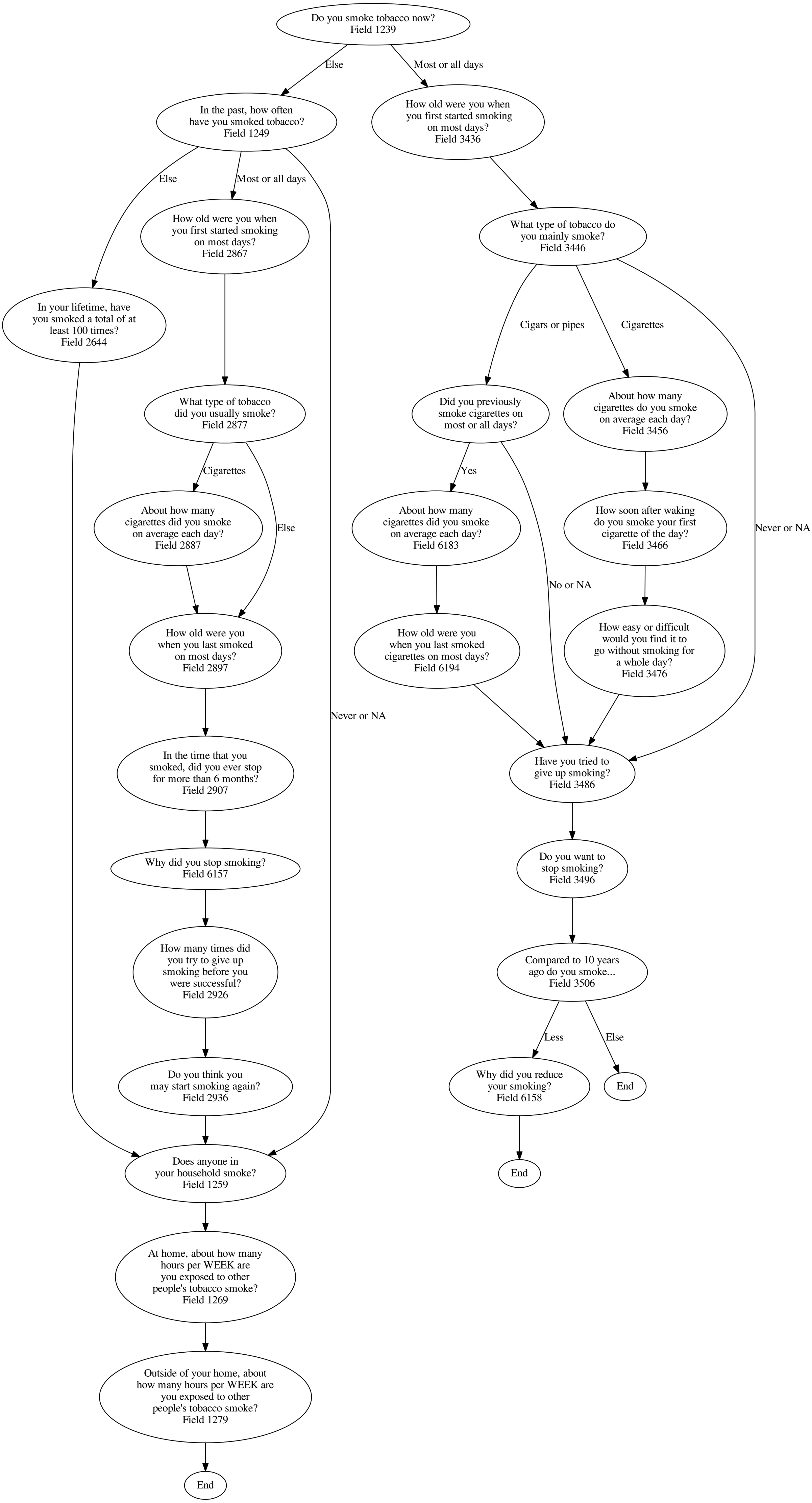
Do you smoke tobacco now?
Field 1239
Else
Most or all days
In the past, how often have you smoked tobacco?
Field 1249
How old were you when you first started smoking on most days?
Field 3436
Else
Most or all days
How old were you when you first started smoking on most days?
Field 2867
What type of tobacco do you mainly smoke?
Field 3446
In your lifetime, have you smoked a total of at least 100 times?
Field 2644
Cigars or pipes
Cigarettes
What type of tobacco did you usually smoke?
Field 2877
Did you previously smoke cigarettes on most or all days?
About how many cigarettes do you smoke on average each day?
Field 3456
Cigarettes
Yes
About how many cigarettes did you smoke on average each day?
Field 2887
Else
About how many cigarettes did you smoke on average each day?
Field 6183
How soon after waking do you smoke your first cigarette of the day?
Field 3466
Never or NA
No or NA
How old were you when you last smoked on most days?
Field 2897
How old were you when you last smoked cigarettes on most days?
Field 6194
How easy or difficult would you find it to go without smoking for a whole day?
Field 3476
Never or NA
In the time that you smoked, did you ever stop for more than 6 months?
Field 2907
Have you tried to give up smoking?
Field 3486
Why did you stop smoking?
Field 6157
Do you want to stop smoking?
Field 3496
How many times did you try to give up smoking before you were successful?
Field 2926
Compared to 10 years ago do you smoke...
Field 3506
Less
Else
Do you think you may start smoking again?
Field 2936
Why did you reduce your smoking?
Field 6158
End
Does anyone in your household smoke?
Field 1259
End
At home, about how many hours per WEEK are you exposed to other people's tobacco smoke?
Field 1269
Outside of your home, about how many hours per WEEK are you exposed to other people's tobacco smoke?
Field 1279
End