input type="checkbox"/> Allowed in ALL indoor common areas 9 <input type="checkbox"/> DK</p>
<p>HAND CARD YC3. Read all categories if telephone interview.</p> <p>c. Which of these best describes your employer's smoking policy for work areas?</p> <p>Mark (X) only one.</p>		<p>1 <input type="checkbox"/> Not allowed in ANY work areas 2 <input type="checkbox"/> Allowed in SOME work areas 3 <input type="checkbox"/> Allowed in ALL work areas 9 <input type="checkbox"/> DK</p>
<p>ITEM C1</p>	<p>Refer to Part B, question 3a on page 56. (Smokes cigarettes now)</p>	<p>1 <input type="checkbox"/> Box 1, Every day 2 <input type="checkbox"/> Box 2, Some days } (4) 3 <input type="checkbox"/> All others (5)</p>
<p>Notes</p>		

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Part C - OCCUPATIONAL SAFETY AND HEALTH - Continued		
4a. Do you ever smoke during the time you are at work?	1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item C2)	34
b. Where do you smoke when you are at work? <i>Mark (X) all that apply.</i>	1 <input type="checkbox"/> In my work area 2 <input type="checkbox"/> In a public area, such as a restroom, lunchroom, lobby, or other smoking area 3 <input type="checkbox"/> Outside the building 4 <input type="checkbox"/> Not applicable -- I work outside or at different sites 5 <input type="checkbox"/> In my car or other vehicle 6 <input type="checkbox"/> Other - Specify <i>z</i> 9 <input type="checkbox"/> DK	35 36 37 38 39 40 41
ITEM C2 Refer to question 3a, on page 57. (Employer has official smoking policy)	1 <input type="checkbox"/> "Yes" in 3a (4c) 2 <input type="checkbox"/> All others (5)	42
c. Do you feel that you smoke fewer cigarettes per day because of your employer's smoking policy?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43
5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?	1 <input type="checkbox"/> Yes (Item C3) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item C4)	44
ITEM C3 Refer to Part B, question 1, page 56. (Smoked at least 100 cigarettes)	1 <input type="checkbox"/> "Yes" in 1 (6) 2 <input type="checkbox"/> All others (Item C4)	45
6. In the past year, have you participated in a quit smoking program made available by your employer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	46

Part E - CLINICAL PREVENTIVE SERVICES		
2a. What was the reason for your last visit to a medical doctor or other health professional? Was it for a new problem, followup of a previous problem, a general physical exam, (Females only; an ob/gyn checkup, related to pregnancy) or something else? <i>Mark (X) only one</i>	1 <input type="checkbox"/> A new problem 2 <input type="checkbox"/> Followup of a previous problem 3 <input type="checkbox"/> A general physical exam 4 <input type="checkbox"/> An ob/gyn checkup 5 <input type="checkbox"/> Combined general and ob/gyn checkup 6 <input type="checkbox"/> Related to pregnancy 7 <input type="checkbox"/> Other - Specify <i>z</i>	24
The next questions are about medical checkups and routine tests. b. About how long has it been since your last general physical exam or routine checkup by a medical doctor or other health professional? Do not include a visit about a specific problem.	1 <input type="checkbox"/> Less than 1 year 2 <input type="checkbox"/> 1 year, less than 2 years 3 <input type="checkbox"/> 2 years, less than 3 years 4 <input type="checkbox"/> 3 years, less than 4 years 5 <input type="checkbox"/> 4+ years 6 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK (3)	25 (3) (7)
3. During this last check-up, were you asked about -	Yes No DK	
a. Your diet and eating habits?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	26
b. The amount of physical activity or exercise you get?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	27
c. Whether you smoke cigarettes or use other forms of tobacco?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	28
d. How much and how often you drink alcohol?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	29
Were you asked about -		
e. Whether you use marijuana, cocaine, or other drugs?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	30
<i>Ask ONLY IF SP is less than 65 otherwise, skip to 4.</i>		
f. Sexually transmitted diseases?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	31
<i>Ask ONLY IF SP is less than 50 otherwise, skip to 4.</i>		
Were you asked about -		
g. The use of contraceptives?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	32

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Section IV - YEAR 2000 OBJECTIVES		3-4				
ITEM IV2	Refer to sample person selection label.	<input type="checkbox"/> Y (Item A1) <input type="checkbox"/> A (Section V, AIDS on page 59)				
Part A - TOBACCO						
ITEM A1	Adult SP status. Begin here on Section IV callbacks.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 18 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)				
These next questions are about cigarette smoking.						
1a. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i>	<input type="checkbox"/> Yes (1b) <input type="checkbox"/> No <input type="checkbox"/> DK } (Part B on page 51)	5				
b. How old were you when you first TRIED cigarettes?	_____ Age 99 <input type="checkbox"/> DK	7-8				
c. How old were you when you first started to smoke every day?	_____ Age 00 <input type="checkbox"/> Never smoked every day 99 <input type="checkbox"/> DK	9-10				
2. Around this time LAST YEAR, were you smoking cigarettes everyday, some days, or not at all? <i>Mark (X) only one.</i>	<input type="checkbox"/> Everyday <input type="checkbox"/> Some days <input type="checkbox"/> Not at all <input type="checkbox"/> DK	11				
3a. Do you NOW smoke cigarettes everyday, some days, or not at all? <i>Mark (X) only one.</i>	<input type="checkbox"/> Everyday (4) <input type="checkbox"/> Some days (6) <input type="checkbox"/> Not at all (3b) <input type="checkbox"/> DK (6)	12				
b. How long has it been since you quit smoking cigarettes?	_____ { <table border="0" style="display: inline-table; vertical-align: middle;"> <tr><td><input type="checkbox"/> Days</td></tr> <tr><td><input type="checkbox"/> Weeks</td></tr> <tr><td><input type="checkbox"/> Months</td></tr> <tr><td><input type="checkbox"/> Years</td></tr> </table> } (Part B on page 51) 999 <input type="checkbox"/> DK (Part B on page 51)	<input type="checkbox"/> Days	<input type="checkbox"/> Weeks	<input type="checkbox"/> Months	<input type="checkbox"/> Years	13-15
<input type="checkbox"/> Days						
<input type="checkbox"/> Weeks						
<input type="checkbox"/> Months						
<input type="checkbox"/> Years						
4. On the average, how many cigarettes do you now smoke a day?	_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK	16-17				
5. During the past 12 months, have you stopped smoking for one day or longer?	<input type="checkbox"/> Yes } (7) <input type="checkbox"/> No <input type="checkbox"/> DK	18				
6a. On how many of the past 30 days did you smoke cigarettes?	00 <input type="checkbox"/> None (7) _____ Days } (6b) (Number)	19-20				
b. On the average, when you smoked DURING THE PAST 30 DAYS, about how many cigarettes did you smoke EACH day?	_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK	21-22				
7. Would you like to completely quit smoking cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	23				
Notes						