6/9/95 DOB 4/1/54 M Age: 41

SMOKING HISTORY

INSTRUCTIONS

Please answer the following questions based on your experiences with smoking. Each question allows you to choose from several alternatives. Please select one of the alternatives and fill in the corresponding number in one of the circles to the right of the question. Be sure to answer each question. Use only a NUMBER 2 PENCIL and blacken the circle completely. Make no stray marks on the answer sheet. Refer to the instruction sheet if you have any questions about marking the form.

PROJECT USE ONLY
DO NOT FILL IN

1. Are you currently smoking? 1 = Yes 2 = No — ①

2. Have you smoked a cigarette, even a puff, during the past 7 days? 1 = Yes 2 = No — ①

3. Have you smoked a cigarette, even a puff, during the past month? 1 = Yes 2 = No — ①

4. Were you smoking 6 months ago? 1 = Yes 2 = No — ①

5. Were you smoking 12 months ago? 1 = Yes 2 = No — ②

6. Do you inhale? 1 = Never 2 = Sometimes 3 = Always 4 = I don't smoke — ③

7. Do you smoke more during the morning than the rest of the day? 1 = Yes 2 = No 3 = I don't smoke — ②

8. Do you find it difficult to refrain from smoking in places where it is prohibited, for example in church, cinema, etc? 1 = Yes 2 = No 3 = I don't smoke — ②

9. Do you continue to smoke when you are so ill that you are in bed most of the day? 1 = Yes 2 = No 3 = I don't smoke — ②

10. When you smoke a cigarette, do you usually burn it:
1 = All the way down 2 = About 3/4 the way down
3 = 1/2 the way down 4 = I don't smoke — ③

11. Which cigarette would you hate to give up? (choose only one) — ①
1 = The first one of the day.
2 = After meals
3 = While drinking
4 = When around others who smoke
5 = Just before bed
6 = With coffee
7 = Don't smoke

12. At this time what is your personal goal with regard to smoking? — ②
1 = To quit and stay off forever.
2 = To stay off forever (if you have already quit).
3 = To not smoke for a limited time.
4 = To be able to control how much I smoke.
5 = To quit some day but not now.
6 = To continue to smoke.

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