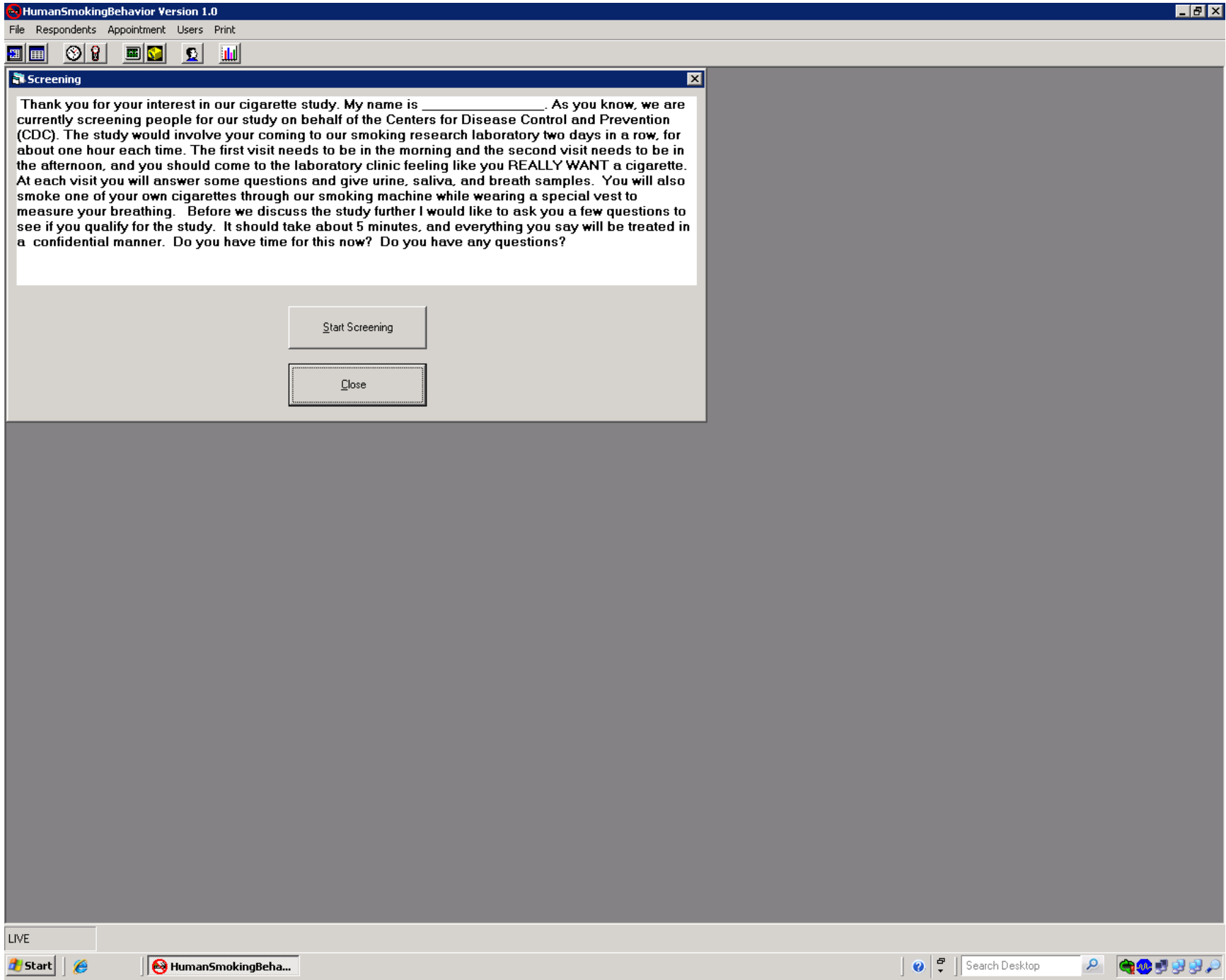


**Human Smoking Behavior Study  
Computer-Assisted Telephone Interviewing Instrument**

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Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

INTERVIEWER: DATE OF INTERVIEW IS BEING RECORDED AS 02/09/2010. IS THIS THE CORRECT DATE?

1. Yes  
 2. No

CaseID	<input type="text" value="956"/>	Ethnic	<input type="checkbox"/>
DateCheck	<input type="checkbox"/>	Sex	<input type="checkbox"/>
StartDt	<input type="text"/>	YrsSmoke	<input type="text"/>
FindOut	<input type="text"/>	SmokeReg	<input type="checkbox"/>
SpecPapr		CigCount	<input type="text"/>
HowOld	<input type="text"/>	CigBrand	<input type="checkbox"/>
Race	<input type="checkbox"/>	OthBrand	
OthRace		OthBrandCode	

New 1/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

How did you find out about this study?

1. City Paper  
 5. Other newspaper  
 2. Poster/Flyer  
 3. Friend  
 4. Other

Enter at most 5 values

CaseID: 956  
 DateCheck: 1 Yes  
 02/09/2010  
 FindOut:

Ethnic:   
 Sex:   
 YrsSmoke:   
 SmokeReg:   
 CigCount:   
 CigBrand:   
 OthBrand:   
 OthBrandCode:

New 1/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

SPECIFY OTHER NEWSPAPER.

Enter a text of at most 50 characters

CaseID	956	Ethnic	<input type="checkbox"/>
DateCheck	1	Sex	<input type="checkbox"/>
StartDt	02/09/2010	YrsSmoke	<input type="checkbox"/>
FindOut	5	SmokeReg	<input type="checkbox"/>
SpecPapr	<input type="text"/>	CigCount	<input type="checkbox"/>
		CigBrand	<input type="checkbox"/>
		OthBrand	
		OthBrandCode	

Yes

New 1/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

How old are you?

Enter a numeric value between 10 and 100

CaseID	<input type="text" value="956"/>	Ethnic	<input type="checkbox"/>
DateCheck	<input type="text" value="1"/> <b>Yes</b>	Sex	<input type="checkbox"/>
StartDt	<input type="text" value="02/09/2010"/>	YrsSmoke	<input type="checkbox"/>
FindOut	<input type="text" value="5"/>	SmokeReg	<input type="checkbox"/>
SpecPapr	<input type="text" value="money mailer"/>	CigCount	<input type="checkbox"/>
HowOld	<input type="text" value="18"/>	CigBrand	<input type="checkbox"/>
	<input type="checkbox"/>	OthBrand	<input type="checkbox"/>
		OthBrandCode	

New 1/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

With which race do you most closely identify?

1. American Indian or Alaskan Native
  6. Other  
 2. Asian  
 3. Black or African American  
 4. Native Hawaiian or other Pacific Islander  
 5. White

CaseID	956	Ethnic	<input type="checkbox"/>
DateCheck	1	Sex	<input type="checkbox"/>
StartDt	02/09/2010	YrsSmoke	<input type="checkbox"/>
FindOut	5	SmokeReg	<input type="checkbox"/>
SpecPapr	money mailer	CigCount	<input type="checkbox"/>
HowOld	18	CigBrand	<input type="checkbox"/>
Race	<input type="checkbox"/>	OthBrand	<input type="checkbox"/>
		OthBrandCode	

Yes

New 1/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop



Screeener | Partial

With which ethnicity do you most closely identify?

- 1. Hispanic or Latino
- 2. Non-Hispanic/Non-Latino

CaseID	956	Ethnic	
DateCheck	1	Yes	
StartDt	02/09/2010		
FindOut	5		
SpecPapr	money mailer		
HowOld	18		
Race	2	Asian	





Screeener Partial

Could you please specify your gender?

- 1. Male
- 2. Female

CaseID	956	Ethnic	2	<b>Nonhisp</b>
DateCheck	1	Yes	Sex	<input type="checkbox"/>
StartDt	02/09/2010			
FindOut	5			
SpecPap	money mailer			
HowOld	18			
Race	2	<b>Asian</b>		
OthRace				



Screeener | Partial

How many years have you been smoking?

Enter a numeric value between 0 and 100

CaseID	<input type="text" value="956"/>	Ethnic	<input type="text" value="2"/>	<b>Nonhispanic</b>
DateCheck	<input type="text" value="1"/>	Sex	<input type="text" value="2"/>	<b>Female</b>
StartDt	<input type="text" value="02/09/2010"/>	YrsSmoke	<input type="text" value="2"/>	
FindOut	<input type="text" value="5"/>			
SpecPapr	<input type="text" value="money mailer"/>			
HowOld	<input type="text" value="18"/>			
Race	<input type="text" value="2"/>			<b>Asian</b>
OthRace				



Screeener | Partial

Do you regularly smoke cigarettes? By regularly, we mean daily or almost daily.

- 1. Yes
- 2. No

CaseID	956	Ethnic	2	<b>Nonhisp</b>
DateCheck	1	Sex	2	<b>Female</b>
StartDt	02/09/2010	YrsSmoke	2	
FindOut	5	SmokeReg	1	<b>No</b>
SpecPapr	money mailer			
HowOld	18			
Race	2			<b>Asian</b>
OthRace				



Screeener | Partial

On a typical day, how many cigarettes do you smoke?

Enter a numeric value between 1 and 120

CaseID	<input type="text" value="956"/>	Ethnic	<input type="text" value="2"/>	<b>Nonhispanic</b>
DateCheck	<input type="text" value="1"/> <b>Yes</b>	Sex	<input type="text" value="2"/>	<b>Female</b>
StartDt	<input type="text" value="02/09/2010"/>	YrsSmoke	<input type="text" value="2"/>	
FindOut	<input type="text" value="5"/>	SmokeReg	<input type="text" value="1"/> <b>Yes</b>	
SpecPapr	<input type="text" value="money mailer"/>	CigCount	<input type="text" value="30"/>	
HowOld	<input type="text" value="18"/>	CigBrand	<input type="text"/>	
Race	<input type="text" value="2"/> <b>Asian</b>	OthBrand	<input type="text"/>	
OthRace		OthBrandCode	<input type="text"/>	



Screeener | Partial

What brand of cigarettes do you currently smoke?

START TO TYPE THE BRAND NAME TO OPEN LOOKUP TABLE.

Enter a numeric value between 1 and 97

CaseID	<input type="text" value="956"/>	Ethnic	<input type="text" value="2"/>	<b>Nonhispanic</b>
DateCheck	<input type="text" value="1"/> <b>Yes</b>	Sex	<input type="text" value="2"/>	<b>Female</b>
StartDt	<input type="text" value="02/09/2010"/>	YrsSmoke	<input type="text" value="2"/>	
FindOut	<input type="text" value="5"/>	SmokeReg	<input type="text" value="1"/> <b>Yes</b>	
SpecPapr	<input type="text" value="money mailer"/>	CigCount	<input type="text" value="30"/>	
HowOld	<input type="text" value="18"/>	CigBrand	<input type="text" value="15"/>	
Race	<input type="text" value="2"/> <b>Asian</b>			
OthRace				

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Are they (READ CATEGORIES)?

1. Menthol  
 2. Non-menthol/Plain  
 3. Special or Mild  
 4. Some other flavor

Menth   
OthFlavr  
FulLight   
CigLeng   
Filtered   
SoftHard

New 2/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Are they (READ CATEGORIES)?

1. Full flavor  
 2. Light  
 3. Ultra-light

Menth  **Menthol**

FulLight

New 2/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Are they (READ CATEGORIES)?

1. Regular  
 2. Kings (80s)  
 3. 100s  
 4. 120s

Menth  **Menthol**  
OthFlavr  
FulLight  **Full**  
CigLeng

New 2/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop



Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Are they (READ CATEGORIES)?

1. Filtered  
 2. Non-Filtered

Menth  **Menthol**  
OthFlavr  
FulLight  **Full**  
CigLeng  **\_100**  
Filtered

New 2/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeners Partial

Are they (READ CATEGORIES)?

1. Soft pack  
 2. Hard pack

Menth	<input type="text" value="1"/>	<b>Menthol</b>
OthFlavr		
FulLight	<input type="text" value="1"/>	<b>Full</b>
CigLeng	<input type="text" value="3"/>	<b>_100</b>
Filtered	<input type="text" value="1"/>	<b>Filter</b>
SoftHard	<input type="text"/>	

New 2/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

How long have you been smoking your current brand?  
HOW MANY Months?

Enter a numeric value between 0 and 100

	TimeUnit
TimeUnit	1
TimeAmt	3

New 3/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

How long have you been smoking your current brand?  
HOW MANY Years?

Enter a numeric value between 0 and 100

TimeUnit	2
TimeAmt	3

New 3/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

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

1. Yes  
 2. No

Switched	<input type="checkbox"/>	OtherLung	<input type="checkbox"/>
OthProd	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
VisitLab	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Thanks	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	EndInt	<input type="checkbox"/>
HeartLung	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>		
Emphysema	<input type="checkbox"/>		

New 4/4 Modified by rules Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeners Partial

Do you currently use other tobacco products, such as chewing tobacco or nicotine gum?

1. Yes  
 2. No

Switched	2	No	OtherLung	<input type="checkbox"/>
OthProd	2	Yes	Cancer	<input type="checkbox"/>
			Pregnant	<input type="checkbox"/>
			Thanks	<input type="checkbox"/>
			EndInt	<input type="checkbox"/>

New 4/4 Modified Dirty Insert Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Could you come to the lab on 2 days in a row, in the morning the first day and the afternoon the second day, and stay for about 1 hour each time?

1. Yes  
 2. No

Switched	<input type="text" value="2"/>	<b>No</b>	OtherLung	<input type="checkbox"/>
OthProd	<input type="text" value="2"/>	<b>No</b>	Cancer	<input type="checkbox"/>
VisitLab	<input type="text" value="1"/>	<b>No</b>	Pregnant	<input type="checkbox"/>
			Thanks	
			EndInt	<input type="checkbox"/>

New 4/4 Modified Dirty Insert Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Have you had any problems with bronchitis in the last three months?

1. Yes  
 2. No

Switched	2	No	OtherLung	<input type="checkbox"/>
OthProd	2	No	Cancer	<input type="checkbox"/>
VisitLab	1	Yes	Pregnant	<input type="checkbox"/>
Bronchitis	2	Yes	Thanks	<input type="checkbox"/>
			EndInt	<input type="checkbox"/>

New 4/4 Modified Dirty Insert Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop



Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Have you had any problems with pneumonia in the last three months?

1. Yes  
 2. No

Switched	<input type="text" value="2"/>	<b>No</b>	OtherLung	<input type="checkbox"/>
OthProd	<input type="text" value="2"/>	<b>No</b>	Cancer	<input type="checkbox"/>
VisitLab	<input type="text" value="1"/>	<b>Yes</b>	Pregnant	<input type="checkbox"/>
Bronchitis	<input type="text" value="2"/>	<b>No</b>	Thanks	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>		EndInt	<input type="checkbox"/>

New 4/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Have you had any heart or lung problems in the last three months?

1. Yes  
 2. No

Switched	<input type="text" value="2"/>	<b>No</b>	OtherLung	<input type="checkbox"/>
OthProd	<input type="text" value="2"/>	<b>No</b>	Cancer	<input type="checkbox"/>
VisitLab	<input type="text" value="1"/>	<b>Yes</b>	Pregnant	<input type="checkbox"/>
Bronchitis	<input type="text" value="2"/>	<b>No</b>	Thanks	<input type="checkbox"/>
Pneumonia	<input type="text" value="2"/>	<b>No</b>	EndInt	<input type="checkbox"/>
HeartLung	<input type="checkbox"/>			

New 4/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Have you ever been told by a healthcare professional that you have/had asthma?

1. Yes  
 2. No

Switched	<input type="text" value="2"/>	<b>No</b>	OtherLung	<input type="checkbox"/>
OthProd	<input type="text" value="2"/>	<b>No</b>	Cancer	<input type="checkbox"/>
VisitLab	<input type="text" value="1"/>	<b>Yes</b>	Pregnant	<input type="checkbox"/>
Bronchitis	<input type="text" value="2"/>	<b>No</b>	Thanks	<input type="checkbox"/>
Pneumonia	<input type="text" value="2"/>	<b>No</b>	EndInt	<input type="checkbox"/>
HeartLung	<input type="text" value="2"/>	<b>No</b>		
Asthma	<input type="checkbox"/>			

New 4/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Have you ever been told by a healthcare professional that you have/had emphysema?

1. Yes  
 2. No

Switched	2	No	OtherLung	<input type="checkbox"/>
OthProd	2	No	Cancer	<input type="checkbox"/>
VisitLab	1	Yes	Pregnant	<input type="checkbox"/>
Bronchitis	2	No	Thanks	
Pneumonia	2	No	EndInt	<input type="checkbox"/>
HeartLung	2	No		
Asthma	2	No		
Emphysema	2			

New 4/4 Modified Dirty Insert Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener | Partial

Have you ever been told by a healthcare professional that you have/had other lung problems?

1. Yes  
 2. No

Switched	2	No	OtherLung	2	Yes
OthProd	2	No			
VisitLab	1	Yes			
Bronchitis	2	No			
Pneumonia	2	No			
HeartLung	2	No			
Asthma	2	No			
Emphysema	2	No			

New 4/4 Modified Dirty Insert Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Have you ever been medically diagnosed with cancer?

1. Yes  
 2. No

Switched	<input type="text" value="2"/>	No	OtherLung	<input type="text" value="2"/>	No
OthProd	<input type="text" value="2"/>	No	Cancer	<input type="text" value=""/>	
VisitLab	<input type="text" value="1"/>	Yes			
Bronchitis	<input type="text" value="2"/>	No			
Pneumonia	<input type="text" value="2"/>	No			
HeartLung	<input type="text" value="2"/>	No			
Asthma	<input type="text" value="2"/>	No			
Emphysema	<input type="text" value="2"/>	No			

New 4/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Are you pregnant, breastfeeding or trying to become pregnant?

1. Yes  
 2. No

Switched	2	No	OtherLung	2	No
OthProd	2	No	Cancer	2	No
VisitLab	1	Yes	Pregnant	1	Yes
Bronchitis	2	No			
Pneumonia	2	No			
HeartLung	2	No			
Asthma	2	No			
Emphysema	2	No			

New 4/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Are you pregnant, breastfeeding or trying to become pregnant?

1. Yes  
 2. No

Switched	2	No
OthProd	2	No
VisitLab	1	Yes
Bronchitis	2	No
Pneumonia	2	No
HeartLung	2	No
Asthma	2	No
Emphysema	2	No

Other unn ? No

**Active Signal**

THE ENTRY JUST MADE WILL MAKE THE RESPONDENT INELIGIBLE. SHOULD THIS RESPONDENT BE INELIGIBLE? SELECT "SUPPRESS" TO CONTINUE PROCESSING THE RESPONDENT AS INELIGIBLE OR "GO TO" TO ENTER THE CORRECT CHOICE FOR THE QUESTION.

Questions involved	Value
Pregnant	Yes

New 4/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop



Blaise 4.7 Data Entry - \\milky-way\BALTIMORE\Projects\HSB\Screeener\Screeener

Forms Answer Navigate Options Help

Screeener Partial

Those are all the questions I have. Based on your responses, you are not eligible for our study. Thank you for your time. [PRESS <1> TO EXIT BLAISE.](#)

Enter a numeric value between 1 and 1

Switched	<input type="text" value="2"/>	<b>No</b>	OtherLung	<input type="text" value="2"/>	<b>No</b>
OthProd	<input type="text" value="2"/>	<b>No</b>	Cancer	<input type="text" value="2"/>	<b>No</b>
VisitLab	<input type="text" value="1"/>	<b>Yes</b>	Pregnant	<input type="text" value="1"/>	<b>Yes</b>
Bronchitis	<input type="text" value="2"/>	<b>No</b>	Thanks	<input type="text"/>	
Pneumonia	<input type="text" value="2"/>	<b>No</b>			
HeartLung	<input type="text" value="2"/>	<b>No</b>			
Asthma	<input type="text" value="2"/>	<b>No</b>			
Emphysema	<input type="text" value="2"/>	<b>No</b>			

New 4/4 Modified Dirty Navigate Screeener

Start HumanSmokingBehavior ... Blaise 4.7 Data Entry Search Desktop

