

MAY2017-09-01 - TOBACCO QUESTIONNAIRE: DATA DICTIONARY

TABLE OF CONTENTS

Document Summary.....	2
MAY2017-09-01 - Tobacco Questionnaire: Data Dictionary	3
Section 1: Identifiers	3
Section 2: Study-wide	4
Section 3: Tobacco Questionnaire	5

Document Summary

Property	Value
Document Title	MAY2017-09-01 - Tobacco Questionnaire: Data Dictionary
Date Created	02/26/2020
Sections	3
Entries	45
Document Filename	dictionary_tobacco.rtf

MAY2017-09-01 - Tobacco Questionnaire: Data Dictionary

Section 1: Identifiers

Variable	Label	Description	Format Text
SUBJECT	Participant ID	Participant ID	Char

Section 2: Study-wide

Variable	Label	Description	Format Text
CYCLE	Visit	Visit	Numeric
FOLDERINSTANCE NAME	Folder Name	Folder Name	"Day 21/Early Termination"="Day 21/Early Termination"
MAXUPDATED	Last Updated	Last Updated	Numeric
MINCREATED	Time Created	Time Created	Numeric
PAGEREPEATNUM BER	Page Repeat Number	Page Repeat Number	Numeric
PROJECT	Protocol	Protocol	"MAY2017-09-01"="MAY2017-09-01"
RAVEID	Rave ID	Rave ID	Numeric
RECORDPOSITION	Record Position	Record Position	Numeric
SITE	Study Institution	Study Institution	"Thomas Jefferson University Hospital"="Thomas Jefferson University Hospital"
SITENUMBER	Study Institution ID Number	Study Institution ID Number	"PA121"="PA121"
TARGETDAYS	Target Days From Randomization	Target Days From Randomization	Numeric

Section 3: Tobacco Questionnaire

Variable	Label	Description	Format Text
CHOSENOTANS	Last Time Smoked (Choose Not To Answer)	Last Time Smoked (Choose Not To Answer)	0="Unchecked" 1="Checked"
CIG17DAYTX	1-7 Days Since Last Cigarette	1-7 Days Since Last Cigarette	2="No"
CIG1MONTHTX	Less Than 1 Month Since Last Cigarette	Less Than 1 Month Since Last Cigarette	2="No"
CIG1YEARTX	Less Than 1 Year Since Last Cigarette	Less Than 1 Year Since Last Cigarette	2="No"
CIGDAYSTX	(If Yes) Number Of Days Since Last Cigarette	(If Yes) Number Of Days Since Last Cigarette	Numeric
CIGMONTHSTX	(If Yes) Number Of Months Since Last Cigarette	(If Yes) Number Of Months Since Last Cigarette	Numeric
CIGMORE1YEARTX	More Than 1 Year Since Last Cigarette	More Than 1 Year Since Last Cigarette	1="Yes" 2="No"
CIGNUMYEARSTX	(If Yes) Number Of Years Since Last Cigarette	(If Yes) Number Of Years Since Last Cigarette	Numeric
CIGSPDAYTX	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
CIGSPDAYTXSP	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	
CIGTODAYTX	I Smoked A Cigarette Today (At Least One Puff)	I Smoked A Cigarette Today (At Least One Puff)	2="No"
CIGWEEKSTX	(If Yes) Number Of Weeks Since Last Cigarette	(If Yes) Number Of Weeks Since Last Cigarette	Numeric
COM	Comments	Comments	Char
CURRENTSMOKE	Do You Now Smoke Cigarettes?	Do You Now Smoke Cigarettes?	3="Not at all"
DONTKNOWTX	Don't Know/Don't Remember Last Time Smoked Cigarette	Don't Know/Don't Remember Last Time Smoked Cigarette	1="Yes" 2="No"
FLUFF	How Long Has It Been Since You Last Smoked A Cigarette (Even One Or Two Puffs)?	How Long Has It Been Since You Last Smoked A Cigarette (Even One Or Two Puffs)?	1="Checked"
FLUFF2	How Often Do You/Did You Use Other Forms Of Tobacco?	How Often Do You/Did You Use Other Forms Of Tobacco?	1="Checked"
FLUFF3	Since Your Last Visit, Which Of The Following Products Have You Used?	Since Your Last Visit, Which Of The Following Products Have You Used?	1="Checked"

Variable	Label	Description	Format Text
FLUFF4	During Each Of The Following Time Frames (Last Time You Smoked), Please Indicate Whether You Smoked Cigarettes Every Day, Some Days, Or Not At All.	During Each Of The Following Time Frames (Last Time You Smoked), Please Indicate Whether You Smoked Cigarettes Every Day, Some Days, Or Not At All.	1="Checked"
OTH	Since Your Last Visit, Have You Used Other Forms Of Tobacco, Not Including Cigarettes?	Since Your Last Visit, Have You Used Other Forms Of Tobacco, Not Including Cigarettes?	2="No"
OTHTOBCHONOTANS	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)	
OTHTOBEVERYDAYTX	Other Forms Of Tobacco: Every Day	Other Forms Of Tobacco: Every Day	
OTHTOBNUMDAYS SPTX	Other Forms Of Tobacco: (If Yes), Per __	Other Forms Of Tobacco: (If Yes), Per __	
OTHTOBNUMDAYS TX	Other Forms Of Tobacco: (If Yes), Number Of Days	Other Forms Of Tobacco: (If Yes), Number Of Days	Numeric
OTHTOBPERDAYTX	Other Forms Of Tobacco: (If Yes), Number Of Times Per Day	Other Forms Of Tobacco: (If Yes), Number Of Times Per Day	Numeric
OTHTOBSOMEDAYSTX	Other Forms Of Tobacco: Some Days	Other Forms Of Tobacco: Some Days	
OTHTOBSP	Other Forms Of Tobacco: Usage Specify	Other Forms Of Tobacco: Usage Specify	Char
SMOKEFU	Did You Smoke After The End Of Study Treatment	Did You Smoke After The End Of Study Treatment	3="Did not smoke at all"
SMOKELASTVISIT	Did You Smoke Since Your Last Visit To This Clinic	Did You Smoke Since Your Last Visit To This Clinic	3="Did not smoke at all"
SMOKETX	Did You Smoke During Study Treatment	Did You Smoke During Study Treatment	3="Did not smoke at all"
TIMESINCEOTHTOB TX	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?	
TOBPROD	Tobacco Product	Tobacco Product	
TOBPRODYN	Tobacco Use	Tobacco Use	