

MAY2016-07-01 - Tobacco Baseline Questionnaire Data Dictionary

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Document Summary

Property	Value
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MAY2016-07-01 - Tobacco Baseline Questionnaire: Data Dictionary

Section 1: Identifiers

Class	Variable	Label	Description	Format Text
01. Principal	SUBJECT	Participant Identifier		Char

Section 2: Study-wide

Class	Variable	Label	Description	Format Text
01. Principal	CYCLE	Visit Number		Numeric
01. Principal	FOLDERINSTAN CENAME	Dataset Folder Name		"Baseline"="Baseline"
01. Principal	MAXUPDATED	Last Updated		SAS Date
01. Principal	MINCREATED	Created Time		SAS Date
01. Principal	PAGEREPEATNU MBER	Page Repeat Number		Numeric
01. Principal	PROJECT	Protocol		"MAY2016-07-01"="MAY2016-07-01"
01. Principal	RAVEID	Rave ID		Numeric
01. Principal	RECORDPOSITIO N	Record Position		Numeric
01. Principal	SITE	Site		"Cleveland Clinic Foundation"="Cleveland Clinic Foundation" "Huntsman Cancer Institute/University of Utah"="Huntsman Cancer Institute/University of Utah" "M D Anderson Cancer Center"="M D Anderson Cancer Center" "Mayo Clinic in Arizona"="Mayo Clinic in Arizona" "Mayo Clinic"="Mayo Clinic" "University of Michigan Comprehensive Cancer Center"="University of Michigan Comprehensive Cancer Center" "University of Pittsburgh Cancer Institute (UPCI)"="University of Pittsburgh Cancer Institute (UPCI)" "University of Puerto Rico"="University of Puerto Rico"
01. Principal	SITENUMBER	Site Number		"AZ020"="AZ020" "MI014"="MI014" "MN026"="MN026" "OH027"="OH027" "PA015"="PA015" "PR008"="PR008" "TX035"="TX035" "UT003"="UT003"
01. Principal	TARGETDAYS	Target Days From Baseline		Numeric

Section 3: Tobacco Baseline Questionnaire

Class	Variable	Label	Description	Format Text
01. Principal	CHILDSMOKELIVE	Thinking Of All Your Childhood And Adult Years, Have You Ever Lived In A Place Where Other People Smoked Cigarettes Indoors?		1="Yes" 2="No" 8="Choose Not To Answer"
01. Principal	CHILDSMOKEYEARS	In Total, For About How Many Years Have You Lived In A Place Where Other People Smoked Cigarettes Indoors?		Numeric
01. Principal	CHOSENOTANS	Choose Not To Answer		0="Unchecked"
01. Principal	CIG17D	Cigarette In The Last 1-7 Days		1="Yes" 2="No"
01. Principal	CIG1MONTH	Cigarette In Less Than 1 Month		1="Yes" 2="No"
01. Principal	CIG1YEAR	Cigarette In Less Than 1 Year		1="Yes" 2="No"
01. Principal	CIGDAYS	Number Of Days Since Last Cigarette		Numeric
01. Principal	CIGMONTHS	Number Of Months Since Last Cigarette		Numeric
01. Principal	CIGMORE1YEAR	Cigarette In More Than 1 Year		1="Yes" 2="No"
01. Principal	CIGNUMYEARS	Number Of Years Since Last Cigarette		Numeric
01. Principal	CIGSPDAY	On Average, When You Smoked, About How Many Cigarettes Do You Smoke A Day?		Numeric
01. Principal	CIGSPDAYSP	Cigarettes Per Day Specify		Numeric 9="Don't Know/Not Sure"
01. Principal	CIGTODAY	I Smoked A Cigarette Today		1="Yes" 2="No"
01. Principal	CIGWEEKS	Number Of Weeks Since Last Cigarette		Numeric
01. Principal	COM	Tobacco Baseline Questionnaire Comments		Char
01. Principal	CURRENTSMOKE	Do You Now Smoke Cigarettes?		1="Everyday" 2="Some Days" 3="Not At All"
01. Principal	DONTKNOW	Don't Know/Don't Remember		1="Yes" 2="No"

Class	Variable	Label	Description	Format Text
01. Principal	FIRSTCIG	How Soon After You Wake Up Do You Smoke Your First Cigarette?		1="Within 30 Minutes" 2="After 30 Minutes"
01. Principal	FLUFF1	How Long Has It Been Since You Last Smoked A Cigarette		1="Checked"
01. Principal	FLUFF2	Use Of Other Forms Of Tobacco		1="Checked"
01. Principal	FLUFF3	How Often Do You/Did You Use Other Forms Of Tobacco?		1="Checked"
01. Principal	FLUFF4	Which Of The Following Products Have You Ever Used Regularly?		1="Checked"
01. Principal	FLUFF5	Second-Hand Smoke Exposure		1="Checked"
01. Principal	LIVESMOKER	Are You Currently Living With A Smoker?		1="Yes" 2="No" 8="Choose Not To Answer"
01. Principal	LIVESMOKER30	In The Past 30 Days, Have You Lived In A Place Where Other People Smoked Cigarettes Indoors?		1="Yes" 2="No" 8="Choose Not To Answer"
01. Principal	OTHTOB	Have You Ever Used Other Forms Of Tobacco, Not Including Cigarettes?		1="Yes" 2="No" 8="Choose Not To Answer"
01. Principal	OTHTOBCHONOTANS	Choose Not To Answer		0="Unchecked" 1="Checked"
01. Principal	OTHTOBEVERYDAY	Other Tobacco Use Every Day		1="Yes" 2="No"
01. Principal	OTHTOBNUMDAYS	Other Tobacco Use Per		Numeric
01. Principal	OTHTOBNUMDAYSSP	Other Tobacco Use Number Of Days		1="Week" 2="Month"
01. Principal	OTHTOBPERDAY	Other Tobacco Use Number Of Times Per Day		Numeric
01. Principal	OTHTOBSOME DAYS	Other Tobacco Use Some Days		1="Yes" 2="No"
01. Principal	OTHTOBSP	Other Tobacco Use, Specify		Char
01. Principal	SMOKE100	Have You Smoked At Least 100 Cigarettes In Your Entire Life?		1="Yes" 2="No" 8="Choose Not To Answer"
01. Principal	SMOKEAGE	How Old Were You When You First Smoked A Cigarette		Numeric

Class	Variable	Label	Description	Format Text
01. Principal	SMOKEAGESP	How Old Were You When You First Smoked A Cigarette Specify		Numeric
01. Principal	SMOKEREG	How Old Were You When You First Began Smoking Cigarettes Regularly?		Numeric
01. Principal	SMOKEREGSP	How Old Were You When You First Began Smoking Cigarettes Regularly? Specify		7="Have Never Smoked Cigarettes Regularly" 9="Don't Know/Not Sure"
01. Principal	SMOKEYEARS	How Many Total Years Have You Smoked (Or Did You Smoke) Cigarettes?		Numeric
01. Principal	SMOKEYEARSSP	How Many Total Years Have You Smoked (Or Did You Smoke) Cigarettes? Specify		Numeric 9="Don't Know/Not Sure"
01. Principal	TIMESINCEOTHTOB	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="Within The Past Month (0 To 1 Month Ago)" 1="Between 1 And 3 Months (1 To 3 Months Ago)" 4="Between 1 And 5 Years (1 To 5 Years Ago)" 5="Between 5 And 15 Years (5 To 15 Years Ago)" 6="More Than 15 Years Ago" 7="Never Drank Regularly" 8="Choose Not To Answer"
01. Principal	TOBPROD	Tobacco Product		1="Cigarettes" 2="Traditional Cigars, Cigarillos Or Filtered Cigars" 3="Hookah" 4="Bidis" 5="Snus" 6="E-Cigarettes Or Other Electronic Nicotine Delivery System" 7="Pipes" 8="Clove Cigarettes Or Kreteks" 9="Smokeless Tobacco (Like Dip, Chew, Or Snuff)" 10="Paan With Tobacco, Gutka, Zarda, Khaini" 11="Other" 12="Water Pipe"
01. Principal	TOBPRODYN	Tobacco Use		1="Yes" 2="No" 8="Choose Not To Answer"
01. Principal	WORKSMOKER	Thinking Of All The Years You Have Worked, Have You Ever Worked In A Place Where Other People Smoked Cigarettes Indoors?		1="Yes" 2="No" 8="Choose Not To Answer"

Class	Variable	Label	Description	Format Text
01. Principal	WORKSMOKER30D	In The Past 30 Days, Have You Worked In A Place Where Other People Smoked Cigarettes Indoors?		1="Yes" 2="No" 8="Choose Not To Answer"
01. Principal	WORKSMOKEYRS	In Total, For About How Many Years Have You Worked In A Place Where Other People Smoked Cigarettes Indoors?		Numeric