ICPSR 25501

# National Health and Nutrition Examination Survey (NHANES), 1999-2000

United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics

NCHS Questionnaire: Audio Computer Assisted Personal Self-Interview (ACASI) Questionnaire

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Questionnaire: MEC

Target Group: SPs 12-19 (Audio-

CASI)

#### **ALCOHOL USE - ALQ**

ALQ.010 The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. This does not include drinking a few sips of wine for religious purposes.

How old were you when you had your first drink of alcohol, other than a few sips?

#### VERBAL INSTRUCTIONS TO SP:

Please select one of the following choices.

I HAVE NEVER HAD A DRINK OF		
ALCOHOL OTHER THAN A FEW SIPS .	1	(END OF SECTION)
8 YEARS OLD OR YOUNGER	2	,
9 OR 10 YEARS OLD	3	
11 OR 12 YEARS OLD	4	
13 OR 14 YEARS OLD	5	
15 OR 16 YEARS OLD	6	
17 YEARS OLD OR OLDER	7	
REFUSED	77	
DON'T KNOW	99	

ALQ.020 During your life, on how many days have you had at least one drink of alcohol?

#### VERBAL INSTRUCTIONS TO SP:

Please select one of the following choices.

0 DAYS	1
1 OR 2 DAYS	2
3 TO 9 DAYS	3
10 TO 19 DAYS	4
20 TO 39 DAYS	5
40 TO 99 DAYS	6
100 OR MORE DAYS	7
REFUSED	77
DON'T KNOW	99

ALQ.030	During the past 30 days, on how many days did you have at least one drink of alcohol?
	VERBAL INSTRUCTIONS TO SP: Please select one of the following choices.
	0 DAYS       1         1 OR 2 DAYS       2         3 TO 5 DAYS       3         6 TO 9 DAYS       4         10 TO 19 DAYS       5         20 TO 29 DAYS       6         ALL 30 DAYS       7         REFUSED       77         DON'T KNOW       99
ALQ.040	During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
	VERBAL INSTRUCTIONS TO SP: Please select one of the following choices.
	0 DAYS       1         1 DAY       2         2 DAYS       3         3 TO 5 DAYS       4         6 TO 9 DAYS       5         10 TO 19 DAYS       6         20 OR MORE DAYS       7         REFUSED       77         DON'T KNOW       99

Questionnaire: MEC (2001-02) Target Group: SPs 12-19 (Audio- CASI)

#### YOUTH CONDUCT DISORDER - YCQ

YCQ.010	The next set of questions in trouble.	s ask about things you may have done that	can get people
	In the <b>last year</b> , have you could never go back	ou been expelled from school for misbehavi to that school at all?	or—that is, told
	VERBAL INSTRUCTION Please select yes or no.	S TO SP:	
		YES NO REFUSED DON'T KNOW	2 7
YCQ.020	In the <b>last year</b> , have yo you thought no one was I	ou shoplifted—that is, stolen something from	m a store when
	VERBAL INSTRUCTION Please select yes or no.	S TO SP:	
		YES NO REFUSED DON'T KNOW	2 7
YCQ.030	In the <b>last year</b> , have you	u lied to get money or something else you wa	anted?
	VERBAL INSTRUCTION Please select yes or no.	S TO SP:	
		YES NO REFUSED DON'T KNOW	2 7
YCQ.040	In the last year, have you	u snatched someone's purse or jewelry?	
	VERBAL INSTRUCTION Please select yes or no.	S TO SP:	
		YES NO REFUSED DON'T KNOW	2 7

Questionnaire: MEC (2001-02) Target Group: SPs 12-19 (Audio- CASI)

YCQ.050	In the <b>last year</b> , have you broken something or messed up some place on purpose, like breaking windows, writing on a building, or slashing tires?		
	VERBAL INSTRUCTIONS Please select yes or no.	TO SP:	
		YESREFUSEDDON'T KNOW	2 7
YCQ.060	In the <b>last year</b> , have yo weren't looking?	u stolen from anyone else when they we	ren't around or
	VERBAL INSTRUCTIONS Please select yes or no.	TO SP:	
		YES NO REFUSED DON'T KNOW	2 7
YCQ.070	In the last year, have you	been physically cruel to an animal and hurt	it on purpose?
	VERBAL INSTRUCTIONS Please select yes or no.	TO SP:	
		YES	2 7
YCQ.080	In the last year, have you	broken into a house, a building, or a car?	
	VERBAL INSTRUCTIONS Please select yes or no.	TO SP:	
		YES	7

Questionnaire: MEC Target Group: SPs 12-59 years (Audio CASI)

#### **DRUG USE - DUQ**

		BOX 1		
	CHECK ITEM DUQ.010: IF SP 20 YEARS OF AGE OF OTHERWISE, CONTINUE W			
DUQ.020	The following questions ask about	drug use.		
	Have you <b>ever</b> tried marijuana?			
	VERBAL INSTRUCTIONS TO SP: Please select yes, no.	:		
	NO REF	FUSED	7	(DUQ.050) (DUQ.050) (DUQ.050)
DUQ.030	How old were you when you tried	marijuana for the first time?		
	VERBAL INSTRUCTIONS TO SP: Please enter an age.			
	 EN7	_   FER AGE IN YEARS		
		FUSED		
DUQ.040	During your life, how many times h	nave you used marijuana?		
	VERBAL INSTRUCTIONS TO SP: Please select one of the following			
	3 to 10 t 20 t 40 t 100 REF	2 times, 9 times, 0 19 times, 0 39 times, 0 99 times, or or more times?  FUSED  N'T KNOW	1 2 3 4 5 6 77 99	

DUQ.050 Have you <b>ever</b> tried any form of cocaine, including crack or freebase?			
	VERBAL INSTRUCTIONS TO Please select yes, no.	O SP:	
		YES	1 2 (BOX 2) 7 (BOX 2) 9 (BOX 2)
DUQ.060	How old were you when you	tried any form of cocaine, including crack or fre	ebase for the <b>first</b> time?
	VERBAL INSTRUCTIONS TO Please enter an age.	O SP:	
		 ENTER AGE IN YEARS	
		REFUSED	77 99
DUQ.070	During your life, how many til	mes have you used cocaine?	
	VERBAL INSTRUCTIONS TO Please enter a number.	O SP:	
		 ENTER NUMBER	
		REFUSED         .7           DON'T KNOW         .9	
		BOX 2	
	CHECK ITEM DUQ.090 GO TO DUQ.120.	:	
DUQ.100	The following questions ask a	about drug use.	
	Have you <b>ever</b> used cocaine	, including crack or freebase, or other street dru	ugs? Do not include marijuana.
	VERBAL INSTRUCTIONS TO Please select yes, no.	O SP:	
		YES	1 2 (END OF SECTION) 7 (END OF SECTION) 9 (END OF SECTION)

DUQ.110	In the <b>past 12 months</b> , how many days have you used cocaine, including crack or freebase, or other street drugs?			
	VERBAL INSTRUCTIONS Please enter a number.	TO SP:		
		 ENTER NUMBER		
		REFUSED		
DUQ.120	Have you <b>ever</b> used a need	dle to take street drugs?		
	VERBAL INSTRUCTIONS Please select yes, no.	TO SP:		
		YES         1           NO         2 (END OF SECTION)           REFUSED         7 (END OF SECTION)           DON'T KNOW         9 (END OF SECTION)		
		BOX 3		
	CHECK ITEM DUQ.12 IF SP < 20 YEARS OF OTHERWISE, CONTIL	AGE, GO TO END OF SECTION.		
DUQ.130	In the past 12 months, how	w many days have you used a needle to take street drugs?		
	VERBAL INSTRUCTIONS Please enter a number.	TO SP:		
		 ENTER NUMBER		
		REFUSED		

Questionnaire: MEC

**Target Group:** SPs 14-59 yrs. (Audio CASI)

#### **SEXUAL BEHAVIOR - SXQ**

SXQ.020	The next set of questions are about your sexual experience. Please remember that your answers are strictly confidential.		
	Have you ever had sexual intercourse? By sexual intercourse, we mean vaginal, oral, or anal sex.		
	VERBAL INSTRUCTIONS TO SP: Please select yes, no.		
	YES		
SXQ.030	How old were you when you had sexual intercourse for the first time?		
	VERBAL INSTRUCTIONS TO SP: Please enter an age.		
	 ENTER AGE IN YEARS		
	REFUSED		
	BOX 1		
	CHECK ITEM SXQ.035: IF SP 20-59 YEARS, GO TO BOX 3. OTHERWISE, CONTINUE WITH SXQ.040.		
SXQ.040	During your life, with how many people have you had sexual intercourse?		
	VERBAL INSTRUCTIONS TO SP: Please enter a number.		
	 ENTER # OF PEOPLE		
	REFUSED		

SXQ.050	2.050 The last time you had sexual intercourse, did you or your partner use a condom?		
	VERBAL INSTRUCTIONS TO SP: Please select yes, no.		
	NO REFUSEI		
	BOX	2	
	CHECK ITEM SXQ.060: GO TO BOX 11.		
F			
	вох	}	
	CHECK ITEM SXQ.090: IF SP MALE, GO TO SXQ.170. OTHERWISE, CONTINUE WITH S	XQ.100.	
SXQ.100	In <b>your lifetime</b> , with how many <b>men</b> ha	ave you had sexual intercourse?	
	VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero for	none.	
	 ENTER N	UMBER	
		D	
	BOX 4	<u> </u>	
	CHECK ITEM SXQ.110: IF SP NEVER HAD MALE PARTNE GO TO SXQ.130. OTHERWISE, CONTINUE WITH S		
SXQ.120	In the <b>past 12 months</b> , with how many	men have you had sexual intercourse?	
	VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero for	none.	
 EN	 NTER NUMBER		
	EFUSED 77 ON'T KNOW 99		

VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero for none.		
	 ENTER NUMBER	
	REFUSED	
	BOX 5	
	CHECK ITEM SXQ.140: IF SP NEVER HAD FEMALE PARTNER (CODED '00') IN SXQ.130, GO TO BOX 6. OTHERWISE, CONTINUE WITH SXQ.150.	
SXQ.150	In the <b>past 12 months</b> , with how many <b>women</b> have you had sexual intercourse?	
	VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero for none.	
	 ENTER NUMBER	
	REFUSED	
	BOX 6	
	CHECK ITEM SXQ.160: GO TO BOX 9.	
SXQ.170	In your lifetime, with how many women have you had sexual intercourse?	
	VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero for none.	
	 ENTER NUMBER	
	REFUSED	
	BOX 7	
	CHECK ITEM SXQ.180:  IF SP NEVER HAD FEMALE PARTNER (CODED '00') IN  SXQ.170, GO TO SXQ.200.  OTHERWISE, CONTINUE WITH SXQ.190.	

In your lifetime, with how many women have you had sexual intercourse?

SXQ.130

SXQ.190	In the <b>past 12 months</b> , with how many <b>women</b> have you had sexual intercourse?		
	VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero for none.		
	 ENTER NUMBER		
	REFUSED		
SXQ.200	In your lifetime, with how many men have you had sexual intercourse?		
	VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero for none.		
	 ENTER NUMBER		
	REFUSED		
	BOX 8		
	CHECK ITEM SXQ.210:  IF SP NEVER HAD MALE PARTNER (CODED '00') IN SXQ.200, GO TO BOX 9.  OTHERWISE, CONTINUE WITH SXQ.220.		
SXQ.220	In the past 12 months, with how many men have you had sexual intercourse?		
	VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero for none.		
	 ENTER NUMBER		
	REFUSED		
	BOX 9		
	CHECK ITEM SXQ.230: IF SP FEMALE AND HAS NEVER HAD MALE PARTNER		

IF SP FEMALE AND HAS NEVER HAD MALE PARTNER (CODED '00') IN SXQ.100, GO TO SXQ.260.
IF SP FEMALE AND TOTAL NUMBER OF PARTNERS IN SXQ.120 AND SXQ.150 IS ONE OR LESS, GO TO SXQ.260.
IF SP MALE AND TOTAL NUMBER OF PARTNERS IN SXQ.190 AND SXQ.220 IS ONE OR LESS, GO TO SXQ.260.
OTHERWISE, CONTINUE WITH SXQ.240.

SXQ.240	In the <b>past 30 days</b> , with how many partners have you had sexual intercourse?  VERBAL INSTRUCTIONS TO SP:  Please enter a number or enter zero for none.		
		 ENTER # OF PARTNERS	
		REFUSED       77 (SXQ.260         DON'T KNOW       99 (SXQ.260	
		BOX 10	
	CHECK ITEM SXQ.24	15.	
	IF SP REPORTS NOT	THAVING SEX (CODED '00') IN SXQ.240,	
	GO TO SXQ.260. OTHERWISE, CONTI	NUE WITH SXQ.250.	
		<u>'</u>	
SXQ.250	In the past 30 days, how r	nany times have you had sex without using a condom?	
	VERBAL INSTRUCTIONS Please enter a number or e		
		 ENTER # OF TIMES	
		REFUSED       77         DON'T KNOW       99	
SXQ.260	Has a doctor or other health care professional <b>ever</b> told you that you had genital herpes?		
	VERBAL INSTRUCTIONS Please select yes, no.	TO SP:	
		YES	
SXQ.265	Has a doctor or other health care professional <b>ever</b> told you that you had genital warts?		
	VERBAL INSTRUCTIONS Please select yes, no.	TO SP:	
		YES	

In the <b>past 12 months</b> , has a doctor or other health care professional told you that you had gonorrhea sometimes called GC or clap?			
VERBAL INSTRUCTIONS TO SP Please select yes, no.	P:		
NC RE	D	1 2 7 9	
In the <b>past 12 months</b> , has a doctor or other health care professional told you that you had chlamydia?			
VERBAL INSTRUCTIONS TO SP: Please select yes, no.			
NC RE	D	1 2 7 9	
BOX 11			
	BOX II		
CHECK ITEM SXQ.275: IF SP MALE, CONTINUE W OTHERWISE, GO TO END	/ITH SXQ.280.		
IF SP MALE, CONTINUE W	ITH SXQ.280. OF SECTION.		
IF SP MALE, CONTINUE W OTHERWISE, GO TO END  Are you circumcised or uncircum  HAND CARD SXQ1 - CLINICAL	ITH SXQ.280. OF SECTION.		
IF SP MALE, CONTINUE W OTHERWISE, GO TO END  Are you circumcised or uncircum  HAND CARD SXQ1 - CLINICAL HAND CARD SXQ2 - CLINICAL SYCENERAL INSTRUCTIONS TO SE	OF SECTION.  Dicised?  SKETCH OF CIRCUMCISED PENIS SKETCH OF UNCIRCUMCISED PENIS	te a choice.	
	VERBAL INSTRUCTIONS TO SI Please select yes, no.  YE NO RE DO  In the past 12 months, has a do  VERBAL INSTRUCTIONS TO SI Please select yes, no.  YE NO RE	VERBAL INSTRUCTIONS TO SP: Please select yes, no.  YES	

Questionnaire: MEC

Target Group: SPs 12-19

(Audio-CASI)

#### TOBACCO-SMQ

SMQ.620	The following questions are about cigarette smoking and other tobacco use.  Have you ever tried cigarette smoking, even 1 or 2 puffs?			
	VERBAL INSTRUCTIONS TO SP: Please select Yes, No.			
	YES			
SMQ.630	How old were you when you smoked a whole cigarette for the <b>first</b> time?			
	IF R SAYS LESS THAN 6 YEARS, ENTER 6 YEARS.			
	VERBAL INSTRUCTIONS TO SP: Please enter an age or select Never smoked a whole cigarette.			
	CAPI INSTRUCTION: ACCEPTABLE VALUES: 6-19 YEARS.			
	 ENTER AGE			
	NEVER SMOKED A WHOLE CIGARETTE 666 (SMQ.680)           REFUSED			
SMQ.640	During the past <b>30 days</b> , on how many days did you smoke cigarettes?			
	VERBAL INSTRUCTIONS TO SP: Please enter a number or enter zero if none.			
	 ENTER NUMBER OF DAYS			
	REFUSED			
	BOX 1A			
•				

#### CHECK ITEM SMQ.645:

IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T KNOW' (CODE '99') IN SMQ.640, GO TO SMQ.670. OTHERWISE, CONTINUE WITH SMQ.650.

SMQ.650	During the past <b>30 days</b> , on the days that you smoked, how many cigarettes did you smoke per day?			
	VERBAL INSTRUCTIONS To Please enter a number.	ΓΟ SP:		
		_  ENTER NUMBER OF CIGARETTES		
		MORE THAN 1 PACK OF CIGARETTES REFUSED	77	
SMQ.660	During the past <b>30 days</b> , on	During the past <b>30 days</b> , on the days that you smoked, which brand of cigarettes did you <b>usually</b> smoke?		
	VERBAL INSTRUCTIONS TO SP: Please select one of the following choices: Marlboro, Camel, Newport, Kool, Winston, Benson and Hedges, Salem, Some other brand.			
		Marlboro, Camel, Newport, Kool, Winston, Benson and Hedges, Salem, Other REFUSED DON'T KNOW		
	CHECK ITEM SMQ.66			
		OR SALEM BRAND (CODED '3', '4', OR Q.660, GO TO SMQ.666. NUE WITH SMQ.664.		
SMQ.664	{Were/Was} the {BRAND REPORTED IN SMQ.660} cigarettes menthol or non-menthol?			
	VERBAL INSTRUCTIONS TO SP: Please select menthol, non-menthol.			
	CAPI INSTRUCTION: IF SMQ.660 = 8, DISPLAY {WAS} {BRAND OF}.			
		MENTHOL	1 2 7 9	

SMQ.666	{Were/Was} the {BRAND REPORTED IN SMQ.660} cigarettes regulars, lights, or ultra-lights?		
	VERBAL INSTRUCTIONS To Please select regulars, lights		
	CAPI INSTRUCTION: IF SMQ.660 = 8, DISPLAY {	WAS} {BRAND OF}.	
		REGULARS LIGHTS ULTRA-LIGHTS REFUSED DON'T KNOW	1 2 3 7 9
SMQ.670	During the past <b>12 months</b> , have you stopped smoking for one day or longer <b>because you were trying to quit smoking</b> ?		
	VERBAL INSTRUCTIONS To Please select Yes, No.	O SP:	
		YES	1 2 7 9
SMQ.680	The following questions ask about use of tobacco or nicotine products in the past <b>5 days</b> .		
	During the past <b>5 days</b> , did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff, nicotine patches, nicotine gum, or any other product containing nicotine?		
	VERBAL INSTRUCTIONS To Please select Yes, No.	O SP:	
		YES	
SMQ.690	Which of these products did you use? (CHECK ALL THAT APPLY)		
	VERBAL INSTRUCTIONS TO SP: Please select all that you used.		
		Cigarettes Pipes Cigars Chewing tobacco Snuff Nicotine patches, gum, or other nicotine product REFUSED DON'T KNOW	

## IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740. IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770. IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800. IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817. IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830. IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.710. SMQ.710 During the past 5 days (including today), on how many days did you smoke cigarettes? VERBAL INSTRUCTIONS TO SP: Please enter a number. **ENTER NUMBER OF DAYS** REFUSED ..... SMQ.720 During the past 5 days, on the days you smoked, how many cigarettes did you smoke each day? IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95. VERBAL INSTRUCTIONS TO SP: Please enter a number. **ENTER NUMBER OF CIGARETTES** SMQ.725 When did you smoke your last cigarette? Was it . . .

BOX 2

IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.

**CHECK ITEM SMQ.700:** 

# CHECK ITEM SMQ.730: IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740. IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770. IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800. IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817. IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830. IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.740.

SMQ.740	During the past 5 days (including today), on how many days did you smoke a pipe?		
	VERBAL INSTRUCTIONS TO Please enter a number.	SP:	
	 	 ENTER NUMBER OF DAYS	
		REFUSED	7 9
SMQ.750	During the past <b>5 days</b> , on the	days you smoked a pipe, how many pipes d	id you smoke each day?
	IF R SAYS LESS THAN 1 PIPE	E PER DAY, ENTER 1.	
	VERBAL INSTRUCTIONS TO Please enter a number.	SP:	
	 	 ENTER NUMBER OF PIPES	
		REFUSED	
SMQ.755	When did you smoke your last pipe? Was it		
	) 3 F	coday, yesterday, or 3 to 5 days ago? REFUSED DON'T KNOW	1 2 3 7 9

#### BOX 4

#### **CHECK ITEM SMQ.760:**

SMQ.690, GO TO SMQ.770.

IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN

SMQ.770 During the past **5 days** (including today), on how many days did you smoke cigars?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

SMQ.780 During the past **5 days**, on the days you smoked cigars, how many cigars did you smoke each day?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:

Please enter a number.

ENTER NUMBER OF CIGARS

SMQ.785 When did you smoke your last cigar? Was it . . .

 today,
 1

 yesterday, or
 2

 3 to 5 days ago?
 3

 REFUSED
 7

 DON'T KNOW
 9

#### BOX 5

#### **CHECK ITEM SMQ.790:**

IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.800.

SMQ.800	During the past <b>5 days</b> (including today), on how many days did you use chewing tobacco, such as Redman Levi Garrett or Beechnut?		
	VERBAL INSTRUCTIONS TO Please enter a number.	O SP:	
		 ENTER NUMBER OF DAYS	
		REFUSED	7 9
SMQ.815 When did you last use chewing tobacco? Was it			
		today, yesterday, or 3 to 5 days ago? REFUSED DON'T KNOW	1 2 3 7 9
		BOX 5A	
CHECK ITEM SMQ.816:  IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.  IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.  IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.817.			
SMQ.817	.817 During the past <b>5 days</b> (including today), on how many days did you use snuff, such as Skoal, Skoal Ba or Copenhagen?		
	VERBAL INSTRUCTIONS TO Please enter a number.	O SP:	
		 ENTER NUMBER OF DAYS	
		REFUSED	7 9
SMQ.819	When did you last use snuff?	Was it	
		today, yesterday, or 3 to 5 days ago? REFUSED DON'T KNOW	1 2 3 7 9

#### BOX 6

#### **CHECK ITEM SMQ.820:**

IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.

IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.830.

OTHERWISE, GO TO END OF SECTION.

SMQ.830 During the past **5 days** (including today), on how many days did you use any product containing nicotine to help you stop smoking? Include nicotine patches, gum, or any other product containing nicotine.

VERBAL INSTRUCTIONS TO SP:

	Please enter a number.	O SP:	
		 ENTER NUMBER OF DAYS	
		REFUSED	
SMQ.840	When did you last use a product containing nicotine? Was it		
		today, yesterday, or 3 to 5 days ago? REFUSED DON'T KNOW	7