

NWU2017-09-01 - Tobacco Questionnaire (Baseline) Data Dictionary

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Document Summary

Property	Value
Document Title	NWU2017-09-01 - Tobacco Questionnaire (Baseline): Data Dictionary
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NWU2017-09-01 - Tobacco Questionnaire (Baseline): Data Dictionary

Section 1: Identifiers

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

Section 2: Tobacco Questionnaire (Baseline)

Class	Variable	Label	Description	Format Text
01. Principal	btob_1	1. Have You Smoked At Least 100 Cigarettes (5 Packs = 100 Cigarettes) In Your Entire Life?		0="No" 1="Yes (Skip to Section B)" 2="Dont know/Not sure (Skip to Section B)"
01. Principal	btob_10a	10A. How Often Do You/Did You Use Other Forms Of Tobacco?		1="Every day" 2="Some days"
01. Principal	btob_10b	10B. How Often Do You/Did You Use Other Forms Of Tobacco? (Number)		Numeric
01. Principal	btob_10c	10C. 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	btob_11a	11A. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Cigarettes		0="No" 1="Yes"
01. Principal	btob_11b	11B. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - E-Cigarettes Or Other Electronic Nicotine Delivery System		0="No" 1="Yes"
01. Principal	btob_11c	11C. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Traditional Cigars, Cigarillos Or Filtered Cigars		0="No" 1="Yes"
01. Principal	btob_11d	11D. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Pipes		0="No" 1="Yes"
01. Principal	btob_11e	11E. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Waterpipe		0="No" 1="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	btob_11f	11F. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Hookah		0="No" 1="Yes"
01. Principal	btob_11g	11G. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Clove Cigarettes Or Kreteks		0="No" 1="Yes"
01. Principal	btob_11h	11H. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Bidis		0="No" 1="Yes"
01. Principal	btob_11i	11I. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Smokeless Tobacco, Like Dip, Chew, Or Snuff		0="No" 1="Yes"
01. Principal	btob_11j	11J. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Snus		0="No" 1="Yes"
01. Principal	btob_11k	11K. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Paan With Tobacco, Gutka, Zarda, Khaini		0="No" 1="Yes"
01. Principal	btob_11l	11L. Which Of The Following Products Have You Ever Used Regularly? (Check All That Apply) - Other		0="No" 1="Yes"
01. Principal	btob_11m	11M. Other, Please Specify:		Char
01. Principal	btob_12	12. 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="Dont know/Not sure"

Class	Variable	Label	Description	Format Text
01. Principal	btob_13	13. Are You Currently Living With A Smoker?		0="No" 1="Yes"
01. Principal	btob_14	14. In The Past 30 Days, Have You Lived In A Place Where Other People Smoked Cigarettes Indoors?		0="No" 1="Yes"
01. Principal	btob_15	15. In The Past 30 Days, Have You Worked In A Place Where Other People Smoked Cigarettes Indoors?		0="No" 1="Yes"
01. Principal	btob_16a	16A. Thinking Of All Your Childhood And Adult Years, Have You Ever Lived In A Place Where Other People Smoked Cigarettes Indoors?		0="No" 1="Yes (go to question 16b)"
01. Principal	btob_16b	16B. In Total, For About How Many Years? If Less Than 1, Write 1.		Numeric
01. Principal	btob_17a	17A. Thinking Of All The Years You Have Worked, Have You Ever Worked In A Place Where Other People Smoked Cigarettes Indoors?		0="No" 1="Yes (go to question 17b)"
01. Principal	btob_17b	17B. In Total, For About How Many Years? If Less Than 1, Write 1.		Char
01. Principal	btob_2	2. How Old Were You When You First Smoked A Cigarette (Even One Or Two Puffs)? (Years Old)		Numeric
01. Principal	btob_3	3. How Old Were You When You First Began Smoking Cigarettes Regularly? (Years Old)		Numeric
01. Principal	btob_3Check	Check Here If You Have Never Smoked Cigarettes Regularly.		"never smoked cigarettes regularly"="never smoked cigarettes regularly"

Class	Variable	Label	Description	Format Text
01. Principal	btob_4	4. How Many Total Years Have You Smoked (Or Did You Smoke) Cigarettes? Do Not Count Any Time You May Have Stayed Off Cigarettes. (Years (If You Smoked Less Than One Year, Write 1.)		Numeric
01. Principal	btob_5	5. 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	btob_6	6. Do You Now Smoke Cigarettes?		0="Not at all (Skip to question 8)" 1="Everyday" 2="Some days"
01. Principal	btob_7	7. How Soon After You Wake Up Do You Smoke Your First Cigarette?		1="Within 30 minutes" 2="After 30 minutes"
01. Principal	btob_8a	8A. 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	btob_8b	8B. If Applicable, Write A Number For How Many Days, Weeks, Months, Or Years It Has Been Since Your Last Cigarette. (Number)		Numeric
01. Principal	btob_8c	8C. 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	btob_9	9. Have You Ever Used Other Forms Of Tobacco, Not Including Cigarettes?		0="No" 1="Yes (Skip to Section C)"
01. Principal	btob_Comments	Comments		Char
01. Principal	btob_date	Visit Date		Char
01. Principal	btob_date_time	Visit Date (Time)		Char
01. Principal	btob_Inv_date	Date (Date Signed By Investigator)		Char

Class	Variable	Label	Description	Format Text
01. Principal	btob_inv_date_time	Date (Date Signed By Investigator) (Time)		Char