

Form Approved
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Human Smoking Behavior Study
Visit 1 Eligibility Screener

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0736)

With which race do you most closely identify?

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White Other

Next

With which ethnicity do you most closely identify?

- Hispanic or Latino Non-Hispanic/Non-Latino

Do you smoke cigarettes daily?

- Yes No

How many cigarettes do you smoke on average day?

Cigarettes per day

How long has it been since you smoked your last cigarette?

- Hours Minutes

On a scale from 1-10, with 10 being highest, how much do you "want" a cigarette right now?

Is your usual brand a "light", "ultralight", "full flavored", or a menthol cigarette?

- Light Ultralight Full flavored non-menthol Full flavored menthol

What is your current brand of cigarettes?

Brand

What size are your cigarettes?

- 100s Kings Regular

How long have you been smoking your current brand?

- Less than 3 months 3 or more months

Have you switched from a "full-flavored" brand to a "light" or "ultralight" brand in the last 9 months?

- Yes No



Do you use other tobacco products? (chewing tobacco, nicotine gum, etc.)

Yes No

Previous

What is your date of birth?

____/____/____

Continue

Are you currently trying to quit smoking?

Yes No

Have you EVER been told by a doctor that you had any problems with your lungs?

Yes No

Have you EVER been told by a doctor that you had ANY kind of heart problem?

Yes No

Have you EVER been diagnosed with cancer or a pre-cancerous lesion?

Yes No

Are you pregnant, breastfeeding, or trying to become pregnant?

Yes No