## **Smoking Uptake Continuum**

## **Susceptibility**

1.	Do you think you will smoke a cigarette in the <u>next year</u> ? Would you say		
	Definitely ves	1	
		3	
		4	
		7	
	DON'T KNOW.	8	
2.	2	are you might experiment with cigarettes?	
	Would you say		
	Definitely yes,	1	
	Probably yes,	2	
		3	
		4	
		7	
		8	
	Probably yes, Probably not, or Definitely not? REFUSED		
Ev	<u>ver Smoking</u>		
4.	Have you ever smoked	a cigarette?	
	YES	1	
	NO	2	
	REFUSED	<del>-</del> 7	
	DON'T KNOW	-8	
5.	Have you ever tried or experimented with cigarette smoking, even a few puffs?		
	YES	1	
	NO	2	
	REFUSED	<u>-</u> 7	
	DON'T KNOW	-8	
	DOINT KINOW	O	

6.	How old were you when you smoked your first whole cigarette?			
	AGE REFUSED DON'T KNOW NEVER SMOKED A WHOLE CIGARETTE	_ _  -7 -8		
Establ	lished Smoking			
7.	Have you smoked at least 100 cigarettes in your life?			
	YES NO REFUSED DON'T KNOW	1 2 -7 -8		
8.	8. Have you ever smoked a cigarette every day for at least a month?			
	YES NO REFUSED DON'T KNOW	1 2 -7 -8		
9. How old were you when you started s		started smoking regularly?		
	AGE NOT A REGULAR SMOKER REFUSED DON'T KNOW	<del>-7</del> -8		
Curre	nt Smoking			
10.	Think about the last 30 days.	On how many of these days did you smoke?		
	NUMBER OF DAYS NONE ALL REFUSED DON'T KNOW	_ _  00 30 -7 -8		
10a.	Was it more or less than 15 days?			
	EXACTLY 15 DAYS LESS THAN 15 DAYS MORE THAN 15 DAYS REFUSED DON'T KNOW	1 2 3 -7 -8		

## 10b. Was it more or less than 10 days?

EXACTLY 10 DAYS 1 LESS THAN 10 DAYS 2 MORE THAN 10 DAYS 3 REFUSED -7 DON'T KNOW -8

## 10c. Was it more or less than 20 days?

EXACTLY 20 DAYS	1
LESS THAN 20 DAYS	2
MORE THAN 20 DAYS	3
REFUSED	-7
DON'T KNOW	-8