

NWU2016-08-02 - Follow Up Tobacco Data Dictionary

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Document Summary

Property	Value
Document Title	NWU2016-08-02 - Follow Up Tobacco: Data Dictionary
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NWU2016-08-02 - Follow Up Tobacco: Data Dictionary

Section 1: Identifiers

Class	Variable	Label	Description	Format Text
01. Principal	ptid	Participant ID		Char

Section 2: Follow Up Tobacco

Class	Variable	Label	Description	Format Text
01. Principal	ftob_1	Do You Now Smoke Cigarettes?		"0"="No" "1"="Yes" "Never smoked (Skip to Question 4)"="Never smoked (Skip to Question 4)"
01. Principal	ftob_10	After The End Of Study Treatment, Please Indicate Whether You Smoked Cigarettes Every Day, Some Days, Or Not At All		"0"="Did not smoke at all" "1"="Smoked every day" "2"="Smoked some days" "3"="Don't know/not sure" "4"="Not applicable"
01. Principal	ftob_2	On Average When You Have Smoked, About How Many Cigarettes Do You (Or Did You) Smoke A Day? (A Pack Usually Has 20 Cigarettes In It). (Number Of Cigarettes Per Day)		Numeric
01. Principal	ftob_3a	How Long Has It Been Since You Last Smoked A Cigarette (Even One Or Two Puffs)?		1="I smoked a cigarette today (at least one puff)" 2="1-7 days " 3="Less than 1 month" 4="Less than 1 year" 5="More than 1 year" 6="Don't know/don't remember"
01. Principal	ftob_3b	If Applicable, Write A Number For How Many Days, Weeks, Months, Or Years It Has Been Since Your Last Cigarette. (Number)		Numeric
01. Principal	ftob_3c	If Applicable, Write A Number For How Many Days, Weeks, Months, Or Years It Has Been Since Your Last Cigarette. (Days, Weeks, Months, Years)		1="Days" 2="Weeks" 3="Months" 4="Years"
01. Principal	ftob_4	Since Your Last Visit, Have You Used Other Forms Of Tobacco, Not Including Cigarettes?		0="No (End)" 1="Yes"
01. Principal	ftob_5a	How Often Do You/Did You Use Other Forms Of Tobacco?		Char
01. Principal	ftob_5b	How Often Do You/Did You Use Other Forms Of Tobacco? (Number)		Char

Class	Variable	Label	Description	Format Text
01. Principal	ftob_5c	How Often Do You/Did You Use Other Forms Of Tobacco? (Per Day, Week, Month, Year)		Char
01. Principal	ftob_6a	Since Your Last Visit, Which Of The Following Products Have You Used? - Cigarettes		"0"="No" "1"="Yes"
01. Principal	ftob_6b	Since Your Last Visit, Which Of The Following Products Have You Used? - E-Cigarettes Or Other Electronic Nicotine Delivery System		"0"="No" "1"="Yes"
01. Principal	ftob_6c	Since Your Last Visit, Which Of The Following Products Have You Used? - Traditional Cigars, Cigarillos Or Filtered Cigars		"0"="No" "1"="Yes"
01. Principal	ftob_6d	Since Your Last Visit, Which Of The Following Products Have You Used? - Pipes		"0"="No" "1"="Yes"
01. Principal	ftob_6e	Since Your Last Visit, Which Of The Following Products Have You Used? - Waterpipe		"0"="No" "1"="Yes"
01. Principal	ftob_6f	Since Your Last Visit, Which Of The Following Products Have You Used? - Hookah		"0"="No" "1"="Yes"
01. Principal	ftob_6g	Since Your Last Visit, Which Of The Following Products Have You Used? - Clove Cigarettes Or Kreteks		"0"="No" "1"="Yes"
01. Principal	ftob_6h	Since Your Last Visit, Which Of The Following Products Have You Used? - Bidis		"0"="No" "1"="Yes"
01. Principal	ftob_6i	Since Your Last Visit, Which Of The Following Products Have You Used? - Smokeless Tobacco, Like Dip, Chew, Or Snuff		"0"="No" "1"="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	ftob_6j	Since Your Last Visit, Which Of The Following Products Have You Used? - Snus		"0"="No" "1"="Yes"
01. Principal	ftob_6k	Since Your Last Visit, Which Of The Following Products Have You Used? - Paan With Tobacco, Gutka, Zarda, Khaini		"0"="No" "1"="Yes"
01. Principal	ftob_6l	Since Your Last Visit, Which Of The Following Products Have You Used? - Other		0="No" 1="Yes"
01. Principal	ftob_6m	Other, Please Specify:		Char
01. Principal	ftob_7	If You Do Not Currently Use Other Forms Of Tobacco, But Did In The Past, How Long Has It Been Since You Last Used Other Forms Of Tobacco Regularly?		"0"="Never used other forms of tobacco regularly" "1"="Within the past month (0 to 1 month ago)" "2"="Between 1 and 3 months (1 to 3 months ago)" "3"="Between 3 and 6 months (3 to 6 months ago)" "4"="Between 6 and 12 months (6 to 12 months ago)" "5"="Between 1 and 5 years (1 to 5 years ago)" "6"="Between 5 and 15 years (5 to 15 years ago)" "7"="More than 15 years ago" "8"="Don't know/not sure"
01. Principal	ftob_8	During Study Treatment, Please Indicate Whether You Smoked Cigarettes Every Day, Some Days, Or Not At All		"0"="Did not smoke at all" "1"="Smoked every day" "2"="Smoked some days" "3"="Don't know/not sure" "4"="Not applicable"
01. Principal	ftob_9	After The End Of Study Treatment, Please Indicate Whether You Smoked Cigarettes Every Day, Some Days, Or Not At All		"0"="Did not smoke at all" "1"="Smoked every day" "2"="Smoked some days" "3"="Don't know/not sure" "4"="Not applicable"
01. Principal	ftob_comments	Comments		Char
01. Principal	ftob_date	Visit Date		Char
01. Principal	ftob_date_time	Visit Time		Char