

# MAY2016-07-01 - Tobacco Questionnaire Data Dictionary

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## Document Summary

Property	Value
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Sections	3
Entries	45
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# MAY2016-07-01 - Tobacco Questionnaire: Data Dictionary

## Section 1: Identifiers

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Class	Variable	Label	Description	Format Text
01. Principal	<b>SUBJECT</b>	Participant Identifier		Char

## Section 2: Study-wide

Class	Variable	Label	Description	Format Text
01. Principal	<b>CYCLE</b>	Visit Number		Numeric
01. Principal	<b>FOLDERINSTAN CENAME</b>	Dataset Folder Name		"Month 6 or Early Termination of Follow-up (1)"="Month 6 or Early Termination of Follow-up (1)" "Month 6 or Early Termination of Follow-up"="Month 6 or Early Termination of Follow-up"
01. Principal	<b>MAXUPDATED</b>	Last Updated		SAS Date
01. Principal	<b>MINCREATED</b>	Created Time		SAS Date
01. Principal	<b>PAGEREPEATNU MBER</b>	Page Repeat Number		Numeric
01. Principal	<b>PROJECT</b>	Protocol		"MAY2016-07-01"="MAY2016-07-01"
01. Principal	<b>RAVEID</b>	Rave ID		Numeric
01. Principal	<b>RECORDPOSITIO N</b>	Record Position		Numeric
01. Principal	<b>SITE</b>	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	<b>SITENUMBER</b>	Site Number		"AZ020"="AZ020" "MI014"="MI014" "MN026"="MN026" "OH027"="OH027" "PA015"="PA015" "PR008"="PR008" "TX035"="TX035" "UT003"="UT003"
01. Principal	<b>TARGETDAYS</b>	Target Days From Baseline		Numeric

## Section 3: Tobacco Questionnaire

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Class	Variable	Label	Description	Format Text
01. Principal	<b>CHOSENOTANS</b>	Choose Not To Answer		0="Unchecked" 1="Checked"
01. Principal	<b>CIG17DAYTX</b>	Cigarette In The Last 1-7 Days		2="No"
01. Principal	<b>CIG1MONTHTX</b>	Cigarette In Less Than 1 Month		1="Yes" 2="No"
01. Principal	<b>CIG1YEARTX</b>	Cigarette In Less Than 1 Year		1="Yes" 2="No"
01. Principal	<b>CIGDAYSTX</b>	Number Of Days Since Last Cigarette		Numeric
01. Principal	<b>CIGMONTHSTX</b>	Number Of Months Since Last Cigarette		Numeric
01. Principal	<b>CIGMORE1YEARTX</b>	Cigarette In More Than 1 Year		1="Yes" 2="No"
01. Principal	<b>CIGNUMYEARSTX</b>	Number Of Years Since Last Cigarette		Numeric
01. Principal	<b>CIGSPDAYTX</b>	On Average, When You Smoked, About How Many Cigarettes Do You Smoke A Day?		Numeric
01. Principal	<b>CIGSPDAYTXSP</b>	Cigarettes Per Day Specify		Numeric
01. Principal	<b>CIGTODAYTX</b>	I Smoked A Cigarette Today		1="Yes" 2="No"
01. Principal	<b>CIGWEEKSTX</b>	Number Of Weeks Since Last Cigarette		Numeric
01. Principal	<b>COM</b>	Tobacco Questionnaire Comments		Char
01. Principal	<b>CURRENTSMOKE</b>	Do You Now Smoke Cigarettes?		1="Everyday" 2="Some Days" 3="Not At All"
01. Principal	<b>DONTKNOWTX</b>	Don't Know/Don't Remember		1="Yes" 2="No"
01. Principal	<b>FLUFF</b>	How Long Has It Been Since You Last Smoked A Cigarette		1="Checked"
01. Principal	<b>FLUFF2</b>	How Often Do You/Did You Use Other Forms Of Tobacco?		1="Checked"
01. Principal	<b>FLUFF3</b>	Since Your Last Visit, Which Of The Following Products Have You Used?		1="Checked"

Class	Variable	Label	Description	Format Text
01. Principal	<b>FLUFF4</b>	During Each Of The Following Time Frames, Please Indicate Whether You Smoked Cigarettes Every Day, Some Days, Or Not At All.		1="Checked"
01. Principal	<b>OTH</b>	Since Your Last Visit, Have You Used Other Forms Of Tobacco, Not Including Cigarettes?		1="Yes" 2="No"
01. Principal	<b>OTHTOBCHONOTANS</b>	Choose Not To Answer		0="Unchecked"
01. Principal	<b>OTHTOBEVERYDAYTX</b>	Other Tobacco Use Every Day		1="Yes"
01. Principal	<b>OTHTOBNUMDAYSSPTX</b>	Other Tobacco Use Per		
01. Principal	<b>OTHTOBNUMDAYSTX</b>	Other Tobacco Use Number Of Days		Numeric
01. Principal	<b>OTHTOBPERDAYTX</b>	Other Tobacco Use Number Of Times Per Day		Numeric
01. Principal	<b>OTHTOBSOME DAYSTX</b>	Other Tobacco Use Some Days		
01. Principal	<b>OTHTOBSPECIFY</b>	Other Tobacco Use, Specify		Char
01. Principal	<b>SMOKEFU</b>	Smoke After The End Of Study Treatment?		2="Smoked Some Days" 3="Did Not Smoke At All" 4="Not Applicable (I Have Not Completed The Study Treatment)" 8="Choose Not To Answer" 9="Don't Know/Not Sure"
01. Principal	<b>SMOKELASTVISIT</b>	Smoke Since Your Last Visit To This Clinic?		1="Smoked Every Day" 2="Smoked Some Days" 3="Did Not Smoke At All" 4="Not Applicable (This Is My First Visit To This Clinic)" 8="Choose Not To Answer" 9="Don't Know/Not Sure"
01. Principal	<b>SMOKETX</b>	Smoke During Study Treatment?		1="Smoked Every Day" 2="Smoked Some Days" 3="Did Not Smoke At All" 4="Not Applicable" 8="Choose Not To Answer"
01. Principal	<b>TIMESINCEOTHER TOBACCO</b>	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?		

Class	Variable	Label	Description	Format Text
01. Principal	<b>TOBPROD</b>	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	<b>TOBPRODYN</b>	Tobacco Use		1="Yes" 2="No"