

FORM **TAPS-1**  
(12-15-92)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE

CENTERS FOR DISEASE CONTROL  
NATIONAL CENTER FOR HEALTH STATISTICS

## TEENAGE ATTITUDES AND PRACTICES SURVEY II

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RT 55    3-8    9-22

### Section A - FINAL STATUS

23-24

- 01  Complete interview
- 02  Partial interview
- 03  Refusal by sample youth
- 04  Refusal by parent/guardian
- 05  Temporarily absent
- 06  No one home/unable to contact
- 07  Unable to locate/moved, address unknown
- 08  Moved out of country
- 09  Military
- 10  Under age 9 or over age 22
- 11  Mentally or physically incapable
- 12  Institutionalized
- 13  Deceased
- 14  Other noninterview - Specify *✓*

### Section B - INTERVIEW ATTEMPTED BY

25

- 1  Telephone only
- 2  Personal visit only
- 3  Both telephone and personal visit

### Section C - RECORD OF CALLS

Date	Time	Notes
Date of interview	Month	Day
	26-27	28-29
Field Representative	Code	30-32

**A. INTRODUCTION**

**Hello, I am** (your name) **from the United States Bureau of the Census. May I speak with** (name of sample youth)?

- Yes (Continue with B)
- No, the sample youth is not available (Obtain callback information)
- No, does not live here (try to get information to help locate the youth)

**B. READ IF YOUTH COMES TO THE PHONE: Hello, I am** (your name) **from the United States Bureau of the Census.**

**We are taking a survey of what the young people living in our country think and do. It is very important that you help us with this survey. We sent you a letter explaining the survey. Did you get the letter?**

- Yes (Skip to D)
- No and this is a telephone interview (Read C – survey explanation)
- No and this is a personal visit interview (Hand a copy of the introductory letter and skip to D)

**C. SURVEY EXPLANATION**

**This survey is authorized by the Public Health Service Act. The survey is voluntary and any information you give is confidential and will be used only for statistical purposes to plan programs for young Americans. The questions I will be asking are about school, family, social activities, and health issues, such as smoking. If I ask a question that you do not want to answer, just let me know and I'll move on to the next one. However, it is important that everyone participate so we can get accurate statistics on the Nation's health.**

**D1. VERIFY OR OBTAIN NAME**

a.  Complete name on label (READ) **I need to verify the spelling of your name. Our records show that your first name is spelled** (spell first name) **and your last name is spelled** (spell last name). **Is that correct?**

- <sup>1</sup>  Yes (Skip to E)
- <sup>2</sup>  No (Enter correct names in D2)

b.  Incomplete name on label (READ) **I see we do not have a complete name for you. May I have your name so I can refer to you properly?**

ENTER correct name in D2.

**D2. PRINT THE CORRECT NAME**

34-48

49-68

\_\_\_\_\_ First name

\_\_\_\_\_ Last name

**E. DATE OF BIRTH**

69-74

**What is your date of birth?**

Month	Day	Year
		19

**F. CALCULATE AND RECORD AGE**

7

Age

**That means you are** (age) **– is that correct?**

- Yes (Go to 1)
- No (Correct age and/or date of birth)

Now I'm going to ask you some questions about cigarette smoking. Remember, there are no right or wrong answers. We just want to know what applies to you.

**1. Have you ever smoked a cigarette?**

- 1  Yes (2)  
 2  No (31 on page 9)  
 9  DK (31 on page 9)

**2. How old were you when you smoked your first WHOLE cigarette?**

- 00  Never smoked whole cigarette (31b on page 9)

\_\_\_\_\_ Age

6-7

**3. Have you smoked at least 100 cigarettes in your life?**

*If asked, 100 cigarettes equals 5 packs.*

- 1  Yes (5a)  
 2  No  
 9  DK

8

**4a. About how many cigarettes have you smoked in your life?**

\_\_\_\_\_ Number (5a)

- 99  DK

9-10

**b. Have you smoked 5 or more cigarettes in your life?**

- 1  Yes  
 2  No (7a)  
 9  DK

11

**When you smoked your first cigarette, did it make you feel dizzy?**

- 1  Yes  
 2  No  
 9  DK/Don't remember

12

**b. When you smoked your first cigarette, did it make you feel sick to your stomach?**

- 1  Yes  
 2  No  
 9  DK/Don't remember

13

**c. When you smoked your first cigarette, did it make you cough?**

- 1  Yes  
 2  No  
 9  DK/Don't remember

14

**d. When you smoked your first cigarette, did it make you feel relaxed?**

- 1  Yes  
 2  No  
 9  DK/Don't remember

15

*If less than 30 cigarettes in Q4a, go to Q7a. Otherwise, ask Q6a.*

**6a. Have you ever smoked a cigarette every day for at least a month?**

- 1  Yes  
 2  No } (7a)  
 9  DK }

16

**b. How old were you when you first smoked every day for at least a month?**

\_\_\_\_\_ Age

- 99  DK

17-18

<p><b>7a. Think about the last 30 days. On how many of these days did you smoke cigarettes?</b></p>	<p>00 <input type="checkbox"/> None (25 on page 8)  30 <input type="checkbox"/> All of them (8b)</p> <p>_____ Days (CHECK ITEM 1)</p> <p>99 <input type="checkbox"/> DK (7b)</p>	<div style="border: 1px solid black; padding: 2px;">19-20</div>																					
<p><b>b. Was it more or less than 15 days?</b></p>	<p>0 <input type="checkbox"/> Exactly 15 days (8a)  1 <input type="checkbox"/> Less than 15 days  2 <input type="checkbox"/> More than 15 days (7e)  9 <input type="checkbox"/> DK (8a)</p>	<div style="border: 1px solid black; padding: 2px;">21</div>																					
<p><b>c. Was it more or less than 10 days?</b></p>	<p>0 <input type="checkbox"/> Exactly 10 days (8a)  1 <input type="checkbox"/> Less than 10 days  2 <input type="checkbox"/> More than 10 days } (8a)  9 <input type="checkbox"/> DK</p>	<div style="border: 1px solid black; padding: 2px;">22</div>																					
<p><b>d. Was it more or less than 5 days?</b></p>	<p>0 <input type="checkbox"/> Exactly 5 days } (8a)  1 <input type="checkbox"/> Less than 5 days }  2 <input type="checkbox"/> More than 5 days }  9 <input type="checkbox"/> DK</p>	<div style="border: 1px solid black; padding: 2px;">23</div>																					
<p><b>e. Was it more or less than 20 days?</b></p>	<p>0 <input type="checkbox"/> Exactly 20 days } (8a)  1 <input type="checkbox"/> Less than 20 days }  2 <input type="checkbox"/> More than 20 days (7f)  9 <input type="checkbox"/> DK (8a)</p>	<div style="border: 1px solid black; padding: 2px;">24</div>																					
<p><b>f. Was it more or less than 25 days?</b></p>	<p>0 <input type="checkbox"/> Exactly 25 days (8b)  1 <input type="checkbox"/> Less than 25 days (8a)  2 <input type="checkbox"/> More than 25 days (8b)  9 <input type="checkbox"/> DK (8a)</p>	<div style="border: 1px solid black; padding: 2px;">25</div>																					
<div style="background-color: black; color: white; padding: 2px; display: inline-block;"><b>CHECK ITEM 1</b></div> <p style="margin-left: 20px;"><i>Refer to Q7a.</i></p>	<p><input type="checkbox"/> Less than 25 days (8a)  <input type="checkbox"/> 25 or more days (8b)</p>																						
<p><b>8a. Now, think carefully about the last SEVEN days. Did you smoke cigarettes on any of THOSE days?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No (9)  9 <input type="checkbox"/> DK (8b)</p>	<div style="border: 1px solid black; padding: 2px;">26</div>																					
<p><b>b. I'm going to ask you to think about your cigarette smoking on each of the last seven days. Let's start with yesterday . . . which was (day). Please think back carefully and tell me how many cigarettes you smoked (day)?</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">DAY</td> <td style="width: 10%;"></td> <td style="text-align: center; width: 40%;">NO. SMOKED</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">27</div></td> <td style="text-align: center;">_____</td> </tr> </table>	DAY		NO. SMOKED	_____	<div style="border: 1px solid black; padding: 2px;">27</div>	_____	<div style="border: 1px solid black; padding: 2px;">28-29</div>															
DAY		NO. SMOKED																					
_____	<div style="border: 1px solid black; padding: 2px;">27</div>	_____																					
<p><b>c. Now, how many cigarettes did you smoke the day before that which was (day)?</b></p> <p><i>Repeat question until all days are recorded.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">DAY</td> <td style="width: 10%;"></td> <td style="text-align: center; width: 40%;">NO. SMOKED</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">30</div></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">33</div></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">36</div></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">39</div></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">42</div></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px;">45</div></td> <td style="text-align: center;">_____</td> </tr> </table>	DAY		NO. SMOKED	_____	<div style="border: 1px solid black; padding: 2px;">30</div>	_____	_____	<div style="border: 1px solid black; padding: 2px;">33</div>	_____	_____	<div style="border: 1px solid black; padding: 2px;">36</div>	_____	_____	<div style="border: 1px solid black; padding: 2px;">39</div>	_____	_____	<div style="border: 1px solid black; padding: 2px;">42</div>	_____	_____	<div style="border: 1px solid black; padding: 2px;">45</div>	_____	<div style="border: 1px solid black; padding: 2px;">31-32</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">3</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">3</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">40-41</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">43-44</div> <div style="border: 1px solid black; padding: 2px;">46-47</div>
DAY		NO. SMOKED																					
_____	<div style="border: 1px solid black; padding: 2px;">30</div>	_____																					
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_____	<div style="border: 1px solid black; padding: 2px;">42</div>	_____																					
_____	<div style="border: 1px solid black; padding: 2px;">45</div>	_____																					

**9. I'm going to read you a list of reasons why people say they smoke. After I read each one, please tell me if this is a reason why you smoke.**

**a. I smoke because . . .**  
it relaxes or calms me.

- 1  Yes  
2  No  
9  DK

48

**b. it helps me keep my weight down.**

- 1  Yes  
2  No  
9  DK

49

**c. it's really hard to quit.**

- 1  Yes  
2  No  
9  DK

50

**d. I smoke because . . .**  
my friends smoke.

- 1  Yes  
2  No  
9  DK

51

**e. people in my family smoke.**

- 1  Yes  
2  No  
9  DK

52

**f. it makes me look cool.**

- 1  Yes  
2  No  
9  DK

53

**g. I just like to smoke.**

- 1  Yes  
2  No  
9  DK

54

**CHECK  
ITEM 2**

*Refer to Q8b/c.*

- 2 or more cigarettes on 3 or more days (10)  
 Other (11a)

**10. How soon after you wake up do you usually smoke your first cigarette?**

000  Immediately

\_\_\_\_\_ } 1  Minutes  
(Number) } 2  Hours

998  No usual time/time varies

999  DK

57

**11a. Do your parents know that you smoke?**

- 1  Yes  
2  No } (12a)  
9  DK

58

**b. Do either of your parents mind that you smoke?**

- 1  Yes  
2  No  
9  DK

59

<b>12a. Do you usually buy your own cigarettes?</b>	1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No	60
<b>b. Have you EVER bought your own cigarettes?</b>	1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No	
<b>c. Have you ever TRIED to buy your own cigarettes?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (20 on page 7)	62
<b>13. Have you ever been asked to show proof of age when (trying to buy/buying) cigarettes?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	63
<b>CHECK ITEM 3</b>	Refer to Q12a.	
<b>14. What is the main reason you don't buy your own cigarettes?</b>	1 <input type="checkbox"/> Don't have money/can't afford 2 <input type="checkbox"/> Not old enough 3 <input type="checkbox"/> Get from friends/"bum" cigarettes 4 <input type="checkbox"/> I'll smoke more 8 <input type="checkbox"/> Other	64 (20)
<b>15. What brand do you usually buy?</b>	00 <input type="checkbox"/> No usual brand 01 <input type="checkbox"/> Newport 02 <input type="checkbox"/> Salem 03 <input type="checkbox"/> Kool 04 <input type="checkbox"/> Marlboro 05 <input type="checkbox"/> Merit 06 <input type="checkbox"/> Winston 07 <input type="checkbox"/> Benson & Hedges 08 <input type="checkbox"/> Camel 09 <input type="checkbox"/> Vantage 10 <input type="checkbox"/> Pall Mall 11 <input type="checkbox"/> Virginia Slims 12 <input type="checkbox"/> Generic brand 88 <input type="checkbox"/> Other	65-66 (16b)
<b>16a. Are the (brand in 15/cigarettes) you smoke menthol or non-menthol?</b>	1 <input type="checkbox"/> Menthol 2 <input type="checkbox"/> Non-menthol (17a) 9 <input type="checkbox"/> DK (17a)	67
<b>b. Why do you smoke menthols?</b> PROBE ONE TIME: Anything else? MARK (X) ALL THAT APPLY.	1 <input type="checkbox"/> Less harmful 2 <input type="checkbox"/> Health reasons 3 <input type="checkbox"/> Tastes better/like taste 4 <input type="checkbox"/> Less irritating 5 <input type="checkbox"/> Image/cool 6 <input type="checkbox"/> Friends smoke them 7 <input type="checkbox"/> Just like them 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	68 69 70 71 72 73 74 75 76
<b>17a. Are the (brand in 15/cigarettes) regulars, lights, or ultra-lights?</b>	1 <input type="checkbox"/> Regulars (18a) 2 <input type="checkbox"/> Lights 3 <input type="checkbox"/> Ultra-lights 9 <input type="checkbox"/> DK (18a)	77
<b>b. Why do you smoke (lights/ultra-lights)?</b> PROBE ONE TIME: Anything else? MARK (X) ALL THAT APPLY.	1 <input type="checkbox"/> Less harmful 2 <input type="checkbox"/> Health reasons 3 <input type="checkbox"/> Tastes better/like taste 4 <input type="checkbox"/> Less irritating 5 <input type="checkbox"/> Image/cool 6 <input type="checkbox"/> Friends smoke them 7 <input type="checkbox"/> Just like them 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	78 79 80 83 84 85 86



RT 57
3-4
5-6
7-8
1
13-14
15-16
17-18
19-20
21-22
23-24
25-26
27-28
29-30
31-32
33-34
35-36

**24. Why did you try to quit smoking?**  
 PROBE ONE TIME: Anything else?  
 MARK (X) ALL THAT APPLY.

- 00  Never smoked regularly (37)
- 01  No reason
- 02  Concern for my health
- 03  Cost of cigarettes
- 04  Pressure from family
- 05  Pressure from friends
- 06  Lost desire
- 07  Pregnancy
- 08  Bad/dirty habit
- 09  Not cool
- 10  Quit with someone else
- 11  Tastes bad/didn't like taste
- 12  Played/wanted to play sports
- 13  Illness/too sick to smoke
- 88  Other
- 99  DK

(29)

**25. Have you quit smoking?**

- 0  Never regular smoker (37)
- 1  Yes (26)
- 2  No (30)

37

**26. When was the last time you smoked a cigarette, even a puff?**

- 000  Less than one day ago
- (Number) } 1  Days ago
- } 2  Weeks ago
- } 3  Months ago
- } 4  Years ago

38-40

**27. How many times have you tried to quit before you quit this time?**

- 00  None
- \_\_\_\_\_ Times
- 99  DK

41-42

**28. Why did you quit smoking?**  
 PROBE ONE TIME: Anything else?  
 MARK (X) ALL THAT APPLY.

- 00  Never smoked regularly (37)
- 01  No reason
- 02  Concern for my health
- 03  Cost of cigarettes
- 04  Pressure from family
- 05  Pressure from friends
- 06  Lost desire
- 07  Pregnancy
- 08  Bad/dirty habit
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- 12  Played/wanted to play sports
- 13  Illness/too sick to smoke
- 88  Other
- 99  DK

43-44
45-46
47-48
49-50
51-52
53-54
55-56
57-58
59-60
61-62
63-64
65-66
67-68
69-70
71-72
73-74



<b>29. When you (quit/tried to quit) smoking did you . . .</b>	
<b>a. feel a strong need or urge to have a cigarette?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">75</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>b. feel more irritable?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">76</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>c. find it hard to concentrate?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">77</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>When you (quit/tried to quit) did you . . .</b> <b>d. feel restless?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">78</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>e. feel hungry more often?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">79</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>f. feel sad, blue, or depressed?</b>	1 <input type="checkbox"/> Yes } <span style="float: right;">80</span> 2 <input type="checkbox"/> No } <i>(Check item 4)</i> 9 <input type="checkbox"/> DK }
<b>30. Do you think you will ever want to quit smoking someday?</b>	1 <input type="checkbox"/> Yes (36) <span style="float: right;">81</span> 2 <input type="checkbox"/> No (37) 9 <input type="checkbox"/> DK (36)
<b>31 a. Have you ever tried or experimented with cigarette smoking, even a few puffs?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">82</span> 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK } <i>(32)</i>
<b>b. How long ago did you try your first cigarette?</b>	<span style="float: right;">83-85</span> 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years _____ (Number)
<b>c. When you tried smoking your first cigarette, did it make you feel dizzy?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">86</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK/Don't remember
<b>d. When you tried your first cigarette, did it make you feel sick to your stomach?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">87</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK/Don't remember
<b>e. When you tried your first cigarette, did it make you cough?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">88</span> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK/Don't remember
<b>f. When you tried your first cigarette, did it make you feel relaxed?</b>	1 <input type="checkbox"/> Yes } <span style="float: right;">89</span> 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK/Don't remember } <i>(34)</i>
<b>32. Do you think you will EVER try a cigarette?</b>	1 <input type="checkbox"/> Yes <span style="float: right;">90</span> 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK } <i>(34)</i>

<b>33. Do you think that you will try a cigarette soon?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<b>91</b>
<b>34. Have you ever been offered a cigarette?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>92</b>
<b>35a. If one of your best friends were to offer you a cigarette, would you smoke it?</b>	<input type="checkbox"/> Yes (35b) <input type="checkbox"/> No (35c) <input type="checkbox"/> DK (37)	<b>93</b>
<b>b. Would you say probably yes or definitely yes?</b>	<input type="checkbox"/> Probably yes } (37) <input type="checkbox"/> Definitely yes }	<b>94</b>
<b>c. Would you say probably not or definitely not?</b>	<input type="checkbox"/> Probably not } (37) <input type="checkbox"/> Definitely not }	<b>95</b>
<b>CHECK ITEM 4</b> Refer to Q26 on page 8.	<input type="checkbox"/> 4 or more days ago (37) <input type="checkbox"/> Other (36)	
<b>36. If a program to help people quit smoking were offered for free, would you be interested in going?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<b>96</b>
<i>Ask only if age 10-17, others skip to Q38a.</i> <b>37. (Is it/Was it/Do you think it would be) easy or hard for you to BUY cigarettes (if you wanted some)?</b>	<input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> DK	<b>97</b>
<b>38a. Is there a law in your State or city that says you have to be a certain age before you can buy cigarettes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No } (39a) <input type="checkbox"/> DK }	<b>98</b>
<b>b. How old do you have to be to buy cigarettes legally?</b>	_____ Age <input type="checkbox"/> DK	<b>99-100</b>
<b>39a. Have you ever seen warning labels on cigarette packs or in ads for cigarettes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (40a)	<b>101</b>
<b>b. Have you ever read the warning labels?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (40a)	<b>102</b>
<b>c. Do you remember what the warnings were?</b> <i>PROBE ONE TIME: Anything else?</i> <i>MARK (X) ALL THAT APPLY.</i>	<input type="checkbox"/> Lung cancer risk <input type="checkbox"/> Other cancer risk <input type="checkbox"/> Cancer risk, no type mentioned <input type="checkbox"/> Pregnancy risk <input type="checkbox"/> Heart disease/problems <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Emphysema <input type="checkbox"/> Lung problems <input type="checkbox"/> Other <input type="checkbox"/> DK	<b>RT 58</b> <b>3-4</b> <b>5-6</b> <b>7-8</b> <b>9-10</b> <b>11-12</b> <b>13-14</b> <b>15-16</b> <b>17-18</b> <b>19-20</b> <b>21-22</b> <b>23-24</b>

<b>40a.</b> Do you think you will be smoking one year from now?  	1 <input type="checkbox"/> Yes (40b) 2 <input type="checkbox"/> No (40c) 9 <input type="checkbox"/> DK (41)	25
<b>b.</b> Would you say probably yes or definitely yes? 	1 <input type="checkbox"/> Probably yes } (41) 2 <input type="checkbox"/> Definitely yes }	26
<b>c.</b> Would you say probably not or definitely not? 	1 <input type="checkbox"/> Probably not 2 <input type="checkbox"/> Definitely not	27
<b>These next questions are about chewing tobacco and snuff.</b>		
<b>41.</b> Have you ever used chewing tobacco or snuff? 	0 <input type="checkbox"/> Tried only once (68 on page 15) 1 <input type="checkbox"/> Yes (42a) 2 <input type="checkbox"/> No } (65 on page 15) 9 <input type="checkbox"/> DK }	28
<b>42a.</b> Are you now a regular user of chewing tobacco or snuff? 	1 <input type="checkbox"/> Yes (43) 2 <input type="checkbox"/> No (42b)	29
<b>b.</b> Was there ever a time when you considered yourself to be a regular user of chewing tobacco or snuff? 	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	30
<b>43.</b> How old were you when you first started using chewing tobacco or snuff? 	_____ Age	31-32
<b>44.</b> Have you ever used chewing tobacco or snuff every day for at least a month? 	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (46a) 9 <input type="checkbox"/> DK }	33
<b>45.</b> How old were you when you first used chewing tobacco or snuff every day for at least a month? 	_____ Age 99 <input type="checkbox"/> DK	34-35
<b>46a.</b> Think about the last 30 days. On how many of these days did you use chewing tobacco or snuff? 	00 <input type="checkbox"/> None (59 on page 14) 30 <input type="checkbox"/> All of them (47) _____ Number of days (47) 99 <input type="checkbox"/> DK (46b)	36-37
<b>b.</b> Was it more or less than 15 days? 	0 <input type="checkbox"/> Exactly 15 days (47) 1 <input type="checkbox"/> Less than 15 days (46c) 2 <input type="checkbox"/> More than 15 days (46e) 9 <input type="checkbox"/> DK (47)	38
<b>c.</b> Was it more or less than 10 days? 	0 <input type="checkbox"/> Exactly 10 days (47) 1 <input type="checkbox"/> Less than 10 days (46d) 2 <input type="checkbox"/> More than 10 days } (47) 9 <input type="checkbox"/> DK }	39
<b>d.</b> Was it more or less than 5 days? 	0 <input type="checkbox"/> Exactly 5 days } (47) 1 <input type="checkbox"/> Less than 5 days } 2 <input type="checkbox"/> More than 5 days } 9 <input type="checkbox"/> DK }	40
<b>e.</b> Was it more or less than 20 days? 	0 <input type="checkbox"/> Exactly 20 days } (47) 1 <input type="checkbox"/> Less than 20 days } 2 <input type="checkbox"/> More than 20 days (46f) 9 <input type="checkbox"/> DK (47)	41
<b>f.</b> Was it more or less than 25 days? 	0 <input type="checkbox"/> Exactly 25 days 1 <input type="checkbox"/> Less than 25 days 2 <input type="checkbox"/> More than 25 days 9 <input type="checkbox"/> DK	42

**47.** On those days you used chewing tobacco or snuff, how many times each day did you use it?

\_\_\_\_\_ Times per day

99  DK

43-44

I'm going to read you a list of reasons why people say they use chewing tobacco and snuff. After I read each one, please tell me if this is a reason why you use it.

**48.** I use chewing tobacco or snuff because . . .

1  Yes

2  No

9  DK

45

**a.** it relaxes or calms me.

**b.** it helps me keep my weight down.

1  Yes

2  No

9  DK

46

I use chewing tobacco or snuff because . . .

**c.** it's really hard to quit.

1  Yes

2  No

9  DK

47

**d.** my friends use it.

1  Yes

2  No

9  DK

48

**e.** people in my family use it.

1  Yes

2  No

9  DK

49

I use chewing tobacco or snuff because . . .

**f.** it makes me look cool.

1  Yes

2  No

9  DK

50

**g.** it's better than smoking cigarettes.

1  Yes

2  No

9  DK

51

**h.** I just like to use it.

1  Yes

2  No

9  DK

52

**49.** Do you usually buy your own chewing tobacco or snuff?

1  Yes (52)

2  No

53

**50a.** Have you EVER bought your own chewing tobacco or snuff?

1  Yes (52)

2  No

54

**b.** Have you ever TRIED to buy your own chewing tobacco or snuff?

1  Yes (52)

2  No

55

<b>51. What is the main reason you don't buy your own chewing tobacco or stuff?</b>	1 <input type="checkbox"/> Don't have money/can't afford 2 <input type="checkbox"/> Not old enough 3 <input type="checkbox"/> Get from friends/"bum" it 4 <input type="checkbox"/> Use more if I buy 8 <input type="checkbox"/> Other	56 (55)
<b>52. Have you ever been asked to show proof of age when (trying to buy/buying) chewing tobacco or stuff?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	57
<b>53. What brand of chewing tobacco or snuff do you usually buy?</b>	0 <input type="checkbox"/> No usual brand 1 <input type="checkbox"/> Skoal Bandits 2 <input type="checkbox"/> Skoal 3 <input type="checkbox"/> Redman 4 <input type="checkbox"/> Levi Garrett 5 <input type="checkbox"/> Beechnut 6 <input type="checkbox"/> Copenhagen 7 <input type="checkbox"/> Kodiak 8 <input type="checkbox"/> Other	58
<b>54a. How often do you buy your chewing tobacco or snuff from a large store, such as a supermarket . . . would you say often, sometimes, rarely, or never?</b>	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never	59
<b>b. How often do you buy your chewing tobacco or snuff from a small store, such as a 7-Eleven or a gas station . . . would you say often, sometimes, rarely, or never?</b>	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never	60
<b>c. Where did you last buy your chewing tobacco or snuff from a small store, a large store, or someplace else?</b>	1 <input type="checkbox"/> Small store 2 <input type="checkbox"/> Large store 3 <input type="checkbox"/> Someplace else 9 <input type="checkbox"/> DK/don't remember	61
<b>55. Have you ever seriously thought about quitting using chewing tobacco or snuff?</b>	0 <input type="checkbox"/> Already/just quit (60) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (64)	62
<b>56. How many times have you tried to quit using chewing tobacco or snuff?</b>	0 <input type="checkbox"/> Never (64) 1 <input type="checkbox"/> Once 2 <input type="checkbox"/> 2-3 times 3 <input type="checkbox"/> 4 or more times 9 <input type="checkbox"/> DK	63
<b>57. Have you tried to quit using chewing tobacco or snuff in the last six months?</b>	0 <input type="checkbox"/> Already/just quit (60) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	64

<p><b>58a. When did you last try to quit using chewing tobacco or snuff?</b></p>	<p>0000 <input type="checkbox"/> Already/just quit (60)</p> <p> <input type="text" value="1"/> <input type="text" value="9"/> </p> <p>Month Year</p>	<p>65-68</p>
<p><b>b. When you last tried to quit, how long did you stop using chewing tobacco or snuff?</b></p>	<p>000 <input type="checkbox"/> Less than one day</p> <p>       _____ } 1 <input type="checkbox"/> Days        (Number) } 2 <input type="checkbox"/> Weeks        } 3 <input type="checkbox"/> Months        } 4 <input type="checkbox"/> Years     </p> <p>(62)</p>	<p>69-71</p>
<p><b>59. Have you quit using chewing tobacco or snuff?</b></p>	<p>98 <input type="checkbox"/> Yes</p> <p>99 <input type="checkbox"/> No (64)</p>	<p>72</p>
<p><b>60. How many times have you tried to quit before you quit this time?</b></p>	<p>00 <input type="checkbox"/> None</p> <p>_____ Times</p> <p>99 <input type="checkbox"/> DK</p>	<p>73-74</p>
<p><b>61. When was the last time you used chewing tobacco or snuff?</b></p>	<p>000 <input type="checkbox"/> Less than one day</p> <p>       _____ } 1 <input type="checkbox"/> Days ago        (Number) } 2 <input type="checkbox"/> Weeks ago        } 3 <input type="checkbox"/> Months ago        } 4 <input type="checkbox"/> Years ago     </p>	<p>75-77</p>
<p><b>62. Why did you (quit/try to quit) using chewing tobacco or snuff?</b></p> <p><i>PROBE ONE TIME: Anything else?</i></p> <p><i>MARK (X) ALL THAT APPLY.</i></p>	<p>01 <input type="checkbox"/> No reason</p> <p>02 <input type="checkbox"/> Concern for my health</p> <p>03 <input type="checkbox"/> Cost of chew/snuff</p> <p>04 <input type="checkbox"/> Pressure from family</p> <p>05 <input type="checkbox"/> Pressure from friends</p> <p>06 <input type="checkbox"/> Lost desire</p> <p>07 <input type="checkbox"/> Bad/dirty habit</p> <p>08 <input type="checkbox"/> Not cool</p> <p>09 <input type="checkbox"/> Quit with someone else</p> <p>10 <input type="checkbox"/> Tastes bad/didn't like taste</p> <p>11 <input type="checkbox"/> Played/wanted to play sports</p> <p>12 <input type="checkbox"/> Illness/too sick to use</p> <p>88 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<p>78-79</p> <p>80-81</p> <p>82-83</p> <p>84-85</p> <p>86-87</p> <p>88-89</p> <p>90-91</p> <p>92-93</p> <p>94-95</p> <p>96-97</p> <p>98-99</p> <p>100-101</p> <p>102-103</p> <p>104-105</p>

<p><b>63.</b> When you (quit/tried to quit) using chewing tobacco or snuff did you . . .</p> <p><b>a.</b> feel a strong need or urge to use it again?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>106</p>
<p><b>b.</b> feel more irritable?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>107</p>
<p><b>c.</b> find it hard to concentrate?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>108</p>
<p>When you (quit/tried to quit) using chewing tobacco or snuff did you . . .</p> <p><b>d.</b> feel restless?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>109</p>
<p><b>e.</b> feel hungry more often?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>110</p>
<p><b>f.</b> feel sad, blue, or depressed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (70)</p>	<p>111</p>
<p><b>64.</b> Do you think you will ever want to quit using chewing tobacco or snuff?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (70)</p>	<p>112</p>
<p><b>65.</b> Have you ever TRIED using chewing tobacco or snuff?</p>	<p>1 <input type="checkbox"/> Yes (68) 2 <input type="checkbox"/> No</p>	<p>113</p>
<p><b>66.</b> Do you think you will EVER use chewing tobacco or snuff?</p>	<p>1 <input type="checkbox"/> Yes (67) 2 <input type="checkbox"/> No } (68) 9 <input type="checkbox"/> DK</p>	<p>114</p>
<p><b>67.</b> Do you think you will try using chewing tobacco or snuff soon?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>115</p>
<p><b>68.</b> Have you ever been offered chewing tobacco or snuff?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>116</p>
<p><b>69a.</b> If one of your best friends were to offer you chewing tobacco or snuff, would you use it?</p>	<p>1 <input type="checkbox"/> Yes (69b) 2 <input type="checkbox"/> No (69c) 9 <input type="checkbox"/> DK (70)</p>	<p>RT 59 3-4 5</p>
<p><b>b.</b> Would you say probably yes or definitely yes?</p>	<p>1 <input type="checkbox"/> Probably yes 2 <input type="checkbox"/> Definitely yes } (70)</p>	<p>6</p>
<p><b>c.</b> Would you say probably not or definitely not?</p>	<p>1 <input type="checkbox"/> Probably not 2 <input type="checkbox"/> Definitely not</p>	<p>7</p>

<p><i>Ask only if age 10-17. Others skip to Q71a.</i></p> <p><b>70.</b> (Is it/Was it/Do you think it would be) easy or hard for you to BUY chewing tobacco or snuff (if you wanted some)?</p>	<p>1 <input type="checkbox"/> Easy  2 <input type="checkbox"/> Hard  9 <input type="checkbox"/> DK</p>	<p>8</p>
<p><b>71a.</b> Is there a law in your State or city that says you have to be a certain age before you can buy chewing tobacco or snuff?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } (72)  9 <input type="checkbox"/> DK }</p>	<p>9</p>
<p><b>b.</b> How old do you have to be to buy chewing tobacco or snuff legally?</p>	<p>_____ Age  99 <input type="checkbox"/> DK</p>	<p>10-11</p>
<p><b>72a.</b> Have you ever seen warning labels in ads for chewing tobacco or snuff or on chewing tobacco pouches or snuff tins?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No (73a)</p>	<p>12</p>
<p><b>b.</b> Have you ever read the warning labels?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No (73a)</p>	<p>13</p>
<p><b>c.</b> Do you remember what the warnings were?  <i>PROBE ONE TIME: Anything else?</i>  <i>MARK (X) ALL THAT APPLY.</i></p>	<p>1 <input type="checkbox"/> Gum disease  2 <input type="checkbox"/> Mouth/oral cancer risk  3 <input type="checkbox"/> Other cancer risk  4 <input type="checkbox"/> Cancer risk, type not mentioned  5 <input type="checkbox"/> Tooth loss  6 <input type="checkbox"/> Not safer than cigarettes  8 <input type="checkbox"/> Other  9 <input type="checkbox"/> DK</p>	<p>14  15  16  17  18  19  20  21</p>
<p><b>73a.</b> Do you think you will be using chewing tobacco or snuff one year from now?</p>	<p>1 <input type="checkbox"/> Yes (73b)  2 <input type="checkbox"/> No (73c)  9 <input type="checkbox"/> DK (74a)</p>	<p>22</p>
<p><b>b.</b> Would you say probably yes or definitely yes?</p>	<p>1 <input type="checkbox"/> Probably yes } (74a)  2 <input type="checkbox"/> Definitely yes }</p>	<p>23</p>
<p><b>c.</b> Would you say probably not or definitely not?</p>	<p>1 <input type="checkbox"/> Probably not } (74a)  2 <input type="checkbox"/> Definitely not }</p>	<p>24</p>
<p>Notes</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		





<p><b>75a. (Besides yourself) Does anyone who lives in your household – now smoke cigarettes?</b></p>	<p>1 <input type="checkbox"/> Yes (75b)  2 <input type="checkbox"/> No } (75c)  9 <input type="checkbox"/> DK }</p>	<p>81</p>
<p><b>b. Who is this?</b>  <i>If "brother(s)/sister(s)," PROBE: (Are/Is) your brother(s)/sister(s) who smoke younger or older than you?</i>  PROBE ONE TIME: <b>Anyone else?</b>  MARK (X) ALL THAT APPLY.</p>	<p>01 <input type="checkbox"/> Mother  02 <input type="checkbox"/> Father  03 <input type="checkbox"/> Adoptive/foster mother  04 <input type="checkbox"/> Adoptive/foster father  05 <input type="checkbox"/> Stepmother  06 <input type="checkbox"/> Stepfather  07 <input type="checkbox"/> Older brother(s)  08 <input type="checkbox"/> Older sister(s)  09 <input type="checkbox"/> Younger brother(s)  10 <input type="checkbox"/> Younger sister(s)  11 <input type="checkbox"/> Grandparent(s)  12 <input type="checkbox"/> Other relative(s)  13 <input type="checkbox"/> Spouse  14 <input type="checkbox"/> Unrelated person(s)</p>	<p>82-83  84-85  86-87  88-89  90-91  92-93  94-95  96-97  98-99  100-101  102-103  104-105  106-107  108-109</p>
<p><b>c. Do any close relatives NOT living in your household – now smoke cigarettes?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } (76)  9 <input type="checkbox"/> DK }</p>	<p>110</p>
<p><b>d. Who is this?</b>  <i>If "brother(s)/sister(s)," PROBE: (Are/Is) your brother(s)/sister(s) who smoke younger or older than you?</i>  PROBE ONE TIME: <b>Anyone else?</b>  MARK (X) ALL THAT APPLY.</p>	<p>01 <input type="checkbox"/> Mother  02 <input type="checkbox"/> Father  03 <input type="checkbox"/> Adoptive/foster mother  04 <input type="checkbox"/> Adoptive/foster father  05 <input type="checkbox"/> Stepmother  06 <input type="checkbox"/> Stepfather  07 <input type="checkbox"/> Older brother(s)  08 <input type="checkbox"/> Older sister(s)  09 <input type="checkbox"/> Younger brother(s)  10 <input type="checkbox"/> Younger sister(s)  11 <input type="checkbox"/> Grandparent(s)  12 <input type="checkbox"/> Other relative(s)  13 <input type="checkbox"/> Spouse</p>	<p>RT 60  9-10  11-12  13-14  15-16  17-18  19-20  21-22  23-24  25-26  27-28  29-30</p>
<p><b>76. During an average day, about how often are you near enough to smell or breathe in the smoke from other people's cigarettes . . . would you say often, sometimes, rarely, or never?</b></p>	<p>1 <input type="checkbox"/> Often  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Rarely  4 <input type="checkbox"/> Never  9 <input type="checkbox"/> DK</p>	<p>31</p>
<p><b>77. Does the smoke from other people's cigarettes bother you a lot, somewhat, a little, or not at all?</b></p>	<p>1 <input type="checkbox"/> A lot  2 <input type="checkbox"/> Somewhat  3 <input type="checkbox"/> A little  4 <input type="checkbox"/> Not at all</p>	<p>32</p>
<p><b>78. Do you think the smoke from other people's cigarettes is harmful to you?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK</p>	<p>33</p>

**79a.** Of your four best male friends, how many of them smoke cigarettes?

- 0  None
- 1  One
- 2  Two
- 3  Three
- 4  Four
- 5  Don't have four best male friends (80a)
- 9  DK

34

**b.** How many of them use chewing tobacco or snuff?

- 0  None
- 1  One
- 2  Two
- 3  Three
- 4  Four
- 9  DK

35

**80a.** Of your four best female friends, how many of them smoke cigarettes?

- 0  None
- 1  One
- 2  Two
- 3  Three
- 4  Four
- 5  Don't have four best female friends (81)
- 9  DK

36

**b.** How many of them use chewing tobacco or snuff?

- 0  None
- 1  One
- 2  Two
- 3  Three
- 4  Four
- 9  DK

37

**81.** Have you seen anything on television in the past month about the health risks of smoking?

- 1  Yes
- 2  No
- 3  Don't watch TV

38

**82.** (Have you) heard anything on the radio in the past month (about the health risks of smoking)?

- 1  Yes
- 2  No
- 3  Don't listen to radio

39

**83.** (Have you) read anything in the newspaper or magazines in the past month (about the health risks of smoking)?

- 1  Yes
- 2  No
- 3  Don't read newspapers or magazines

40

For these next questions I'd like you to give me **YOUR** opinion, not what others may say or believe.

<b>84.</b> Do YOU believe . . .		
<b>a.</b> there is any harm in having an occasional cigarette?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
<b>b.</b> it's safe to smoke for only a year or two?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	42
<b>c.</b> smoking can help people when they are bored?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43
<b>d.</b> cigarette smoking helps people relax?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	44
<b>e.</b> cigarette smoking helps reduce stress?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	45
Do YOU believe . . .		
<b>f.</b> smoking helps people feel more comfortable at parties and in other social situations?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	46
<b>g.</b> smoking helps people keep their weight down?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	47
<b>h.</b> you can smoke a few cigarettes without becoming addicted to them?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	48
<b>i.</b> using chewing tobacco and snuff can cause cancer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	49

For these next statements, after I read each one, please tell me whether you agree, disagree, or if you have no opinion.

<b>85a.</b> I strongly dislike being around people who are smoking.	1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> No opinion	50
<b>b.</b> (If I started to smoke regularly), I could stop smoking anytime I wanted.	1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> No opinion	51
<b>c.</b> Cigarette smoking is worse for your health than using chewing tobacco or snuff.	1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> No opinion	52
<b>d.</b> Warning labels on the side of cigarette packs will keep kids from smoking.	1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> No opinion	53
<b>e.</b> Smokers look healthier in cigarette ads than they really are?	1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> No opinion	54

These last questions are about school, social activities, your family, your health, and things that may affect your health.

Ask only for age 16+. Others skip to Q88.

<p><b>85.</b> Are you currently working at a job or business not counting work around the house?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>55</p>
<p><b>87.</b> Are you now married, widowed, divorced, separated, or have you never been married?</p>	<p>1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married</p>	<p>56</p>
<p><b>88.</b> Do you go to school?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>57</p>
<p><b>89.</b> What was the last grade in school that you finished?</p>	<p>00 <input type="checkbox"/> Never attended or kindergarten (94) 01 <input type="checkbox"/> First 02 <input type="checkbox"/> Second 03 <input type="checkbox"/> Third 04 <input type="checkbox"/> Fourth 05 <input type="checkbox"/> Fifth 06 <input type="checkbox"/> Sixth 07 <input type="checkbox"/> Seventh 08 <input type="checkbox"/> Eighth 09 <input type="checkbox"/> Ninth 10 <input type="checkbox"/> Tenth 11 <input type="checkbox"/> Eleventh 12 <input type="checkbox"/> Twelfth 13 <input type="checkbox"/> 1st year college 14 <input type="checkbox"/> 2nd year college 15 <input type="checkbox"/> 3rd year college 16 <input type="checkbox"/> 4th year college 17 <input type="checkbox"/> 5+ years college</p>	<p>58-59</p>
<p><b>90.</b> How (do/did) you do in school? Would you say MUCH better than average, better than average, average, or below average?</p>	<p>1 <input type="checkbox"/> Much better than average 2 <input type="checkbox"/> Better than average 3 <input type="checkbox"/> Average 4 <input type="checkbox"/> Below average 5 <input type="checkbox"/> DK</p>	<p>60</p>
<p><b>91a.</b> (Is/Was) there a rule at your school that students (are/were) not allowed to smoke anywhere on school property?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>61</p>
<p><b>b.</b> How many of your teachers have you ever seen smoking cigarettes, would you say none, a few, some, or most of them?</p>	<p>0 <input type="checkbox"/> None 1 <input type="checkbox"/> A few 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> Most/all 9 <input type="checkbox"/> DK</p>	<p>62</p>
<p><b>92.</b> Have you ever taken a class at school in which the health risks of smoking were discussed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>63</p>

**CHECK ITEM 5**

Refer to Q88.

- "Yes" in Q88 (93a)
- "No" in Q88 (94)

<b>93a.</b> During the last TWO WEEKS, have you missed any FULL days from school?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (94)	64
<b>b.</b> How many days in the last TWO WEEKS did you miss because you were sick or injured?	_____ Days	65
<b>c.</b> How many days in the last TWO WEEKS did you miss because you just felt like skipping or cutting school?	_____ Days	67-68
<b>d.</b> How many days in the last TWO WEEKS did you miss for other reasons?	_____ Days	69-70
<b>94.</b> During the past year, how often have you felt too tired to do things . . . would you say often, sometimes, rarely, or never?		
<b>a.</b> felt too tired to do things?	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never	71
<b>b.</b> had trouble going to sleep or staying asleep?	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never	72
<b>c.</b> felt unhappy, sad, or depressed?	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never	73
<b>d.</b> during the past year, how often have you - felt hopeless about the future?	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never	74
<b>e.</b> felt nervous or tense?	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never	75
<b>f.</b> worried too much about things?	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never	76
<b>95.</b> How do you think of yourself, would you say underweight, slightly underweight, overweight, slightly overweight, or just about right?	1 <input type="checkbox"/> Underweight 2 <input type="checkbox"/> Slightly underweight 3 <input type="checkbox"/> Overweight 4 <input type="checkbox"/> Slightly overweight 5 <input type="checkbox"/> Just about right	77

<b>96a.</b> Has a doctor, dentist, or nurse ever said anything to you about cigarette smoking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>78</b>
<b>b.</b> Has a doctor, dentist, or nurse ever said anything to you about using chewing tobacco or snuff?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>79</b>
<b>97a.</b> During the PAST YEAR have you been in a physical fight that involved hitting, pushing, shoving, or any other kind of physical contact?	1 <input type="checkbox"/> Yes (97b) 2 <input type="checkbox"/> No (98)	<b>80</b>
<b>b.</b> How many times in the PAST YEAR have you been in physical fights?	1 <input type="checkbox"/> Once 2 <input type="checkbox"/> Twice 3 <input type="checkbox"/> 3-5 times 4 <input type="checkbox"/> 6-9 times 5 <input type="checkbox"/> 10 or more times 9 <input type="checkbox"/> DK	<b>81</b>
<b>98.</b> Do you ever like to do things that are a little risky or dangerous?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>82</b>
<b>99.</b> How often do you wear a seat belt when you drive or ride in a car . . . would you say always, most of the time, sometimes, rarely, or never?	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Rarely 5 <input type="checkbox"/> Never	<b>83</b>
<b>100.</b> During the LAST FOUR WEEKS, have you ridden in a vehicle driven by someone who had been drinking or using drugs?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>84</b>
<b>101.</b> Including SATURDAYS AND SUNDAYS, how many nights a week do you go out with friends just to have fun?	_____ Nights	<b>85</b>
<i>Ask only for 12+ years of age. Others skip to Q103a.</i> <b>102a.</b> Have you ever had a steady (boyfriend/girlfriend)?	1 <input type="checkbox"/> Yes (102b) 2 <input type="checkbox"/> No (103a)	<b>86</b>
<b>b.</b> Did (he/she) smoke cigarettes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK if smoked	<b>87</b>
<b>103a.</b> Do you get an allowance or have a way of earning money that you can spend on yourself any way you want to?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (104)	<b>88</b>
<b>b.</b> About how much money do you have each week to spend on yourself?	\$ _____ .00 Dollars 999 <input type="checkbox"/> DK	<b>89-91</b>
<b>104.</b> In the past year have you participated in any kind of competitive and organized physical activity, such as team sports?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>92</b>

**105a.** If you had a serious problem, is there someone you could talk to or go to for help?

- 1  Yes  
 2  No (Check item 6)

93

**b. Who is that?**

PROBE ONE TIME: **Anyone else?**

MARK (X) ALL THAT APPLY.

- 01  Mother  
 02  Father  
 03  Brother(s)  
 04  Sister(s)  
 05  Grandparent(s)  
 06  Other relative  
 07  Priest/Minister  
 08  Teacher  
 09  School counselor  
 10  Psychiatrist/Psychologist  
 11  Coach  
 12  Spouse  
 13  Other adult  
 14  Friend

R
3-4
5-6
7-8
9-10
11-12
13-14
15-16
17-18
19-20
21-22
23-24
25-26
27-28
29-30
31-32

**CHECK ITEM 6**

Refer to age and Q88 on page 22.

- Age 17+ (107)  
 Age 10-16 and "Yes" in Q88 (106a)  
 Age 10-16 and "No" in Q88 (107)

**106a.** About how many days a week are you at home before or after school without a parent or adult around?

- 0  Never (107)  
 \_\_\_\_\_ Days a week  
 8  Not regularly } (107)  
 9  DK

33

**b. On those days, about how many hours are you at home without a parent or adult?**

ENTER WHOLE NUMBERS ONLY.

- 00  Less than one hour  
 \_\_\_\_\_ Hours a day

34-35

**107.** On the average, how often in the last year have you gone to church, synagogue, or some other type of religious service?

Read response categories if necessary.

- 1  Never  
 2  Few times a year  
 3  Once or twice/month  
 4  Weekly/almost weekly  
 5  More than once a week

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**108.** Are your parents married to each other, separated, divorced, or did they never marry?

- 1  Married  
 2  Separated  
 3  Divorced  
 4  Never married  
 5  Father deceased  
 6  Mother deceased  
 7  Both parents deceased

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**G. VERIFY ADDRESS**

**There are only a few more questions and I will be finished. I have your address as** (read the address from label or the address at which you actually located the youth). **Is that correct?**

- 1  Yes – and you used the address on the label (Skip to I)  
 2  Yes – and the address you used is not on the label (Go to H and enter correct address)  
 3  No (Go to H and ask for correct address)

**H. ADDRESS CORRECTION**

Number and street				6-30
City	31-50	State	51-52	ZIP Code 53-57

**I. CURRENT TELEPHONE NUMBER**

**I have your telephone number as** (read telephone number from label or number you actually used to call the youth). **Is that correct?**

- 1  Yes – and you used the telephone number on the label (Skip to K)  
 2  Yes – and the number you used is not on the label (Go to J and enter correct number)  
 3  No (Go to J and enter the correct number)

**J. CURRENT TELEPHONE NUMBER**

— — — — —

**K. UPDATE CONTACT PERSON INFORMATION**

**The last time a Census Bureau interviewer talked to you or your family, we were told that** (read name of contact person) **knows you and will know how to get in touch with you if we want to call you again in a few years. Would** (read name of contact person) **still be the best person to contact if we are unable to reach you?**

- Yes (Read the contact person's address and telephone number to the sample youth. If they are correct on the label, thank the youth and end the interview. If not correct, obtain correct information and enter it into L).  
 No (Ask the sample youth to tell you the name and address of an adult who is not currently living with the youth and who will know where he/she can be contacted in the future. Enter this information into L).

**L. CONTACT PERSON CURRENT INFORMATION**

Last name	5-24	First	25-39	Middle initial	40
Number and street					41-65
City	66-85	State	86-87	ZIP Code	88-92
Telephone number:					93-102

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