

# MAY2017-09-01 - TOBACCO QUESTIONNAIRE BASELINE: DATA DICTIONARY

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## Document Summary

Property	Value
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Entries	58
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# MAY2017-09-01 - Tobacco Questionnaire Baseline: Data Dictionary

## Section 1: Identifiers

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Variable	Label	Description	Format Text
<b>SUBJECT</b>	Participant ID	Participant ID	Char

## Section 2: Study-wide

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Variable	Label	Description	Format Text
<b>CYCLE</b>	Visit	Visit	Numeric
<b>FOLDERINSTANCE NAME</b>	Folder Name	Folder Name	"Screening"="Screening"
<b>MAXUPDATED</b>	Last Updated	Last Updated	Numeric
<b>MINCREATED</b>	Time Created	Time Created	Numeric
<b>PAGEREPEATNUM BER</b>	Page Repeat Number	Page Repeat Number	Numeric
<b>PROJECT</b>	Protocol	Protocol	"MAY2017-09-01"="MAY2017-09-01"
<b>RAVEID</b>	Rave ID	Rave ID	Numeric
<b>RECORDPOSITION</b>	Record Position	Record Position	Numeric
<b>SITE</b>	Study Institution	Study Institution	"Thomas Jefferson University Hospital"="Thomas Jefferson University Hospital"
<b>SITENUMBER</b>	Study Institution ID Number	Study Institution ID Number	"PA121"="PA121"
<b>TARGETDAYS</b>	Target Days From Randomization	Target Days From Randomization	Numeric

## Section 3: Tobacco Questionnaire Baseline

Variable	Label	Description	Format Text
<b>CHILDSMOKELIVE</b>	Have You Ever Lived In A Place Where Other People Smoked Cigarettes Indoors?	Have You Ever Lived In A Place Where Other People Smoked Cigarettes Indoors?	1="Yes" 2="No" 8="Choose not to answer"
<b>CHILDSMOKEYEARS</b>	(If Yes), In Total, For About How Many Years?	(If Yes), In Total, For About How Many Years?	Numeric
<b>CHOSENOTANS</b>	Last Time Smoked (Choose Not To Answer)	Last Time Smoked (Choose Not To Answer)	
<b>CIG17D</b>	1-7 Days Since Last Cigarette	1-7 Days Since Last Cigarette	
<b>CIG1MONTH</b>	Less Than 1 Month Since Last Cigarette	Less Than 1 Month Since Last Cigarette	
<b>CIG1YEAR</b>	Less Than 1 Year Since Last Cigarette	Less Than 1 Year Since Last Cigarette	
<b>CIGDAYS</b>	(If Yes) Number Of Days Since Last Cigarette	(If Yes) Number Of Days Since Last Cigarette	Numeric
<b>CIGMONTHS</b>	(If Yes) Number Of Months Since Last Cigarette	(If Yes) Number Of Months Since Last Cigarette	Numeric
<b>CIGMORE1YEAR</b>	More Than 1 Year Since Last Cigarette	More Than 1 Year Since Last Cigarette	
<b>CIGNUMYEARS</b>	(If Yes) Number Of Years Since Last Cigarette	(If Yes) Number Of Years Since Last Cigarette	Numeric
<b>CIGSPDAY</b>	On Average, When You Smoked, About How Many Cigarettes Do/Did You Smoke A Day?	On Average, When You Smoked, About How Many Cigarettes Do/Did You Smoke A Day?	Numeric
<b>CIGSPDAYSP</b>	On Average, When You Smoked, About How Many Cigarettes Do/Did You Smoke A Day? Specify	On Average, When You Smoked, About How Many Cigarettes Do/Did You Smoke A Day? Specify	
<b>CIGTODAY</b>	I Smoked A Cigarette Today (At Least One Puff)	I Smoked A Cigarette Today (At Least One Puff)	
<b>CIGWEEKS</b>	(If Yes) Number Of Weeks Since Last Cigarette	(If Yes) Number Of Weeks Since Last Cigarette	Numeric
<b>COM</b>	Comments	Comments	Char
<b>CURRENTSMOKE</b>	Do You Now Smoke Cigarettes?	Do You Now Smoke Cigarettes?	
<b>DONTKNOW</b>	Don't Know/Don't Remember Last Time Smoked Cigarette	Don't Know/Don't Remember Last Time Smoked Cigarette	
<b>FIRSTCIG</b>	How Soon After You Wake Up Do You Smoke Your First Cigarette?	How Soon After You Wake Up Do You Smoke Your First Cigarette?	

Variable	Label	Description	Format Text
<b>FLUFF1</b>	How Long Has It Been Since You Last Smoked A Cigarette?	How Long Has It Been Since You Last Smoked A Cigarette?	1="Checked"
<b>FLUFF2</b>	Use Of Other Forms Of Tobacco	Use Of Other Forms Of Tobacco	1="Checked"
<b>FLUFF3</b>	How Often Do You/Did You Use Other Forms Of Tobacco?	How Often Do You/Did You Use Other Forms Of Tobacco?	1="Checked"
<b>FLUFF4</b>	Which Of The Following Products Have You Ever Used Regularly?	Which Of The Following Products Have You Ever Used Regularly?	1="Checked"
<b>FLUFF5</b>	Second-Hand Smoke Exposure	Second-Hand Smoke Exposure	1="Checked"
<b>LIVESMOKER</b>	Are You Currently Living With A Smoker?	Are You Currently Living With A Smoker?	1="Yes" 2="No" 8="Choose not to answer"
<b>LIVESMOKER30</b>	In The Past 30 Days, Have You Lived In A Place Where Other People Smoked Cigarettes Indoors?	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"
<b>OTHTOB</b>	Have You Ever Used Other Forms Of Tobacco, Not Including Cigarettes?	Have You Ever Used Other Forms Of Tobacco, Not Including Cigarettes?	2="No"
<b>OTHTOBCHONOTANS</b>	Since Your Last Visit, Have You Used Other Forms Of Tobacco, Not Including Cigarettes? (Choose Not To Answer)	Since Your Last Visit, Have You Used Other Forms Of Tobacco, Not Including Cigarettes? (Choose Not To Answer)	
<b>OTHTOBEVERYDAY</b>	Other Forms Of Tobacco: Every Day	Other Forms Of Tobacco: Every Day	
<b>OTHTOBNUMDAYS</b>	Other Forms Of Tobacco: (If Yes), Per __	Other Forms Of Tobacco: (If Yes), Per __	Numeric
<b>OTHTOBNUMDAYS SP</b>	Other Forms Of Tobacco: (If Yes), Number Of Days	Other Forms Of Tobacco: (If Yes), Number Of Days	
<b>OTHTOBPERDAY</b>	Other Forms Of Tobacco: (If Yes), Number Of Times Per Day	Other Forms Of Tobacco: (If Yes), Number Of Times Per Day	Numeric
<b>OTHTOBSOMEDAYS</b>	Other Forms Of Tobacco: Some Days	Other Forms Of Tobacco: Some Days	
<b>OTHTOBSP</b>	Other Forms Of Tobacco: Usage Specify	Other Forms Of Tobacco: Usage Specify	Char
<b>SMOKE100</b>	Have You Smoked At Least 100 Cigarettes (5 Packs) In Your Entire Life?	Have You Smoked At Least 100 Cigarettes (5 Packs) In Your Entire Life?	2="No"
<b>SMOKEAGE</b>	How Old Were You When You First Smoked A Cigarette?	How Old Were You When You First Smoked A Cigarette?	Numeric
<b>SMOKEAGESP</b>	How Old Were You When You First Smoked A Cigarette? Specify	How Old Were You When You First Smoked A Cigarette? Specify	

Variable	Label	Description	Format Text
<b>SMOKEREG</b>	How Old Were You When You First Began Smoking Cigarettes Regularly?	How Old Were You When You First Began Smoking Cigarettes Regularly?	Numeric
<b>SMOKEREGSP</b>	How Old Were You When You First Began Smoking Cigarettes Regularly? Specify	How Old Were You When You First Began Smoking Cigarettes Regularly? Specify	
<b>SMOKEYEARS</b>	How Many Total Years Have You Smoked (Did You Smoke) Cigarettes?	How Many Total Years Have You Smoked (Did You Smoke) Cigarettes?	Numeric
<b>SMOKEYEARSSP</b>	How Many Total Years Have You Smoked (Did You Smoke) Cigarettes? Specify	How Many Total Years Have You Smoked (Did You Smoke) Cigarettes? Specify	
<b>TIMESINCEOTHTOB</b>	How Long Has It Been Since You Last Used Other Forms Of Tobacco Regularly?	How Long Has It Been Since You Last Used Other Forms Of Tobacco Regularly?	
<b>TOBPROD</b>	Tobacco Product	Tobacco Product	
<b>TOBPRODYN</b>	Tobacco Use	Tobacco Use	
<b>WORKSMOKER</b>	Have You Ever Worked In A Place Where Other People Smoked Cigarettes Indoors?	Have You Ever Worked In A Place Where Other People Smoked Cigarettes Indoors?	1="Yes" 2="No" 8="Choose not to answer"
<b>WORKSMOKER30D</b>	In The Past 30 Days, Have You Worked In A Place Where Other People Smoked Cigarettes Indoors?	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"
<b>WORKSMOKEYRS</b>	Have You Ever Worked In A Place Where Other People Smoked Cigarettes Indoors? For About How Many Years?	Have You Ever Worked In A Place Where Other People Smoked Cigarettes Indoors? For About How Many Years?	Numeric