

For Office Use Only

	1. Interviewer's Label
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2. SAMPLE ID #

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3. Your Iw No.

4. Date of Iw

2a. Rotation #: _____

**NATIONAL SURVEY OF HEALTH AND STRESS
TOBACCO USE SUPPLEMENT
SECTION C**

The next questions are about using tobacco. First, ...

TYPE--->	COLUMN A	COLUMN B	COLUMN C	COLUMN D
	CIGARETTES	CIGARS	PIPES	CHEWING TOBACCO OR SNUFF
CC1. Have you ever (smoked/used) (TYPE) daily for a month or more? (P. 1A)	V7403 5. NO ---> 1. YES ↓	V7408 5. NO ---> 1. YES ↓	V7413 5. NO ---> 1. YES ↓	V7418 5. NO --->GO TO CC6 1. YES ↓
ONSET AGE CC2. How old were you when you first started (smoking/using) (TYPE) fairly regularly (daily for a month or more)?	V7404 95. NEVER REGULARLY [IF VOL.] ↓ GO TO CC1, COL. B _____ YEARS OLD	V7409 95. NEVER REGULARLY [IF VOL.] ↓ GO TO CC1, COL. C _____ YEARS OLD	V7414 95. NEVER REGULARLY [IF VOL.] ↓ GO TO CC1, COL. D _____ YEARS OLD	V7419 95. NEVER REGULARLY [IF VOL.] ↓ GO TO CC6 _____ YEARS OLD
CC3. How many (TYPE/CHEWS OR PINCHES) did you (smoke/use) per day during the period when you were (smoking/using) most?	V7405 ↓ _____ NUMBER/DAY	V7410 ↓ _____ NUMBER/DAY	V7415 ↓ _____ NUMBER/DAY	V7420 ↓ _____ NUMBER/DAY
REGENCY CC4. When was the last time you (smoked/used) (TYPE) fairly regularly—in the past month, past six months, past year, or more than a year ago?	V7406 1. PAST MONTH 2. PAST 6 MONTHS 3. PAST YEAR 4. MORE THAN A YEAR AGO	V7411 1. PAST MONTH 2. PAST 6 MONTHS 3. PAST YEAR 4. MORE THAN A YEAR AGO	V7413 1. PAST MONTH 2. PAST 6 MONTHS 3. PAST YEAR 4. MORE THAN A YEAR AGO	V7421 1. PAST MONTH 2. PAST 6 MONTHS 3. PAST YEAR 4. MORE THAN A YEAR AGO
REC AGE CC5. IF MORE THAN A YEAR AGO: How old were you the last time you (smoked/used) (TYPE) fairly regularly?	V7407 REGENCY AGE ↓ _____ YEARS OLD	V7412 ↓ _____ YEARS OLD	V7414 ↓ _____ YEARS OLD	V7422 ↓ _____ YEARS OLD
	GO BACK TO CC1, COL. B	GO BACK TO CC1, COL. C	GO BACK TO CC1, COL. D	GO TO CC6

CC6. INTERVIEWER CHECKPOINT

SEE CC1 V7423

1. ONE OR MORE "YES" RESPONSES IN CC1 (COLUMN A, B, C OR D)--->NEXT PAGE, CC7
2. ALL OTHERS--->RETURN TO P. 2 OF QUESTIONNAIRE, A9

2b

V7424

CC7. How many times have you quit or cut down [smoking/(or)/tobacco use] for two weeks or more in your lifetime?

NUMBER OF TIMES OR 00. ZERO --->GO TO CC9

B7

	YES (1)	NO (5)
CC8. (RB, p. 17) Please turn to page 17 in your booklet. In the first few days after you quit or cut down, did you ever feel nervous or have trouble concentrating or have your heart slow down or have any of the other problems listed on page 17 of your booklet? V7425 BB (ans of BB) ? (650)		GO TO CC9
CC8a. What was the longest any of these problems from cutting down lasted? V7426 B9 NUMBER OF DAYS		
CC8b. Did you have these problems several times after cutting down? V7427 B10 ? (650) ^{but not several times}		
CC8c. Did you ever start [smoking/(or)/using tobacco] again to keep from having these problems? V7428 B11 651		
CC9. Did you ever continue to [smoke/(or)/use tobacco] when you had a serious illness even though you knew that it might make the illness worse? V7429 B12 641		
CC10. Did tobacco ever cause you any health problems like coughs, problems with your heart or blood pressure, or lung trouble? V7430 B13 637		NEXT PAGE, CC11
CC10a. Did you ever continue to use tobacco after you knew it caused you health problems? V7431 B13A		

	YES (1)	NO (5)
CC11. Did using tobacco ever make you nervous or jittery or cause you any emotional or mental problems? <i>G38</i>	<i>B14</i> V7432	GO TO CC12
CC11a. Did you continue to use tobacco after you knew it caused these problems?	<i>B14A</i> V7433	
CC12. Did you ever want to quit or cut down but found that you could not? <i>G44</i>	<i>B5</i> V7434	GO TO CC13
CC12a. Did this happen more than once?	<i>B6</i> V7435	
CC13. Have you often had periods of days when you [smoked a lot more/(or)/used a lot more tobacco] than you intended to? <i>G47</i>	<i>B3</i> V7436	
CC14. Did your [smoking/(or)/tobacco] ever become so regular that you would not change when you [smoked/(or)/used tobacco] no matter what you were doing or where you were? <i>G43</i>	<i>B4</i> V7437	
CC15. Did you ever give up or greatly reduce important activities like sports or work or associating with friends or relatives so that you could [smoke/(or)/use tobacco]? <i>G52</i>	<i>B16</i> V7438	GO TO CC16
CC15a. Did you repeatedly give up important activities to [smoke/(or)/use tobacco] or eve do so for a month or more?	<i>B16A</i> V7439	

B15 = MISSING

CC16. INTERVIEWER CHECKPOINT

SEE CC8-CC15a *V7440*

1. ONE OR MORE "YES" RESPONSES IN CC8-CC15a

2. ALL OTHERS--->RETURN TO P. 2 OF QUESTIONNAIRE, A9

SNS AGE
CC17. You said that you had problems like (READ UP TO TWO "YES" RESPONSES IN THE CC8-CC15a SERIES). How old were you the first time you had problems like that?
V7441
_____ YEARS OLD *E17*

CC18. When was the last time you had any of those problems--in the past month, past six months, past year, or more than a year ago?

REC

1. PAST MONTH <i>V7442</i>	2. PAST SIX MONTHS	3. PAST YEAR	4. MORE THAN A YEAR AGO
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INTERVIEWER: RETURN TO P. 2 OF THE QUESTIONNAIRE, A9