

TOBACCO (TB)

*TB2. The next questions are about smoking. Have you ever smoked a cigarette, cigar, or pipe, even a single puff?

YES.....1
 NO.....5 **GO TO *TB42**
 DON'T KNOW8 **GO TO *TB42**
 REFUSED9 **GO TO *TB42**

*TB3. How old were you the very first 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 NO/ DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS12
 BEFORE 20s19
 DON'T KNOW998
 REFUSED999

*TB4. Was there ever a period in your life lasting at least two months when you smoked at least once per week?

YES.....1
 NO.....5 **GO TO *TB42**
 DON'T KNOW8 **GO TO *TB42**
 REFUSED9 **GO TO *TB42**

*TB6. How old were you the very first time you smoked tobacco at least once a week 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 TEENS12
 BEFORE 20s19
 (IF VOL) "NEVER"997 **GO TO *TB42**
 DON'T KNOW998
 REFUSED999

*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 TEENS12
 BEFORE 20s19
 (IF VOL) "NEVER"997 **GO TO *TB42**
 DON'T KNOW998
 REFUSED999

*TB14. INTERVIEWER CHECKPOINT: (10-YEAR CALENDER)

INTERVIEWER: LABEL A ROW ON THE 10-YEAR CALENDER “SMOKED DAILY” AND HAND THE CALENDER TO R WITH THE FOLLOWING INSTRUCTIONS:

I want you to put an “X” in the box for each year since (NCS1 YEAR) when you smoked daily or almost daily. Tell me when you are finished.

	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? (KEY PHRASE: you had a strong and irresistible urge to smoke)	1	5	8	9
*TB15a. 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
*TB15b. 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 GO TO *TB21 ALL OTHERS 2				
*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) *TB15c EQUALS ‘1’ 1 GO TO *TB15e ALL OTHERS 2				
*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? (KEY PHRASE: you smoked more frequently than you intended)	1	5	8	9

* TB15g. 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' 1 GO TO *TB42 ALL OTHERS 2				
* 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/	8 GO TO *TB15/	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
* TB15l. 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: (SEE ***TB15 SERIES**)

ONE OR TWO RESPONSES CODED '1' IN ***TB15 SERIES** 1
ALL OTHERS 2 **GO TO *TB21**

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

YES 1 **GO TO *TB21a**
NO 5 **GO TO *TB21b**
DON'T KNOW 8 **GO TO *TB21b**
REFUSED 9 **GO TO *TB21b**

***TB21.** You reported having a number of smoking-related problems. Can you remember your exact age the very first time you had any of these problems?

- YES.....1
- NO5 **GO TO *TB21b**
- DON'T KNOW8 **GO TO *TB21b**
- REFUSED9 **GO TO *TB21b**

***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 20s19
- DON'T KNOW998
- REFUSED999

***TB22.** How recently did you have (this problem/any 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 AGO2 **GO TO *TB23.1**
- 7 TO 12 MONTHS AGO3 **GO TO *TB23.1**
- MORE THAN 12 MONTHS AGO.....4
- DON'T KNOW.....8 **GO TO *TB23.1**
- REFUSED9 **GO TO *TB23.1**

***TB23.** How old were you the last time 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.....12
- BEFORE 20s19
- DON'T KNOW998
- REFUSED999

***TB23.1.** INTERVIEWER CHECKPOINT: (SEE ***TB16**)

- *TB16** EQUALS '1'1 **GO TO *TB36**
- ALL OTHERS2

*TB24. How many different years in your life did you ever have at least one of these problems?

_____ YEARS
DON'T KNOW.....998
REFUSED.....999

*TB25. Did you ever have three (or more) of these problems in the same year?

YES..... 1
NO 2 **GO TO *TB36**
DON'T KNOW..... 8 **GO TO *TB36**
REFUSED..... 9 **GO TO *TB36**

*TB26. How old were you the first time 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.....12
BEFORE 20s19
DON'T KNOW998
REFUSED999

*TB36. Starting from the time you began having (this/any of these) problem(s), how many different times did you ever make a serious attempt to quit smoking?

_____ TIME(S)
DON'T KNOW.....998
REFUSED.....999

*TB37. INTERVIEWER CHECKPOINT: (SEE *TB36)

AT LEAST ONE TIME IN *TB36..... 1
ALL OTHERS..... 2 **GO TO *TB42**

*TB38. Since then, what is the longest period of time you have ever gone without smoking?

_____ DURATION NUMBER
CIRCLE UNIT OF TIME: DAYS.....1 WEEKS.....2 MONTHS.....3 YEARS.....4
DON'T KNOW.....998
REFUSED.....999

*TB39. INTERVIEWER CHECKPOINT: (SEE *TB36, *TB38)

EXACTLY ONE TIME IN *TB36..... 1 **GO TO *TB41**
AT LEAST TWO TIMES IN *TB36 AND AT LEAST 3 MONTHS IN *TB38 2
ALL OTHERS..... 3 **GO TO *TB41**

*TB40. How many different times have you gone without smoking for three months or longer?

_____ TIME(S)

DON'T KNOW998

REFUSED999

*TB41. 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)
*TB41a. ...nicotine gum or a nicotine patch?	1	5	8	9
*TB41b. ...a prescription medicine?	1	5	8	9
*TB41c. ...nicotine-free cigarettes?	1	5	8	9
*TB41d. ...a class or group for people trying to quit smoking?	1	5	8	9

*TB42. INTERVIEWER CHECKPOINT: (SEE)

GO TO NEXT SECTION