

CARDIA IV
FOLLOW-UP QUESTIONS FOR TOBACCO QUESTIONNAIRE

___ / ___ / ___
exam date

(IF RESPONDENT ANSWERED "YES" TO QUESTION 2 ON FORM 10 ASK 2.01)

D09SMKNW 2.01 Do you still smoke cigarettes regularly? (By "regularly" we mean at least 5 cigarettes per week almost every week.)

- 1 No (GO TO QUESTION 3.01)
- 2 Yes (GO TO QUESTION 2.03)

(IF RESPONDENT ANSWERED "NO" TO QUESTION 2 ON FORM 10 ASK 2.02)

D09STS3M 2.02 Have you started smoking regularly in the last three months? (By "regularly" we mean at least 5 cigarettes per week almost every week.)

- 1 No —> (GO TO QUESTION 3.01)
- 2 Yes

2.02a Do you still smoke cigarettes regularly now?
(NOW = WITHIN THE PAST WEEK)

- 1 No (GO TO QUESTION 3.01)
- 2 Yes

(IF THE RESPONDENT ANSWERED "YES" TO QUESTION 2.01 OR 2.02a ASK 2.03)

D09CGTDY 2.03 How many cigarettes do you smoke per day on the average?
_____ cigarettes per day (1 PACK = 20 CIGARETTES)

2.04 Do you have a pack of the cigarettes you smoke with you? May I see it please?

(RECORD UPC CODE)

D09UPC _____ UPC CODE

IF RESPONDENT DOES NOT HAVE A PACK ASK:

a. What brand of cigarette are you smoking now? (RECORD COMPLETE BRAND NAME EVEN IF UPC CODE IS RECORDED)

D09BRAND _____

b. Is it filtered or unfiltered?

D09FILTR

- 1 Filtered
- 2 Unfiltered
- 8 Don't know

c. Is it soft pack or hard pack?

D09PAKSZ

- 1 Soft pack
- 2 Hard pack
- 8 Don't know

d. Is it regular, king size, long, or extra long?

D09LNGTH

- 1 Regular (70 mm)
- 2 King (85 mm)
- 3 Long (100 mm)
- 4 Extra long (120 or 125 mm)
- 8 Don't know

e. Is it menthol or non-menthol?

D09MENTH

- 1 Menthol
- 2 Non-menthol
- 8 Don't know

2.05 Have you made any attempts to stop smoking cigarettes in the past two years?
D09TRYQT

- 1 No
- 2 Yes

D09ATTMP

How many of these attempts lasted 48 hours or more?

- 1 None
- 2 1
- 3 2-3
- 4 4-5
- 5 6 or more

2.06 Do you plan to make any of these changes in your smoking in the next six months?

- | | No | Yes | |
|----------|----------------------------|----------------------------|---|
| D09CHGQT | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Quit completely |
| D09CHGNO | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Cut down on number of cigarettes smoked |
| D09CHGLO | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Change to lower "tar" or nicotine cigarette |
| D09CHGOT | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Any other changes, that we did not mention? |

(If yes: What are these changes? _____

2.07 On a scale of 0 to 10, where 0 means not at all interested in quitting and 10 means very interested, how interested are you in quitting smoking?

D09QUIT _____

2.08 Are you aware of any stop smoking programs in your community which you could attend (e.g., at work, school, church, hospital)?

D09AWARE

- 1 No
- 2 Yes

D09ATIND

If yes: Have you ever been to one?

- 1 No
- 2 Yes
- 8 Don't know

2.09 Have you ever spent money on things or programs to help you cut
D09SPEND down or stop smoking (for example, nicotine gum, a stop smoking,
book or video, a stop smoking program, or hypnosis)?

- 1 No
2 Yes
8 Don't know

(IF RESPONDENT ANSWERED "YES" TO QUESTION 3 ON FORM 10 ASK 3.01)

3.01 Do you still smoke cigars regularly?

D09CIGAR

- 1 No
2 Yes
3 No, but I still smoke cigars occasionally

(IF RESPONDENT ANSWERED "YES" TO QUESTION 4 ON FORM 10 ASK 4.01)

4.01 Do you still smoke a pipe regularly?

D09PIPE

- 1 No
2 Yes
3 No, but I still smoke a pipe occasionally

(IF RESPONDENT ANSWERED "YES" TO QUESTION 5 ON FORM 10 ASK 5.01)

5.01 Do you still use smokeless tobacco?

D09SNUFF

- 1 No
2 Yes

D09IVID INTERVIEWER ID

TOB