

ATTACHMENT I

MALE
FEMALE

Appointment Date: _____ Time: _____ ID: _____ (1-3)

Name: _____ Tel.#: (____) _____ Home
 Address: _____ (____) _____ Work/
 City: _____ State: _____ Zip: _____ Alternate
 Interviewer: _____ Date: _____

1. "Do you smoke cigarettes?"

Yes..... 1 CONTINUE

No..... 2 ASK IF ANYONE ELSE IN HOUSEHOLD SMOKES

2. "To be sure we are including people of all ages in our survey,
 please tell me which of the following best described your age -
 Are you..."

Under 18..... 1

18-24..... 2

25-34..... 3

35-44..... 4

45-54..... 5

55-64..... 6

65 or over..... 7

3. "On the average, how many cigarettes do you smoke per day?
 (WRITE IN# _____) (MUST SMOKE AT LEAST 20 CIGARETTES
 PER DAY TO CONTINUE)

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