TOBACCO (TB)

*TB1.	INTERVIEWER CHECKPOINT: (SEE *SC7)		
	SC7 IS CODED '1' *SC7 IS CODED '2'. ALL OTHERS	2 GO TO *TB5 INTRO 2	
*TB2.	The next questions are about smoking. Have you eve	r smoked a cigarette, cigar, or pipe, even a single puff?	
	YES	B42	
*TB3.	How old were you the very <u>first</u> time you ever smok	ed even a puff of a cigarette, cigar, or pipe?	
	IF "ALL MY LIFE" OR "AS LONG AS I CAN REIF NO/ DK, PROBE: Was it before your twenties?	MEMBER," PROBE: Was it before your teens?	
	YEARS OLD		
	BEFORE TEENS 12 BEFORE 20s 19 DON'T KNOW 998 REFUSED 999		
*TB4.	Was there ever a period in your life lasting at least two	o months when you smoked at least once per week?	
	YES 1 GO TO *TI NO 5 GO TO *TI DON'T KNOW 8 GO TO *TI REFUSED 9 GO TO *TI	B42 B42	
smo smo smo IF " REI	25 INTRO 1. The next questions are about oking. You reported earlier that you are a current oker. How old were you the very <u>first</u> time you ever oked even a puff of a cigarette, cigar, or pipe? EALL MY LIFE" OR "AS LONG AS I CAN MEMBER," PROBE: Was it before your teens?	*TB5 INTRO 2. The next questions are about smoking. You reported earlier that you are an exsmoker. How old were you the very <u>first</u> time you ever smoked even a puff of a cigarette, cigar, or pipe? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before your teens?	
IF N	NO/ DK, PROBE: Was it before your twenties? YEARS OLD	IF NO/ DK, PROBE: Was it before your twenties? YEARS OLD	
	BEFORE TEENS 12 BEFORE 20s 19 DK 998 RF 999	BEFORE TEENS	

	YEARS OLD
	BEFORE TEENS
	*TB6a. How old were you the very first time you smoked tobacco (READ SLOWLY) every day or nearly everyday for a period of at least two months?
	IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before your teens? IF NO/ DK, PROBE: Was it before your twenties?
	YEARS OLD
	BEFORE TEENS
*TB7.	INTERVIEWER CHECKPOINT: (SEE *TB1)
	*TB1 IS CODED '1' 1 GO TO *TB9 ALL OTHERS 2
*TB9.	Think about the past 12 months. About how many days out of the last 365 did you smoke at least one cigarette, cigar, or pipe?
	DAYS
	DON'T KNOW
*TB9.1.	INTERVIEWER CHECKPOINT: (SEE *TB9)
	*TB9 EQUALS '0'1 GO TO *TB12 ALL OTHERS2

*TB6. How old were you the very first time you smoked tobacco at least once a week for a period of at least two

*TB10. On the days you smoked in the past 12 months, about how many cigarettes did you usually have per day?	DK	CIGARETTE(S) DK 998 RF 999		
*TB10a.(On the days you smoked in the past 12 months,)about how many cigars did you usually have per day?	DK	CIGAR(S) 998 999		
*TB10b.(On the days you smoked in the past 12 months,) about how many times did you usually smoke a <u>pipe</u> per day?	DK	TIME(S) DK998 RF999		
*TB11. Was there ever a year in your life when you smoked more than you did in the past 12 months? YES				
DON'T KNOW	DON'T KNOW (998)	REFUSED (999)		
*TB13a CIGARETTE(S)	998	999		
*TB13b CIGAR(S)	998	999		
*TB13c TIME(S)	998	999		
*TB14. How many different years in your life did you smoke daily or almost daily? YEARS DON'T KNOW998 REFUSED999				

		YES (1)	NO (5)	DK (8)	RF (9)
*TB15.	The next questions are about some problems you may have had because of smoking tobacco. First, was there ever a time when you often had such a strong desire to smoke that you couldn't resist having a cigarette, cigar, or pipe, or found it difficult to think of anything else?	1	5	8	9
*TB15a.	(KEY PHRASE: you had a strong and irresistible urge to smoke) Over time did you develop a physical tolerance for tobacco, so you were able to smoke more without negative effects like nausea, irritability, or restlessness? (KEY PHRASE: you developed a physical tolerance for tobacco)	1	5	8	9
	People who cut down or stop smoking after smoking steadily for some time may not feel well. Did you ever have times when you stopped, cut down, or went without smoking and then experienced physical symptoms like fatigue, headaches, constipation, upset stomach, weakness, or trouble sleeping? (KEY PHRASE: you had physical symptoms when you stopped smoking)	1	5	8	9
*TB15b.	1. INTERVIEWER CHECKPOINT: (SEE *TB15 - TB15b)				
	THREE RESPONSES CODED '1' 1 ALL OTHERS 2	GO TO *T	B21		
*TB15c.	Did you ever have times when you stopped, cut down, or went without smoking and then experienced <u>emotional</u> symptoms like irritability, nervousness, restlessness, trouble concentrating or feeling depressed? (KEY PHRASE: you had emotional symptoms when you stopped smoking)	1	5	8	9
*TB15c.	2. INTERVIEWER CHECKPOINT: (SEE *TB15c)	1		1	
	* TB15c EQUALS '1' 1 ALL OTHERS 2	GO TO *T	B15e		
*TB15d.	Did you ever have times when you smoked to <u>keep</u> from having problems like these? (KEY PHRASE: you smoked to keep from feeling physical or emotional problems)	1	5	8	9
*TB15e.	Did you have times when you smoked even though you <u>promised</u> yourself you wouldn't? (KEY PHRASE: you smoked when you planned not to)	1 GO TO *TB15g	5	8	9
*TB15f.	Were there ever times when you smoked more frequently or for <u>more days in a row</u> than you intended?	1	5	8	9
*TB15g.	(KEY PHRASE: you smoked more frequently than you intended) Were there times when you tried to stop or cut down on your smoking and found that you were not able to do so? (KEY PHRASE: you tried but weren't able to stop or cut down)	1	5	8	9
*TB15g.	1. INTERVIEWER CHECKPOINT: (SEE *TB15 - TB15g) ZERO RESPONSES CODED '1'	GO TO *T	`B42		

		YES (1)	NO (5)	DK (8)	RF (9)
*TB15h.	Did you ever have periods of several days or more when you chain- smoked, that is, started another cigarette as soon as you had finished one? (KEY PHRASE: you had periods when you chain-smoked for several days or more)	1	5	8	9
*TB15i.	Did you ever have a period of a month or longer when you gave up or greatly reduced important activities – like sports, work, or associating with friends and family – so you could smoke? (KEY PHRASE: you gave up or reduced important activities so you could smoke)	1	5	8	9
*TB15j.	Did tobacco ever cause you any physical problems like coughing, difficulty breathing, lung trouble, or problems with your heart or blood pressure? (KEY PHRASE: tobacco caused you some physical problems)	1	5 GO TO *TB15 <i>l</i>	8 GO TO *TB15 <i>l</i>	9 GO TO *TB15/
*TB15k.	Did you continue to smoke even though you had any of these physical problems? (KEY PHRASE: you smoked even though tobacco caused you some physical problems)	1 GO TO *TB16	5	8	9
*TB15 <i>l</i> .	Did tobacco ever cause you any emotional problems like irritability, nervousness, restlessness, difficulty concentrating, or depression? (KEY PHRASE: tobacco caused you some emotional problems)	1	5 GO TO *TB16	8 GO TO *TB16	9 GO TO *TB16
*TB15m	Did you continue to smoke even though you had any of these emotional problems? (KEY PHRASE: you smoked even though tobacco caused you some emotional problems)	1	5	8	9

* TB16 . INTERVIEWER CHECKPOINT: (S	SEE *TB15 SERIES)
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ONE OR TWO RESPONSES CODED '1' IN *TB15 SERIES 1	
ALL OTHERS	GO TO *TB21

*TB16.1. You reported that (KEY PHRASES FOR ALL YES RESPONSES IN ***TB15 SERIES**). Can you remember your <u>exact</u> age the <u>very first</u> time you had (this/either of these) problem(s)?

YES1	GO TO *TB21a
NO5	GO TO *TB21b
DON'T KNOW8	GO TO *TB21b
REFUSED 9	GO TO *TB21b

*TB21.	You reported having a number of smoking-related problems. Can you remember your <u>exact</u> age the <u>very first</u> time you had any of these problems?
	YES
	*TB21a. (IF NEC: How old were you?)
	YEARS OLD GO TO *TB22
	DON'T KNOW998 GO TO *TB22 REFUSED999 GO TO *TB22
	*TB21b. About how old were you [the first time you had (this problem/any of these problems) because of smoking]?
	IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties?
	YEARS OLD
	BEFORE TEENS. 12 BEFORE 20s 19 DON'T KNOW 998 REFUSED 999
*TB22.	How <u>recently</u> did you have (this problem/ <u>any</u> of these problems) – in the past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?
	PAST MONTH 1 GO TO *TB23.1 2 TO 6 MONTHS AGO 2 GO TO *TB23.1 7 TO 12 MONTHS AGO 3 GO TO *TB23.1 MORE THAN 12 MONTHS AGO 4 DON'T KNOW 8 GO TO *TB23.1 REFUSED 9 GO TO *TB23.1
*TB23.	How old were you the <u>last time</u> you had (this problem/any of these problems)?
	IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties?
	YEARS OLD
	BEFORE TEENS
*TB23.	I. INTERVIEWER CHECKPOINT: (SEE *TB16)
	*TB16 EQUALS '1'

*TB23.2	2. INTERVIEWER CHECKPOINT: (SEE *TB22)	
	*TB22 EQUALS '1', '2', OR '3' 1 GO TO *TB31 ALL OTHERS 2 GO TO *TB42	
*TB24.	How many different years in your life did you ever have <u>at least one</u> of these problems?	
	YEARS	
	DON'T KNOW998 REFUSED999	
*TB25.	Did you ever have three (or more) of these problems in the same year?	
	YES	
*TB26.	How old were you the <u>first time</u> you had three (or more) of these problems in the same year? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before your teens? IF NO/DK, PROBE: Was it before your twenties?	
	YEARS OLD	
	BEFORE TEENS	
*TB30.	INTERVIEWER CHECKPOINT: (SEE *TB22)	
	RESPONSE CODED "1," "2," OR "3" IN *TB22	
*TB31.	How soon after you wake up do you smoke your first cigarette, cigar, or pipe – within 5 minutes after waking, within 6 to 30 minutes, within 31 to 60 minutes, or more than one hour after waking?	
	WITHIN 5 MINUTES	

*TB32.	TB32. Do you find it difficult to refrain from smoking in places where it is forbidden to smoke – for example, church, at the library, in the movie theater, or in no-smoking sections of restaurants or office buildings?				
	YES1				
	NO5				
	(IF VOL) I DON'T SMOKE ANYMORE 7	GO TO *TB36			
	DON'T KNOW				
	REFUSED9				
*TB33.	Which cigarette (or cigar or pipe) would you most l watching television, or some other smoke?	nate to give up – the first one in the morning, a smoke while			
	FIRST ONE IN THE MORNING 1				
	WHILE WATCHING TV				
	SOME OTHER SMOKE				
	(IF VOL) I DON'T SMOKE ANYMORE 4	GO TO *TB36			
	DON'T KNOW				
	REFUSED9				
*TB34.	Do you smoke more frequently during the first hou	rs after waking than during the rest of the day?			
	YES1				
	NO5				
	(IF VOL) I DON'T SMOKE ANYMORE 7	GO TO *TB36			
	DON'T KNOW				
	REFUSED9				
*TB35.	When you are so ill that you are in bed most of the	day, do you smoke?			
	YES1				
	NO5				
	(IF VOL) NEVER THAT SICK6				
	(IF VOL) I DON'T SMOKE ANYMORE 7				
	DON'T KNOW				
	REFUSED9				
*TB36.	Starting from the time you (were AGE GIVEN IN problems), how many different times did you ever				
	TIME(S)				
	DON'T KNOW998				
	REFUSED999				
	Tel odeb				
*TB37.	INTERVIEWER CHECKPOINT: (SEE *TB36)				
	AT LEAST ONE TIME IN *TB36	1			
	ALL OTHERS				

*TB38. Since then, what is the longest period of time you have ever gone without smoking?							
	DURATION NUMBER						
	CIRCLE UNIT OF TIME: DAYS1 WEEKS	CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4					
	DON'T KNOW998 REFUSED999						
*TB39.	INTERVIEWER CHECKPOINT: (SEE *TB36, *TB38)						
	EXACTLY ONE TIME IN *TB36AT LEAST TWO TIMES IN *TB36 AND AT LEAST 3 MO	ONTHS IN *T I	B38 2	O TO *TB41			
	ALL OTHERS		3 GC	O TO *TB41			
*TB40	How many different times have you gone without smoking	for three month	ns or longer?				
	TIME(S)						
	DON'T KNOW998 REFUSED999						
*T	B41. Have you ever in your life used any of the following types of treatments to help you cut down or quit smoking:	YES (1)	NO (5)	DK (8)	RF (9)		
*T	B41anicotine gum or a nicotine patch?	1	5	8	9		
*T	B41ba prescription medicine?	1	5	8	9		
*T	B41cnicotine-free cigarettes?	1	5	8	9		
*T	B41da class or group for people trying to quit smoking?	1	5	8	9		
*TB42	. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S	ID NUMBER)					
	RANDOM 50% OF RESPONDENTSALL OTHERS		O TO *EA1, NI	EXT SECTION			
*TB43.	INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S	GENDER)					
	FEMALE	GE X					
*TB44.	INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S	ID NUMBER)					
	RANDOM 30% OF RESPONDENTSALL OTHERS		O TO *O1, PAC	GE X			

*1B45.	INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)	
	RANDOM 30% OF RESPONDENTS	GO TO *PS1, PAGE X
*TB46.	INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)	
	RANDOM 50% OF RESPONDENTS	GO TO *GM1, PAGE X
*TB47.	INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)	
	RANDOM 33% OF RESPONDENTS	