

NWU2017-09-01 - Tobacco Questionnaire (Follow-up) Data Dictionary

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Document Summary

Property	Value
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NWU2017-09-01 - Tobacco Questionnaire (Follow-up): Data Dictionary

Section 1: Identifiers

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

Section 2: Tobacco Questionnaire (Follow-up)

Class	Variable	Label	Description	Format Text
01. Principal	ftob_1	1. Do You Now Smoke Cigarettes?		0="Not at all (Skip to question 3)" 1="Every day" 2="Some days"
01. Principal	ftob_10	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 (I have not completed the study treatment)"
01. Principal	ftob_2	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	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	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	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	4. Since Your Last Visit, Have You Used Other Forms Of Tobacco, Not Including Cigarettes?		0="No" 1="Yes (End)"
01. Principal	ftob_5a	5A. How Often Do You/Did You Use Other Forms Of Tobacco?		1="Every day" 2="Some days"

Class	Variable	Label	Description	Format Text
01. Principal	ftob_5b	5B. How Often Do You/Did You Use Other Forms Of Tobacco? (Number)		Numeric
01. Principal	ftob_5c	5C. How Often Do You/Did You Use Other Forms Of Tobacco? (Per Day, Week, Month, Year)		1="Day" 2="Week" 3="Month" 4="Year"
01. Principal	ftob_6a	6A. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Cigarettes		0="No" 1="Yes"
01. Principal	ftob_6b	6B. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - E-Cigarettes Or Other Electronic Nicotine Delivery System		0="No" 1="Yes"
01. Principal	ftob_6c	6C. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Traditional Cigars, Cigarillos Or Filtered Cigars		0="No" 1="Yes"
01. Principal	ftob_6d	6D. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Pipes		0="No" 1="Yes"
01. Principal	ftob_6e	6E. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Waterpipe		0="No" 1="Yes"
01. Principal	ftob_6f	6F. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Hookah		0="No" 1="Yes"
01. Principal	ftob_6g	6G. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Clove Cigarettes Or Kreteks		0="No" 1="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	ftob_6h	6H. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Bidis		0="No" 1="Yes"
01. Principal	ftob_6i	6I. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Smokeless Tobacco, Like Dip, Chew, Or Snuff		0="No" 1="Yes"
01. Principal	ftob_6j	6J. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Snus		0="No" 1="Yes"
01. Principal	ftob_6k	6K. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Paan With Tobacco, Gutka, Zarda, Khaini		0="No" 1="Yes"
01. Principal	ftob_6l	6L. Since Your Last Visit, Which Of The Following Products Have You Used? (Check All That Apply) - Other		0="No" 1="Yes"
01. Principal	ftob_6m	6M. Other, Please Specify:		Char
01. Principal	ftob_7	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	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"

Class	Variable	Label	Description	Format Text
01. Principal	ftob_9	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 (I have not completed the study treatment)"
01. Principal	ftob_Comments	Comments		Char
01. Principal	ftob_date	Visit Date		Char
01. Principal	ftob_date_time	Visit Date (Time)		Char
01. Principal	ftob_Inv_Date	Date (Date Signed By Investigator)		Char
01. Principal	ftob_Inv_Date_time	Date (Date Signed By Investigator) (Time)		Char