Vital and Health Statistics

Smoking and Other Tobacco Use: United States, 1987

Series 10: Data From the National Health Survey No. 169

This report shows statistics for the U.S. adult population on use of cigarettes, chewing tobacco, snuff, pipes, and cigars; knowledge of health risks associated with use of these products; methods used in attempts to quit smoking; and relationships between cigarette smoking and selected other health-related behaviors.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Centers for Disease Control National Center for Health Statistics

Hyattsville, Maryland September 1989 DHHS Publication No. (PHS) 89–1597

Copyright information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

Suggested citation

Schoenborn CA, Boyd G. Smoking and other tobacco use: United States, 1987. National Center for Health Statistics. Vital Health Stat 10(169), 1989.

Library of Congress Cataloging-in-Publication Data

Schoenborn, Charlotte A.
Smoking and other tobacco use: United States, 1987.

(Vital and health statistics. Series 10, Data from the National Health Survey; no. 169) (DHHS publication; no. (PHS) 89–1597)

Supt. of Docs. no.: HE 20.6209:10/169
1. Tobacco—Toxicology. 2. Smoking—Health aspects—United States. 3. Tobacco habit—United States—Statistics. I. Boyd, Gayle. II. Title. III. Series.
IV. Series: DHHS publication; no. (PHS) 89–1597.
RA407.3.A346 no. 169 362.1'0973'021 s 89–12918
[RA1242.T6] [362.29'62'097309048]
ISBN 0-8406-0430-0

National Center for Health Statistics

Manning Feinleib, M.D., Dr.P.H., Director

Robert A. Israel, Deputy Director

Jacob J. Feldman, Ph.D., Associate Director for Analysis and Epidemiology

Gail F. Fisher, Ph.D., Associate Director for Planning and Extramural Programs

Peter L. Hurley, Associate Director for Vital and Health Statistics Systems

Stephen E. Nieberding, Associate Director for Management

Charles J. Rothwell, Associate Director for Data Processing and Services

Monroe G. Sirken, Ph.D., Associate Director for Research and Methodology

Division of Health Interview Statistics

Owen T. Thornberry, Jr., Ph.D., Director

Deborah M. Winn, Ph.D., Deputy Director

Gerry E. Hendershot, Ph.D., Chief, Illness and Disability Statistics Branch

Nelma B. Keen, Chief, Systems and Programming Branch

Stewart C. Rice, Jr., Chief, Survey Planning and Development Branch

Robert A. Wright, Chief, Utilization and Expenditure Statistics Branch

Cooperation of the U.S. Bureau of the Census

Under the legislation establishing the National Health Interview Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the Division of Health Interview Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

Contents

Intro	duction	1
Highl	lights	3
Sourc	ce and limitations of the data	4
Pro Kr At Re Re Pro Co	revalence of cigarette smoking rowledge and beliefs about the health consequences of smoking ttempts to quit smoking reactions to cigarette smoking in public places relationship between cigarette smoking and other tobacco use. revalence of use of chewing tobacco, snuff, pipes, and cigars rombinations of tobacco use habits ral cancer risks associated with noncigarette tobacco use relationship between cigarette smoking and selected health behaviors, beliefs, knowledge, and social conditions.	5 6 7 8 8 9 10 11
Refer	rences	14
List o	of detailed tables	16
Appe	endixes	
I.	Technical notes on methods	35
п.	Definitions of certain terms used in this report	47
III.	Questionnaire items	49
List	of text tables	
A.	Percent distribution of persons 18 years of age and over by action taken in public places when another lights a cigarette and annoyance from others' cigarette smoke, according to cigarette smoking status and sex: United States, 1987	
В.	Percent distribution of persons 18 years of age and over by combined use of chewing tobacco and snuff, according to sex and age: United States, 1987	9
C.	Percent of persons 18 years of age and over by sex and selected combinations of tobacco use habits: United	10

Symbols

- - Data not available
- . . . Category not applicable
- Quantity zero
- 0.0 Quantity more than zero but less than 0.05
- Z Quantity more than zero but less than 500 where numbers are rounded to thousands
- Figure does not meet standard of reliability or precision (more than 30-percent relative standard error in numerator of percent or rate)
- # Figure suppressed to comply with confidentiality requirements

Smoking and Other Tobacco Use

Charlotte A. Schoenborn, M.P.H., Division of Health Interview Statistics, National Center for Health Statistics, and Gayle M. Boyd, Ph.D., National Cancer Institute

Introduction

The Surgeon General has identified cigarette smoking as "the chief, single, avoidable cause of death in our society and the most important public health issue of our time" (DHHS, 1986a). Approximately 390,000 lives are lost each year from smoking, primarily from lung cancer, cardiovascular disease, and chronic obstructive lung disease (DHHS, 1989). Since the first Surgeon General's Report on Smoking and Health in 1964 (DHEW, 1964), evidence linking tobacco use to illness, injury, and death has continued to mount. Tens of thousands of studies have documented the adverse health consequences of tobacco use, and this evergrowing literature has been reviewed in succeeding reports of the Surgeon General. The following are selected summary statements taken from some of these reports:

"Cigarette smoking is the major cause of lung cancer in the United States ... the majority of lung cancer mortality in the United States is due to cigarette smoking" (DHHS, 1982). This same report identified cigarette smoking as a major cause of cancers of the larynx, oral cavity, and esophagus and as a contributory factor in the development of cancers of the bladder, kidney, and pancreas.

"Cigarette smoking should be considered the most important of the known modifiable risk factors for coronary heart disease in the United States" (DHHS, 1984a).

"Cigarette smoking is the major cause of chronic obstructive lung disease in the United States for both men and women. The contribution of cigarette smoking to chronic obstructive lung disease morbidity and mortality far outweighs all other factors" (DHHS, 1984b).

"Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers" (DHHS, 1986a).

"The risk of spontaneous abortion, fetal death, and neonatal death increases directly with increasing levels of maternal smoking during pregnancy..." (DHHS, 1985).

"The children of parents who smoke compared with the children of nonsmoking parents have an increased frequency of respiratory infections, increased respiratory symptoms, and slightly smaller rates of increase in lung function as the lung matures" (DHHS, 1985). "Cigarettes and other forms of tobacco are addicting.... The pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine" (DHHS, 1988).

The available literature on health risks associated with smokeless tobacco was recently reviewed by an Advisory-Committee of the Surgeon General. Its findings were released in a special report, *The Health Consequences of Using Smokeless Tobacco* (DHHS, 1986b). The committee concluded that use of smokeless tobacco can cause cancer in humans, can lead to nicotine dependence or addiction, and can lead to a number of noncancerous oral pathologies. Similar conclusions have been reached by a National Institutes of Health Consensus Development Conference on "Health Implications of Smokeless Tobacco" (DHHS, 1986c) and by the International Agency for Research on Cancer (1984).

Pipe and cigar smokers have been found to be at increased risk for cancers of the oral cavity, larynx, pharynx, and esophagus. Pipe smoking is causally related to cancer of the lip. Pipe and cigar smokers are also more likely than nonsmokers to die from cancer, coronary heart disease, chronic bronchitis, emphysema, and peptic ulcer (DHEW, 1979).

The 1990 Health Promotion Objectives for the Nation, published by the U.S. Public Health Service in 1980, identified smoking as one major area deserving public policy attention (Office of Disease Prevention and Health Promotion, 1980). In 1986, the Office of Disease Prevention and Health Promotion published a midcourse review of progress made toward achieving these objectives (Office of Disease Prevention and Health Promotion, 1986). This review, based in part on data from the 1985 National Health Interview Survey of Health Promotion and Disease Prevention (NCHS, 1986, 1988b), suggested that substantial progress had already been made in the area of smoking. Although the 1987 National Health Interview Survey of Cancer Epidemiology and Control was not designed specifically to monitor progress toward the 1990 Objectives, to some extent it serves this purpose.

The Health Promotion Objectives for the Nation, which included 226 objectives in 15 priority areas, provide a backdrop against which tobacco use may be examined in a broader context. Cigarette smoking and other tobacco use often occur in combination with other behaviors known to

increase risk of disease and disability. To understand why people engage in harmful behaviors, such as smoking, it may be helpful to examine other behaviors that contribute to the perpetuation of general health risk-taking behavior. It may be that modifications in other aspects of smokers' lives will enhance the probability of success in their efforts to stop smoking.

This report presents selected findings from the 1987 National Health Interview Survey of Cancer Epidemiology and Control. Prevalence of use of cigarettes, chewing to-bacco, snuff, pipes, and cigars is shown by sex, age, education, family income, race, Hispanic origin, geographic region, and marital status. Knowledge and opinions related to the health consequences of smoking and the health

benefits of quitting smoking are shown by cigarette smoking status. Reasons for trying to quit smoking and methods used in attempts to quit are shown separately for current and former smokers. Knowledge of the risks of mouth and throat cancer associated with use of noncigarette tobacco products is shown by cigarette smoking status. The relationship between cigarette smoking and selected other health-related behaviors, knowledge, and social conditions such as alcohol consumption, eating habits, vitamin use, health beliefs, social support, and use of preventive care, are also discussed. Finally, the proportion of persons reporting a cancer diagnosis in themselves or in a family member is shown by smoking status.

Highlights

- About 33 percent of U.S. adults used some form of tobacco on a regular basis in 1987: 38.9 percent of men and 27.2 percent of women.
- Approximately 29 percent of U.S. adults—49 million individuals—currently smoked cigarettes.
- Prevalence of heavy smoking was greater among males than females: Only 5 percent of the female population smoked 25 cigarettes or more per day compared with 10 percent of males.
- Overall, smokers knew less about specific health consequences of smoking than nonsmokers.
- Among persons who knew that smoking was related to emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease, smokers were less likely to think that quitting smoking would reduce the risks of getting these diseases.
- Health concerns were the most common reasons given by current smokers and former smokers for quitting or trying to quit smoking. Pressure from family and friends was the next most common reason.
- Quitting "cold turkey" was the most popular method of smoking cessation: 88.7 percent of former smokers and 84 percent of current smokers who had tried to quit at least once reported quitting "cold turkey."
- Prevalence of use of chewing tobacco was 4.0 percent for males and 0.3 percent for females.
- Prevalence of use of snuff was 3.1 percent for males and 0.5 percent for females overall; among males, the highest prevalence, 6.4 percent, was found in the age group 18-24 years of age.
- Among males, 6.1 percent, representing 4.9 million individuals, were using some form of smokeless tobacco—either chewing tobacco or snuff or both. An estimated 8.9 percent, or 1.1 million males, between the ages of 18 and 24 years were using some form of smokeless tobacco.
- Among males, 3.4 percent were current pipe smokers and 5.3 percent smoked cigars. Use of either product by women was negligible: only 0.1 percent of women smoked cigars and fewer than 0.1 percent smoked pipes.
- Smokers were more than three times as likely as never smokers to drink beer five times or more per week: 10.7 compared with 3.0 percent.

- Among persons who drank beer, the most prevalent beverage consumed, smokers were much more likely to drink three beers or more at a time (44.6 percent) than were former smokers (26.4 percent) or persons who had never smoked (28.3 percent).
- Current smokers were less likely to eat three meals a day than were former smokers or persons who had never smoked; female current smokers were the least likely of any of the groups shown to eat regular meals, with less than 30 percent reporting this behavior.
- More than one-third of U.S. adults had made some changes to their diet for health reasons. Current smokers were the least likely (30.3 percent) and former smokers were the most likely (46.5 percent) to have made dietary changes.
- Current smokers were less likely to be overweight (22.1 percent) than former smokers (30.5 percent) or never smokers (24.5 percent).
- About one-half of U.S. adults reported taking some type of vitamin or mineral supplement in the past year.
 Of any of the groups shown in this report, male smokers were the least likely (38.7 percent) and female former smokers the most likely (55.1 percent) to have taken some type of supplement.
- Smokers were significantly less likely to participate in social or religious activities than were nonsmokers.
- Former smokers were more likely than the other smoking groups to have had preventive care examinations such as a digital rectal examination, a blood stool test, a proctoscopic examination, a Pap smear, or a breast examination by a health professional.
- Former smokers were almost twice as likely to have ever been diagnosed with cancer (8.2 percent) as were current smokers (4.8 percent) or persons who had never smoked (4.4 percent).
- Female current smokers were about twice as likely as male current smokers to have been diagnosed with cancer (6.5 percent and 3.1 percent, respectively).
- Having a parent or sibling who had been diagnosed with cancer was more common among former smokers:
 41.2 percent of former smokers reported having a blood relative who had had cancer, compared with 33.1 percent of current smokers and 30.3 percent of persons who had never smoked.

Source and limitations of the data

The data presented in this report are based on the Cancer Epidemiology and Control section of the 1987 National Health Interview Survey (NHIS). The NHIS of Cancer Epidemiology and Control (NHIS-CEC) was a collaborative effort of the National Center for Health Statistics (NCHS) and the National Cancer Institute. Both agencies provided funding and participated in the planning and development of the questionnaires. The staffs of NCHS and the National Cancer Institute are performing analyses and preparing reports based on the NHIS-CEC data. Some of these, including the present report, are collaborative projects of two agencies.

The NHIS is a continuous, nationwide, household interview survey of the civilian noninstitutionalized population of the United States conducted by NCHS. Interviews are conducted for NCHS by the interviewing staff of the U.S. Bureau of the Census. The sample is selected so that a national probability sample of households is interviewed each week throughout the year, permitting production of annual estimates without seasonal bias. Information is obtained about the health and sociodemographic characteristics of each household member.

The NHIS consists of two parts: (a) the basic health and sociodemographic section, which remains the same every year; and (b) the special topics section, which changes from year to year. Cancer Epidemiology and Control (CEC) was the special topic in 1987. Two questionnaires were employed for this topic, one covering cancer epidemiology and the other covering cancer control. Each questionnaire was administered to a randomly selected one-half of the total CEC sample.

The interviewed sample for 1987 for the basic health questionnaire was composed of 47,240 households containing 122,859 persons. The total noninterview rate was about 4.7 percent; 2.9 percent was the result of respondent refusal, and the remainder was primarily due to failure to locate an eligible respondent at home after repeated calls. For the section on Cancer Epidemiology and Control, one adult 18 years of age or over per family was randomly selected to respond and self-response was required. A total of 22,080 questionnaires were completed with the Cancer Epidemiology questionnaire and 22,043 with the Cancer Control questionnaire, for a total of 44,123 completed interviews. This represents an estimated 86 percent of

identified eligible respondents. The combined overall response rate for the CEC can be estimated as the product of the response rate for the basic questionnaire (95 percent) and the CEC questionnaire (86 percent) or 82 percent.

A description of the survey design, the methods used in estimation, and general qualifications of the data obtained from the survey are in appendix I. Because the estimates shown in this report are based on a sample of the population, they are subject to sampling errors. Therefore, particular attention should be paid to the section entitled "Reliability of estimates." Sampling errors are generally low. However, for some statistics in which the subgroup is particularly small or the percents very low, sampling errors may be quite high. Formulas for computing estimated sampling errors are shown in appendix I.

Many of the terms used in this report are defined in appendix II. Questionnaire items pertaining to data presented are shown in appendix III. The entire NHIS-CEC questionnaire is provided in the 1987 edition of the annual NHIS report entitled Current Estimates From the National Health Interview Survey: United States, 1987 (NCHS, 1988c).

The NHIS-CEC covers a wide variety of topics including acculturation, medical care, food knowledge, cancer knowledge and attitudes, cancer screening knowledge and practice, smoking and other tobacco use, occupational exposures, height and weight, food intake frequency, vitamin and mineral intake, reproduction and hormone use, family history of cancer, cancer survival, and social relationships and activities.

In this report, persons from whom valid responses were not obtained are excluded from the analysis. For most questions, "don't know" was not a valid response; exceptions were questions of knowledge in which "don't know" was a valid response.

In this report, terms such as "similar" and "no difference" mean that there is no statistically significant difference between the measures being compared. Terms relating to difference (for example, "greater than" or "less than") indicate that differences are statistically significant. The t test, with a critical value of 1.96 (0.05 level of significance), was used to test all comparisons. Lack of comment regarding the difference between any two statistics does not mean the difference was tested and found to be not significant.

Findings

Prevalence of cigarette smoking

Respondents were classified according to smoking status. Cigarette smoking status was determined using a standard classification system consistent with past National Health Interview Surveys (NHIS). Respondents who had not smoked at least 100 cigarettes in their lifetimes were classified as "never smokers." Those who reported smoking 100 or more cigarettes, but who were not smokers at the time of interview, were classified as "former smokers." Those who had smoked at least 100 cigarettes and reported current use of cigarettes were classified as "current smokers."

Approximately 29 percent of U.S. noninstitutionalized adults aged 18 years and over—49 million individuals—currently smoked cigarettes in 1987 (table 1). As in past surveys (NCHS, 1988a), smoking prevalence was higher among males (31.2 percent) than among females (26.5 percent); this occurred in all age groups except ages 18–24 years for which the male-female difference was not statistically significant. The difference in smoking prevalence between males and females (4.7 percent) corresponds to the difference in prevalence of heavy smoking. Among the general population, only 5 percent of females smoked 25 cigarettes or more per day, compared with 10 percent of males.

Populations can be compared on their history of smoking cessation by calculating quit ratios—the number of former smokers divided by the number of ever smokers (current plus former) (DHHS, 1989). The resulting ratio is the proportion of ever smokers who have quit at an unspecified time in the past. For males this ratio is 0.48 and for females it is 0.40. Thus, although males were more likely to smoke and to smoke heavily, relatively more males than females had quit smoking at the time of interview.

Prevalence was lower in the 18–24 year age group (27.1 percent) than in the 25–64 year age groups (33.2–30.9 percent). This may, in part, represent a cohort effect because smoking rates have declined among adolescents in recent years (National Institute on Drug Abuse, 1986). As these adolescents have matured into young adults, they have maintained lower smoking rates, which distinguish them from older cohorts. Although most smokers begin smoking by age 20 years, some initiation does take place during the early twenties (Escobedo and Remington, 1989),

and this further contributes to the difference in prevalence between persons age 18-24 years and older persons.

Prevalence was lowest in the oldest age groups. Prevalence among those 65–74 years of age was approximately two-thirds that of the younger age groups, and dropped by another 50 percent among those age 75 years and over. Cigarette smokers experience higher morbidity and mortality than nonsmokers, and this pattern becomes increasingly apparent with age (DHEW, 1979). The differential mortality among smokers decreases the prevalence of smoking, and many older smokers are motivated to quit by the development of smoking-related illnesses (Ockene, 1987). Analyses of past national surveys indicate that reduced prevalence among older persons cannot be attributed to a cohort effect (McGinnis, Shopland, and Brown, 1987).

Table 2 displays smoking status according to sex, education, family income, race, Hispanic origin, geographic region, and marital status. Two measures of socioeconomic status (SES) were used—education and income; smoking prevalence was found to be higher among lower SES persons. Within both sexes prevalence decreased regularly with increased years of education. Similarly, prevalence decreased with increased income for households earning more than \$10,000–19,999 annually. The fact that persons in the lowest income group (less than \$10,000 per year) were no more likely to smoke than persons in the next higher income group (\$10,000–19,999) may reflect economic constraints in purchasing tobacco products experienced by those in poverty.

Consistent with past surveys (NCHS, 1988a) smoking prevalence was highest among black males while there was little difference between black and white females. Black females had a quit ratio similar to that of black males (0.29 and 0.33, respectively) and considerably below those of white females and males (0.41 and 0.50, respectively). Hispanic males did not differ from non-Hispanic males, but Hispanic females had the lowest smoking rate of any racial or ethnic group in table 2. The quit ratios for Hispanic females and males (0.40 and 0.41, respectively) did not differ from non-Hispanic females (0.40), but were lower than non-Hispanic males (0.49). It should be noted that the Hispanic and non-Hispanic categories include black and white persons. Because many minority persons are also poor and poorly educated, multivariate techniques are necessary to evaluate the relative influences of race, ethnicity, and SES. Regardless of the determinant variables, it is clear that the public health campaigns of the past 25 years have been less effective in promoting smoking cessation among minority persons and women than among white males (Fiore, Novotny, and Pierce, 1989).

Smoking prevalence was highest in the southern United States and lowest in the West. Geographic variation was more pronounced among males than females.

Smoking prevalence varied with marital status. Within both sexes, prevalence was highest among divorced and separated persons and lowest among the widowed. This effect may be partially attributed to age because persons usually are widowed in their later years, while divorces and separations occur during middle adult years. However, the observed prevalence for those divorced or separated, 43.9 percent, is higher by at least 10 percentage points than that within any age category used. Again, multivariate techniques will be necessary to determine the relative importance of marital status in the presence of other sociodemographic variables.

In 1965, one year following the first Surgeon General's Report on Smoking and Health, 52.1 percent of adult males and 34.2 percent of females were smokers (NCHS, 1988a). After age adjustment for comparability, the current estimates represent a 40-percent decrease in smoking prevalence among males and a 21-percent decrease among females. This decrease in prevalence is a credit to the good sense of the American people and the combined efforts of biomedical scientists, public health experts, and organizations within the private sector. But given the enormity of the health risks associated with cigarette smoking and the burden to society from smoking-related morbidity and mortality, the current level of smoking remains unacceptably high.

Knowledge and beliefs about the health consequences of smoking

Knowledge of the health consequences of smoking is generally believed to be an important tool in motivating smokers to try to quit smoking. A Surgeon General's warning is displayed on each package of cigarettes in the belief that knowledge of the potential for disease and disability caused by cigarette smoking will deter at least some people from smoking and may reduce cigarette consumption in those who continue to smoke. Increasing knowledge of the risks associated with cigarette smoking is among the smoking-related health objectives for the Nation. Tables 3-5 show variations in knowledge and beliefs related to the health consequences of smoking, according to cigarette smoking status. The 1985 NHIS of Health Promotion and Disease Prevention also contained data on knowledge of the health consequences of smoking (NCHS, 1986, 1988b). The data shown in the present report, however, are not strictly comparable to those from the 1985 survey due to differences in questionnaire wording.

Overall, smokers knew less about specific health consequences of smoking than nonsmokers (table 3). Among persons who believed that specific diseases were related to smoking, smokers were less likely to think that quitting would reduce their risks of the disease (table 4). Smokers also were less likely to view their habit as generally detrimental to themselves or others (table 5).

Table 3 shows the percent of current, former, and never smokers who believed that smoking is related to emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease. Because smoking is a risk factor for each of these diseases, persons who believe there is a relationship can be considered better informed or more knowledgeable than those who do not. Overall, 82.5 percent of the adult population was aware that smoking is related to emphysema. Another 5 percent thought it might be related. Among current smokers, 76.8 percent believed that smoking was related to emphysema, compared with 87.9 percent of former smokers and 83.2 percent of persons who had never smoked. Women were only slightly more knowledgeable (83.4 percent) than men (81.5 percent), the difference being greatest among former smokers: 90.2 percent of female former smokers knew of the relationship between smoking and emphysema, compared with 86.4 percent of male former smokers.

The association between smoking and lung cancer was the most widely known of those investigated. Eighty-nine percent of adults believed that smoking was related to lung cancer, with another 5 percent saying it may be related. Although knowledge was greatest among never smokers (92.0 percent) and former smokers (91.8 percent), 82.8 percent of current smokers also knew of this risk. Knowledge levels were about the same for men and women, except among former smokers where women were slightly more knowledgeable than men.

The relationship of smoking to chronic bronchitis was the least well known of the smoking-related diseases listed. About 76 percent of persons knew that smoking and chronic bronchitis were related. As with the first two diseases, knowledge was lowest among current smokers (70.1 percent) and highest among former smokers (80.9 percent). Female current and former smokers were more knowledgeable (72.3 and 84.1 percent, respectively) than their male counterparts (68.0 percent of male current smokers and 78.7 percent of male former smokers knew of the association between smoking and chronic bronchitis).

The association between smoking and cancer of the mouth and throat was recognized by about 81 percent of adults, although only 73.5 percent of current smokers reported knowing of this risk. Knowledge levels were about the same for men and women, with female former smokers again being the most knowledgeable (87.4 percent) of any of the groups shown.

The final health risk shown in table 3 is heart disease. Knowledge of the relationship between smoking and heart disease was comparable to knowledge levels for chronic bronchitis. Seventy-six and one-half percent of respondents knew of the heart disease risk associated with smoking. A 10-percentage-point difference separated current and former smokers: 72.5 percent of current smokers compared with 82.0 percent of former smokers believed that smoking increased one's risk of heart disease.

Table 4 shows the percent of persons 18 years of age and over who believed that stopping cigarette smoking reduces the chances of getting emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease. This question was limited to persons who believed that smoking was related to these diseases.

Among persons who believed that emphysema was related to smoking, 89.7 percent thought that stopping smoking would reduce the risks of getting the disease. This belief was most prevalent among former smokers (92.2 percent) and least prevalent among current smokers (86.6 percent). Men were slightly more likely to believe that stopping smoking would reduce the chances of getting emphysema (90.7 percent) than were women (88.8 percent), with male former smokers most likely to believe in the benefits of smoking cessation of any of the groups shown (92.8 percent).

The beliefs that stopping smoking reduces risks of lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease were similar in prevalence to that of emphysema. Between 90 and 92 percent of respondents who thought that these diseases were related to smoking believed that stopping smoking would reduce the risks of getting the disease. In each case, the belief was most common among former smokers and least common among current smokers. Despite the fact that a relatively smaller proportion of smokers believes in the efficacy of smoking cessation for prevention of these serious chronic diseases, it is noteworthy that between 87 and 89 percent of smokers who believed that smoking increased their chances of getting these diseases also believed that stopping could reduce these chances.

Table 5 suggests that smokers have somewhat different perceptions of their habit than former smokers or persons who have never smoked. For example, 25.0 percent of smokers agreed with the statement that "everything causes cancer anyway, so it does not really matter if you smoke," compared with 9.6 percent of former smokers and 8.6 percent of persons who had never smoked. The findings were similar for men and women. Similarly, whereas 93.5 percent of never smokers believed that smoking in pregnancy could harm the baby, 83.7 percent of smokers held this belief—a difference of 10 percentage points. The difference of opinion between smokers and nonsmokers was even greater on the question of the effect of passive smoking. About 67 percent of current smokers believed that smoke from someone else's cigarette was harmful to the nonsmoker, whereas 88.9 percent of never smokers and 83.4 percent of former smokers held this belief. Men were somewhat less likely than women to think that cigarette smoke was harmful to the nonsmoker (79.7 and 82.9 percent, respectively), with male current smokers the least

likely to hold this belief (65.3 percent). When asked whether they agreed or disagreed with the statement that most deaths from lung cancer are caused by cigarette smoking, 70.2 percent of all persons agreed; only 55.0 percent of smokers agreed. Agreement was highest among persons who had never smoked (77.8 percent) followed by persons who had smoked and quit (72.8 percent).

About 30 percent of U.S. adults believed that smoking low tar and nicotine cigarettes reduces one's risk of cancer. This belief was more common among men (34.2 percent) than among women (27.2 percent). Female former smokers were least likely to hold this belief (24.0 percent) of any of the groups shown.

Smoking in public places has become a subject of considerable discussion and regulation in recent years. Overall, 80.9 percent of U.S. adults believed that smokers should not smoke in public places where it might disturb others. The opinions of never smokers and current smokers were widely divided: 89.1 percent of never smokers agreed that smokers should not smoke in public places compared with 67.4 percent of current smokers. Women were slightly more likely to hold this belief (82.5 percent) than men (79.1 percent), and this pattern held true across all smoking status categories.

Attempts to quit smoking

Table 6 shows the proportion of current and former smokers who have ever been advised by a doctor to quit smoking. About one-half of current smokers had received such advice, compared with one-third of former smokers. The reasons for this are unclear. It may be that many former smokers quit a long time ago, before physicians began strongly encouraging patients to quit. It may be that former smokers have forgotten that they received such advice. It also could be explained by duration of exposure. That is, on average, duration of smoking would be greater for current smokers than for former smokers, and this longer duration would provide more opportunities for getting a doctor's advice.

Current and former smokers' reasons for quitting or trying to quit are compared in table 6. For each, respondents were asked whether it had been a reason they had quit or tried to quit. Multiple reasons were allowed. The most common reasons given for trying to quit were concern for future health (22.7 percent of current smokers and 22.1 percent of former smokers) and a current health symptom or problem (16.5 percent of current smokers and 20.4 percent of former smokers). Twelve to fifteen percent of both groups reported a general concern for present health (in contrast to concern related to a specific health problem) or a concern about both present and future health. About 10 percent of current smokers and 9 percent of former smokers said that pressure from family and friends was among their reasons for trying to quit smoking.

Table 6 also compares current and former smokers in terms of the methods they have used in trying to quit. The statistics for current smokers include any quit attempts they may have made, whereas the data for former smokers are limited to the most recent quit attempt. Due to this procedure, the statistics on the proportion of smokers using a given method generally are higher than those for former smokers. However, a clear pattern emerges in the relative ranking of the quitting methods. In both groups, quitting "cold turkey" was the most commonly used method: 84.0 percent of current smokers and 88.7 percent of former smokers reported quitting "cold turkey." The next most common method used was gradually decreasing the number of cigarettes smoked: 34.6 percent of current smokers had used this method; 7.7 percent of former smokers employed this method in their most recent quit attempt. The third most commonly used quitting method was switching to low tar and nicotine cigarettes, with 21.8 percent of smokers trying to quit this way. Only 3.5 percent of former smokers used this method in their last quit attempt, but this still ranked third among the quitting methods used by former smokers.

Reactions to cigarette smoking in public places

Table A presents data on actions taken by nonsmokers when a smoker lights a cigarette. Former smokers and persons who have never smoked differed somewhat in their reactions. Neither group was likely to ask the smoker not to smoke (about 4 percent). Persons who have never smoked were more likely than former smokers to move away from the smoke (55.4 versus 45.7 percent, respectively), whereas former smokers more often reported that they did nothing (47.2 percent, compared with 36.6 percent of never smokers). Among former smokers, women were more likely to move away from the smoke (49.7 percent) than were men (42.9 percent). Male former smokers were more likely to do nothing (49.8 percent) when faced with cigarette smoke than were their female counterparts (43.3 percent).

Table A also shows the extent to which smokers and nonsmokers were annoyed by others' cigarette smoke.

Although smokers were the least likely of the three groups to find other people's smoke annoying, it is noteworthy that about one-third of them were at least somewhat annoyed by others' smoke. This tended to be the case more often for female smokers (39.1 percent) than male smokers (29.2 percent). As would be expected, persons who had never smoked were the most likely to find cigarette smoke very annoying (53.8 percent). Only about 12 percent of never smokers said they were not at all annoyed by other people's smoke, compared with about 25 percent of former smokers and 66 percent of current smokers. Overall, women were more likely to be annoyed by smoke than were men.

Relationship between cigarette smoking and other tobacco use

Table 7 shows the relationship between cigarette smoking and use of chewing tobacco, snuff, pipes, and cigars. Overall, there was not a great deal of overlap in use of the various forms of tobacco. Among male current cigarette smokers, only 4.1 percent also used chewing tobacco, 3.1 percent used snuff, 4.4 percent smoked pipes, and 7.8 percent smoked cigars.

With attention focused on the harmful effects of cigarette smoke and the increasing number of smoking bans in public places, the question arises as to whether cigarette smokers may switch to smokeless tobacco products that have not been banned and upon which less media attention has been focused. This does not appear to be the case. Among male former cigarette smokers, only 4.6 percent currently use chewing tobacco and 3.0 percent use snuff.

Smoking pipes and cigars also was not common among male cigarette smokers (4.4 and 7.8 percent, respectively). Furthermore, a substantial proportion of men who have given up cigarettes have also given up pipes (30.4 percent) and cigars (26.9 percent).

Use of noncigarette tobacco among women was very limited. The numbers of women using these products are so

Table A. Percent distribution of persons 18 years of age and over by action taken in public places when another lights a cigarette and annoyance from others' cigarette smoke, according to cigarette smoking status and sex: United States, 1987

		Both	sexes			Male				Female			
Action and annoyance level	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	
						Percent	distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Action taken on smoking in public													
Ask person not to smoke	4.4 52.3 40.0 3.4	4.5 55.4 36.6 3.5	4.1 45.7 47.2 3.1	•••	5.0 48.9 42.6 3.5	5.5 53.3 37.4 3.9	4.2 42.9 49.8 3.0	•••	3.9 55.1 37.8 3.2	3.9 56.7 36.1 3.3	3.8 49.7 43.3 3.2		
Annoyance from others' cigarette smoke													
Very annoying	36.3 33.0 30.6	53.8 33.9 12.3	36.2 38.5 25.2	6.9 27.1 66.0	31.2 33.0 35.8	48.9 36.9 14.2	33.4 38.3 28.3	6.0 23.2 70.8	41.0 33.0 25.9	56.9 32.0 11.1	40.5 38.9 20.6	7.8 31.3 60.9	

small that differences in use by cigarette smoking status are not significant.

Prevalence of use of chewing tobacco, snuff, pipes, and cigars Smokeless tobacco

The two primary forms of smokeless tobacco are chewing tobacco and snuff. Both are used orally, although dry snuff may be taken nasally (DHHS, 1986b). Prior to this century smokeless tobacco was the most commonly used form of tobacco. But with the advent of antispitting laws and the development of the manufactured cigarette, prevalence declined (Christen, Swason, Glover, and Henderson, 1982). As recently as the early 1970's use was confined primarily to older males (Hartge, Hoover, and Kantor, 1985); occupational groups prohibiting smoking, such as mining, textile, and lumber workers (Blot and Fraumeni, 1977; Maxwell, 1980; and Shelton, 1982); and older women in the rural southeastern United States (Rosenfeld and Calloway, 1963). In the past 10 years numerous reports from schools, some national surveys, and manufacturing data have indicated an increase in use of smokeless tobacco, especially among young males (Boyd and Associates, 1987; DHHS 1986b).

Status for use of chewing tobacco and snuff was assessed in the 1987 NHIS-CEC in a manner similar to that used for smoking status. Persons who had used either product at least 20 times were considered to be "ever users," as opposed to "never users." Ever users who continued to use smokeless tobacco at the time of interview were classified as "current users," and those who were not using smokeless tobacco were classified as "former users."

Chewing tobacco use status is shown according to age and sex in table 8. Prevalence among women is low, 0.3 percent. Due to the very low prevalence, estimates are not sufficiently stable to comment on the age distribution. Among males, the overall prevalence of use, 4.0 percent, has increased little since 1970. An NHIS survey in that year estimated 3.8 percent of males were users of chewing tobacco (DHHS, 1986b). However, the age distribution of chewing tobacco users has changed radically. In 1970 prevalence increased regularly with increasing age. In 1987, however, the prevalence of chewing tobacco use among those 18–24 years of age was as high as that of men 65 years and over.

Similar data for use of snuff are reported in table 10. Again, prevalence was negligible among females, 0.5 percent. Among males the highest prevalence, 6.4 percent, was found in the age category 18–24 years. Unlike chewing tobacco, the overall prevalence of use among males has doubled since the 1970 NHIS, 3.1 percent compared with 1.4 percent.

Some individuals use chewing tobacco and snuff, so prevalence of any smokeless tobacco use cannot be computed just by adding the individual prevalence for each product. A new variable was constructed that reflects status for use of chewing tobacco or snuff. "Current users" are

Table B. Percent distribution of persons 18 years of age and over by combined use of chewing tobacco and snuff, according to sex and age: United States, 1987

			ed chewing and snuff use ¹	
Sex and age	Total	Never user	Former user	Current user
Both sexes		Percent	distribution	
All ages	100.0	91.9	4.9	3.2
18–24 years	100.0 100.0 100.0 100.0 100.0	89.8 92.9 92.7 90.1 88.9	5.7 4.3 4.6 6.1 6.6	4.5 2.8 2.6 3.8 4.5
Male				
All ages	100.0	84.1	9.8	6.1
18–24 years	100.0 100.0 100.0 100.0 100.0	79.8 86.1 85.9 81.0 76.7	11.3 8.5 9.1 12.6 15.5	8.9 5.4 5.0 6.4 7.9
Female				
All ages	100.0	98.8	0.5	0.6
18–24 years	100.0 100.0 100.0 100.0 100.0	99.2 99.5 98.8 97.7 96.3	*0.4 0.3 0.7 0.7 1.3	*0.3 0.2 0.6 1.6 2.4

¹People who use chewing tobacco or snuff or both.

current users of either or both smokeless products. "Former users" do not currently use any smokeless tobacco but can be classified as former users of at least one type. "Never users" have never used any form of smokeless tobacco. Table B presents status on this combined smokeless tobacco variable according to age and sex. The overall prevalence among males was 6.1 percent, representing approximately 4.9 million individuals. Prevalence was greatest in the youngest and oldest age groups. An estimated 8.9 percent, or 1.1 million males, between the ages of 18 and 24 years were using some form of smokeless tobacco. Another 11.3 percent in this age group have at least experimented with smokeless tobacco sufficiently to be classified as former users. Prevalence among females was 0.6 percent, and was highest among those age 65 years and over. Fortunately, young women do not appear at this time to be taking up the use of smokeless tobacco.

Tables 8 and 10 present data on the frequency of use of chewing tobacco and snuff. Most users of these products did so on a daily basis, and for chewing tobacco the likelihood of being a daily user increased with age. This suggests increasing dependence over time, although age of initiation should be considered in an analysis of this nature.

Tables 9 and 11 present chewing tobacco and snuff use status according to various sociodemographic variables. Use of smokeless tobacco follows a pattern similar to cigarette smoking with respect to the measures of socioeconomic status (SES), education, and income. Prevalence for both products is higher among those with less education and with lower income. Unlike cigarettes, those in households with an income less than \$10,000 were more likely to use chewing tobacco than those earning between \$10,000

and \$19,999. Because it is relatively inexpensive compared with cigarettes, poverty may be less likely to be a barrier to use.

Prevalence of snuff use was lower among black males than among white and non-Hispanic males. Chewing to-bacco use was low among Hispanic males, but the estimate, 0.9 percent, was unreliable. Black females, however, had higher prevalences for use of chewing tobacco and snuff than white females. There is a cultural tradition of use among older black women, particularly in rural areas, and this is reflected in the age distribution of smokeless tobacco use by women (tables 8 and 10) (Christen, Swason, Glover, and Henderson, 1982). In the absence of any unforeseen shift in product types and marketing strategies, it is likely that this racial difference in use by females will disappear over time and the overall prevalence of smokeless tobacco use by women will decline even further.

Use of smokeless tobacco was more common in the South and Midwest regions and least common in the Northeast region. That same pattern of regional differences was found for use of chewing tobacco and snuff, but the size of the regional differences was greater for chewing tobacco than for snuff. Whatever were the factors that caused regional variation in the long-established chewing tobacco market, they seem to be less influential in the more recently developed snuff market. Compared with chewing tobacco, the appeal of snuff use appears to be more general across different demographic groups.

Although the health risks associated with smokeless tobacco use have received extensive publicity over the past several years, these data suggest that the level of use remains relatively high. Recent data from the U.S. Department of the Treasury indicate an 8-percent increase in U.S. manufacture of snuff between 1987 and 1988 (Department of the Treasury, 1988). The prevalence of use, especially among young males, remains a cause for concern with implications for the future health of the U.S. population.

Pipes and cigars

Pipe and cigar smoking status was determined in a manner analogous to those used for cigarette smoking and smokeless tobacco use. Respondents first were asked whether they had smoked pipes (or cigars) at least 50 times. If they answered affirmatively they were subsequently asked whether they currently smoked a pipe (or cigars). Tables 12 and 14 present pipe and cigar smoking status according to age and sex. Use of either product by women was negligible; only 0.1 percent of women smoke cigars and fewer than 0.1 percent smoke pipes. Among males, 3.4 percent were current pipe smokers and 5.3 percent smoked cigars. This represents a marked decline in prevalence since the early 1970's. An estimated 17.9 percent of males smoked pipes in 1970 and 21.2 percent smoked cigars (DHEW, 1979). Differences in survey methodology and age categories cannot account for a difference of this magnitude.

Use of pipes and cigars increased with age and was most common among males 45 to 64 years. Use of both

products was less common among younger men, but among men less than 45 years of age use of cigars was twice as common as use of pipes.

There was a clear pattern of heavy use of pipes and cigars increasing with age. Daily use by current users, the mean number of days per month on which pipes or cigars were smoked, and the number of times they were smoked per day all increased with age. These relationships with age are primarily a cohort effect: That is, older persons are more likely than younger persons to smoke pipes and cigars because at the time they began smoking, those forms of tobacco use were more common than they have been recently.

Pipe and cigar smoking, in tables 13 and 15, were not as clearly related to measures of SES as was cigarette smoking. Black and white males did not differ in prevalence of pipe smoking, but black persons were less likely than white persons to smoke cigars. Hispanic persons were less likely than non-Hispanic persons to smoke either product. Pipes and cigars were less prevalent in the West than in the other three regions of the country. The pattern of use according to marital status corresponded to the age distribution of use; that is, marital status groups with a young age composition (for example, never married) were less likely to use pipes and cigars than marital status groups with an older age composition (for example, separated and divorced).

Combinations of tobacco use habits

About 39 percent of U.S. men and about 27 percent of U.S. women used some form of tobacco on a regular basis (table C). Women's use was limited almost entirely to cigarette smoking: 26.4 percent of women smoked only cigarettes and used no other tobacco product. Among men, cigarette smoking was, by far, the most common smoking habit as well: 26.5 percent of men smoked cigarettes only. However, use of other tobacco products, either alone or in combination with cigarettes, was reported by a substantial number of men. About 1.8 percent of men smoked only

Table C. Percent of persons 18 years of age and over by sex and selected combinations of tobacco use habits: United States, 1987

Tobacco use	Both sexes	Male	Female
		Percent	
Any tobacco use	32.7	38.9	27.2
Cigarettes only	26.5	26.5	26.4
Pipes only	0.5	1.2	*_
Cigars only	0.9	1.8	*_
Chewing tobacco only	0.9	1.8	0.1
Snuff only	0.7	1.2	0.3
Chewing and snuff only	0.3	0.6	0.1
other smoking tobacco (only) Any combination of cigarettes and	1.4	2.9	-
smokeless tobacco (only)	0.7	1.5	_
Any combination of cigarettes and any other tobacco or combination of			
tobaccos	2.2	4.7	_

cigars; another 1.8 percent used only chewing tobacco; and 1.2 percent used only snuff. Almost 5 percent of mensmoked cigarettes in combination with at least one other tobacco product.

Oral cancer risks associated with noncigarette tobacco use

Table 16 shows the proportion of U.S. adults who believed that use of chewing tobacco, snuff, pipes, and cigars increases one's risk of developing oral cancer. The data are shown by smoking status to assess the extent to which current or former smokers may view noncigarette tobacco products as a "safe" alternative to cigarettes. The message that chewing tobacco increases the risk of oral cancer has reached about 84 percent of the adult population. Risks associated with snuff, pipes, and cigars were somewhat less well known. Still, over three-fourths of U.S. adults understand that these products increase the chances of developing cancer of the mouth and throat.

Current cigarette smokers were somewhat less likely to believe that cancer risks are increased by using any of these noncigarette tobacco products than are former or never smokers. Except in the case of chewing tobacco, male cigarette smokers tended to be more aware of the oral cancer risk associated with use of other tobacco products than were female cigarette smokers. In all cases, however, at least two-thirds of smokers recognized that use of noncigarette tobacco products was not risk free.

Relationship between cigarette smoking and selected health behaviors, beliefs, knowledge, and social conditions

Smoking has been shown to be related to other unhealthy behaviors (Hendershot and Bloom, 1987; NCHS, 1988d). Understanding the relationship between smoking and other health behaviors will assist policymakers and health educators in tailoring educational programs that will improve the success rate for general health risk reduction, especially smoking cessation.

Table 17 presents data on the extent to which smokers were more or less likely than former smokers and never smokers to engage in other health-related behaviors, hold particular health-related beliefs, maintain social ties conducive to health, seek preventive care, or have a family history of cancer. Each of these factors is known or suspected to be associated with health status. In some cases, the association with health lacks conclusive scientific evidence. Even in these cases, engaging in such behaviors may be suggestive of a general concern for one's health and a predisposition to take actions to increase the chances of favorable health outcomes. Overall, table 17 suggests that smokers were less likely to take health-protective action in their daily lives than were nonsmokers.

Alcohol consumption

The first set of behaviors shown in table 17 concerns consumption of beer, wine, and liquor, The NHIS-CEC contained separate questions on each type of alcoholic beverage. Beer was clearly the most popular alcoholic beverage among smokers and nonsmokers. Table 17 shows the percent of each group that reported drinking beer five times or more each week. Overall, 6.5 percent of the adult population drank beer this often. Smokers were more than three times as likely as never smokers to consume beer this frequently (10.7 compared with 3.0 percent). Men and women differed substantially in their beer consumption, with men more than five times as likely to be frequent beer drinkers (11.6 percent) as women (2.0 percent), regardless of smoking status. Among male current smokers, 17.1 percent drank beer five times or more per week compared with 4.0 percent of female current smokers.

Among people who drank beer, one-third said they consumed three beers or more at a time. Current smokers were the most likely to drink this heavily (44.6 percent) compared with former smokers (26.4 percent) and persons who have never smoked (28.3 percent).

Frequent consumption (five times or more per week) of wine or liquor was found to be uncommon. Only about 2 percent of respondents said they drank either of these beverages five times or more per week on the average. Wine consumption appeared to be slightly more popular among former smokers while consumption of liquor was about the same among current and former smokers and somewhat above that of persons who have never smoked. Among persons who drank these beverages, however, smokers still were the most likely to consume three drinks or more at a time when compared with nonsmokers.

Eating habits

Current smokers were less likely to eat three meals a day on weekdays and on weekends than were former or never smokers. Only about one-third of smokers reported eating three meals a day during the week or on weekends. Female current smokers were the least likely of any of the groups shown to eat regular meals, with less than 30 percent reporting this behavior. In contrast, about one-half of nonsmokers (both former and never) ate three meals a day during the week. Among these groups, the percents dropped somewhat on weekends to about 43–44 percent, still well above that of smokers.

Like breakfast, snacking habits may be an indicator of a general predisposition to taking care of one's health, although the findings in table 17 are unremarkable. Among women, snacking habits did not vary by smoking status. Overall, about one-fourth of women avoided eating snacks either during the week or on weekends. Among men, former smokers were somewhat more likely to avoid snacks than were either current smokers or men who had never smoked. Like women, about one in four men, overall, avoided snacks.

Respondents to the NHIS-CEC were asked directly if they had made any changes to their diet for health reasons and, if so, what those changes were. Table 17 shows the proportion who said they had made some changes but does not elaborate on the nature of those changes. A little more than one-third of respondents said they had made some changes to their diet. As might be expected, current smokers were the least likely (30.3 percent) and former smokers were the most likely (46.5 percent) to have made dietary changes. In each smoking status category, women were more likely than men to have made these changes.

Overweight is a reflection of a combination of health behaviors (eating habits, exercise levels) and genetics. About one-fourth of U.S. adults were 20 percent or more above their desirable body weight in 1987. Other research has shown smokers to be more likely to maintain desirable weight than nonsmokers, especially former smokers (NCHS, 1988d). The findings in table 17 substantiate this but the results vary somewhat by sex. Overall, current smokers were less likely to be overweight (22.1 percent) than were former smokers (30.5 percent) or never smokers (24.5 percent). Among women, 20.3 percent of current smokers were 20 percent or more above desirable body weight compared with 24.8 percent of former smokers and 24.3 percent of never smokers. Among men, 23.8 percent of current smokers were overweight, compared with 34.2 percent of former smokers and 24.9 percent of never smokers.

Vitamin use

Use of vitamins is included in table 17 as an indicator of concern for health. Taking vitamins is one action people can take to protect their health. The extent to which current smokers, former smokers, and never smokers engage in this behavior may be a reflection of a more global health orientation. The types of vitamins included were not selected for any particular known effect on health outcomes.

About one-half of U.S. adults took some type of vitamin or mineral supplement in 1987. About 4 in 10 took a multivitamin and about 1 in 4 took vitamin C. Use of vitamins A and E was much less common (4.2 and 10.0 percent, respectively). Among men, use of any vitamin or mineral supplement was substantially lower for smokers (38.7 percent) than for former smokers (47.3 percent) or men who had never smoked (46.5 percent). Among women, former smokers were the most likely to have used a supplement (65.2 percent) while current smokers and never smokers did not differ significantly in their rates of use (55.1 versus 56.7 percent, respectively).

Knowledge and beliefs

About 83 percent of U.S. adults believed that one's diet affects the risk of disease. Male smokers were the least likely (78.1 percent) and female former smokers were the most likely to hold this belief (88.6 percent). About 83–84 percent of the other groups held this belief.

The importance of fiber in the diet has received much attention in recent years. Table 17 suggests that the public has gotten the message. Ninety-six percent of NHIS-CEC respondents had heard of food fiber. Knowledge levels of men and women did not differ and were universally high across smoking status categories.

Social support

Social support systems have been suggested as having an important influence on mental and physical well-being. Social support can influence health in a number of ways. One of these is by encouraging people to engage in healthful behaviors. The social support characteristics shown in table 17 are suggestive of the extent to which current smokers, former smokers, and never smokers are "connected" to others around them and, therefore, are likely to be influenced to engage in healthful behaviors.

Male smokers and former smokers were less likely (82.5 percent) than men who had never smoked (87.0 percent) to have at least one friend they could call on for help. Male smokers also were less likely to have at least one relative they could call on (86.1 percent) compared with never smokers (89.5 percent). Like male smokers, female smokers were the least likely to have a relative they could call for help (89.9 percent), compared with former smokers (92.5 percent) and never smokers (93.0 percent), but the availability of a friend did not vary by smoking status for women

Participation in social and religious activities is another indicator of social connectedness. NHIS-CEC respondents were asked the frequency with which they participated in group activities. Smokers were significantly less likely to report participation in group activities at least once a year (53.8 percent) compared with former smokers (64.1 percent) and persons who had never smoked (67.4 percent). Participation levels were about the same for men and women who were either current smokers or former smokers. Among never smokers, however, men were much more likely to have participated in group activities than were women.

Religious attendance was lowest among smokers: 55.5 percent attended a religious service at least once in the past year, compared with 68 percent of former smokers and 75.1 percent of never smokers. Women were more likely to have attended a religious service than men, across all smoking status categories, but the relationship to smoking was the same for both sexes: Current smokers were the least likely and never smokers were the most likely to report religious attendance.

Preventive care

Seeking preventive care is another important aspect of health promoting behavior. Table 17 highlights the extent to which current, former, and never smokers differ in their use of selected preventive care services: ever having had a digital rectal examination, a blood stool test, or a proctoscopic examination; having had a Pap smear or breast examination in the past year; or ever having had a mammogram (women only). Except for Pap smear testing, table 17 shows that former smokers are much more likely to have obtained these tests than either current smokers or never smokers. This does not necessarily indicate that smoking cessation occurs as part of a constellation of health conscious behaviors. It may be that former smokers discovered a health problem through these tests and gave up smoking for this reason. It also could be, however, that people who are health conscious enough to quit smoking are prone to take care of their health in other ways.

Breast self-examination is somewhat different from the other behaviors shown in table 17 because it does not involve a health professional. It is, nonetheless, a preventive health behavior. This question was asked only of women over the age of 40 years. About 52 percent of this group reported that they did breast self-examination at least 12 times a year with no differences observed between smoking and nonsmoking women.

Cancer history

The final section of table 17 highlights differences in the personal and family histories of cancer of smokers and nonsmokers. Former smokers were almost twice as likely to have ever been diagnosed with cancer (8.2 percent) as were current smokers (4.8 percent) or persons who had never smoked (4.4 percent). Across all smoking status categories, women were more likely than men to have received a cancer diagnosis, with female current smokers about twice as likely as male current smokers to have been diagnosed with cancer (6.5 and 3.1 percent, respectively).

Having a parent or sibling who had been diagnosed with cancer was also more common among former smokers: 41.2 percent of former smokers reported having a blood relative who had had cancer, in contrast to 33.1 percent of current smokers and 30.3 percent of persons who had never smoked. Among men, having a family history of cancer was most common among former smokers, followed by current smokers. For women this same pattern is observed, but it was not statistically significant. Persons who had never smoked were least likely to have a relative with cancer. These differences may be explained, in part, by the inclination of smokers to quit smoking when they are faced with a cancer diagnosis either in themselves or in a family member. The low cancer prevalence among never smokers is consistent with a lower risk associated with abstinence from smoking. The lower prevalence of cancer in family members suggests that perhaps abstinence from smoking and practice of healthy behaviors in general may cluster in families.

References

Blot, W. S., and J. F. Fraumeni. 1977. Geographic patterns of oral cancer in the United States: Etiological implications. *J. Chronic Dis.* 30:745–57.

Boyd, G., and Associates. 1987. Use of smokeless tobacco among children and adolescents in the United States. *Prev. Med.* 6:402-21.

Christen, A. G., B. Z. Swason, E. D. Glover, and A. H. Henderson. 1982. Smokeless tobacco: The folklore and social history of snuffing, sneezing, dipping and chewing. *J. Am. Dental Assoc.* 105:821–9.

Department of Health and Human Services. 1982. The Health Consequences of Smoking—Cancer, A Report of the Surgeon General. DHHS Pub. No. (PHS) 82–50179. Washington: U.S. Government Printing Office.

Department of Health and Human Services. 1984a. The Health Consequences of Smoking—Cardiovascular Disease, A Report of the Surgeon General. DHHS Pub. No. (PHS) 84–50204. Washington: U.S. Government Printing Office.

Department of Health and Human Services. 1984b. The Health Consequences of Smoking—Chronic Obstructive Lung Disease, A Report of the Surgeon General. DHHS Pub. No. (PHS) 84–50205. Public Health Service. Washington: U.S. Government Printing Office.

Department of Health and Human Services. 1985. The Health Consequences of Smoking for Women, A Report of the Surgeon General. Washington: U.S. Government Printing Office.

Department of Health and Human Services. 1986a. The Health Consequences of Involuntary Smoking, A Report of the Surgeon General. DHHS Pub No. (CDC) 87-8398. Washington: U.S. Government Printing Office.

Department of Health and Human Services. 1986b. The Health Consequences of Using Smokeless Tobacco, A Report of the Advisory Committee to the Surgeon General. NIH Pub. No. 86–2874. Washington: U.S. Government Printing Office.

Department of Health and Human Services, U.S. Public Health Service, Office of Medical Applications of Research. 1986c. Health applications of smokeless tobacco use. *JAMA* 255:1045–8.

Department of Health and Human Services. 1988. The Health Consequences of Smoking—Nicotine Addiction, A Report of the Surgeon General. DHHS Pub. No. (CDC) 88-8406. Washington: U.S. Government Printing Office.

Department of Health and Human Services. 1989. Reducing the Health Consequences of Smoking—25 Years of Progress, Report to the Surgeon General. DHHS Pub. No. (CDC) 89-8411. Washington: U.S. Government Printing Office.

Department of Health, Education, and Welfare. 1964. Smoking and Health. Report of the Advisory Committee to the Surgeon

General of the Public Health Service. PHS Pub. No. 1103. Public Health Service, Centers for Disease Control.

Department of Health, Education, and Welfare. 1979. Smoking and Health, A Report of the Surgeon General. DHEW Pub. No. (PHS) 79-50066. Washington: U.S. Government Printing Office.

Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms. 1988. Monthly statistical release, tobacco products. November 9.

Escobedo, L. G., and P. L. Remington. 1989 Birth cohort analysis of prevalence of cigarette smoking among Hispanics in the United States. *JAMA* 261:66-9.

Fiore, M. C., T. E. Novotny, J. E. Pierce, et al. 1989. Trends in cigarette smoking in the United States: The changing influence of gender and race. *JAMA* 261:49-55.

Hartge, P., R. Hoover, and A. Kantor. 1985. Bladder cancer risk and pipes, cigars, and smokeless tobacco. *Cancer* 55:901-6.

Hendershot, G. E., and B. Bloom. 1987. Health habits of smokers. Data from the National Health Interview Survey. Unpublished document.

International Agency for Research on Cancer. 1984. Monographs on the evaluation of the carcinogenic risk of chemicals to humans. *IARC Monogr.* 37.

Maxwell, J. C., Jr. 1980. Chewing, snuff is growth segment. *Tobacco Rep.* September: 13.

McGinnis, J. M., D. Shopland, and C. Brown. 1987. Tobacco and health: Trends in smoking and smokeless tobacco consumption in the United States. In *Annual Review of Public Health*, Vol. 8, edited by L. Breslow, J. E. Fielding, and L. B. Lave.

Metropolitan Life Insurance Company. 1960. Overweight, its prevention and significance. *Statistical Bulletin*. New York: Metropolitan Life Insurance Company.

Metropolitan Life Insurance Company. 1983. 1983 Metropolitan height and weight tables. *Statistical Bulletin*. Vol. 64. No. 1.

National Center for Health Statistics, E. Balamuth and S. Shapiro. 1965a. Health interview responses compared with medical records. *Vital and Health Statistics* Series 2, No. 7. PHS Pub. No. 1000. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, C. F. Cannell and F. J. Fowler, Jr. 1965b. Comparison of hospitalization reporting in three survey procedures. *Vital and Health Statistics*. Series 2, No. 8. PHS Pub. No. 1000. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, W. G. Madow. 1967. Interview data on chronic conditions compared with information derived from medical records *Vital and Health Statistics*. Series 1,

No. 23. PHS Pub. No. 1000. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, C. F. Cannell, F. J. Fowler, Jr., and K. H. Marquis. 1968. The influence of interviewer and respondent psychological and behavioral variables on the reporting in household interviews. *Vital and Health Statistics*. Series 2, No. 26. PHS Pub. No. 1000. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, D. A. Koons. 1973. Quality control and measurement of nonsampling error in the Health Interview Survey. *Vital and Health Statistics*. Series 2, No. 54. DHEW Pub. No. (HSM) 73–1328. Health Services and Mental Health Administration. Washington: U.S. Government Printing Office.

National Center for Health Statistics, M. G. Kovar and G. S. Poe. 1985. The National Health Interview Survey design, 1973–84, and procedures, 1975–83. *Vital and Health Statistics*. Series 1, No. 18. DHHS Pub. No. (PHS) 85–1320. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, O. T. Thornberry, R. W. Wilson, and P. M. Golden. 1986. Health promotion data for the 1990 objectives: Estimates from the National Health Interview Survey of Health Promotion and Disease Prevention, United States, 1985. Advance Data From Vital and Health Statistics. No. 126. DHHS Pub. No. (PHS) 86–1250. Public Health Service. Hyattsville, Md.

National Center for Health Statistics. 1988a. *Health: United States, 1987.* DHHS Pub. No. (PHS) 88–1232. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, C. A. Schoenborn. 1988b. Health promotion and disease prevention: United States, 1985. Vital and Health Statistics. Series 10, No. 163. DHHS Pub. No. (PHS) 88–1591. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, C. A. Schoenborn and M. Marano. 1988c. Current estimates from the National Health Interview Survey: United States, 1987. *Vital and Health Statistics*. Series 10, No. 166. DHHS Pub. No. (PHS) 88–1594. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, C. A. Schoenborn. 1988d. Relationships between smoking and other unhealthy habits:

United States, 1985. Advance Data From Vital and Health Statistics. No. 154. DHHS Pub. No. (PHS) 88–1250. Public Health Service. Hyattsville, Md.

National Center for Health Statistics, 1988e. Public Use Tape Documentation—Part III. Medical Coding Manual and Short Index. National Health Interview Survey, 1987. Centers for Disease Control. Hyattsville, Md.

National Institute on Drug Abuse, L. D. Johnston, P. M. O'Malley, and J. G. Bachman. 1986. Drug Use Among American High School Students, College Students, and Other Young Adults, National Trends Through 1985. DHHS Pub. No. (ADM) 86–1450. Department of Health and Human Services. Washington: U.S. Government Printing Office.

National Institutes of Health. 1985. Health implications of obesity. *National Institutes of Health Consensus Conference Development Statement*, Vol. 5, No. 9. Public Health Service, Office of Medical Applications of Research. Bethesda, Md.

Ockene, J. K., D. W. Hosmer, J. W. Williams, et al. 1987. Factors related to patient smoking status. *AJPH* 77(3):356-7.

Office of Disease Prevention and Health Promotion. 1980. Promoting Health, Preventing Disease: Objectives for the Nation. Public Health Service.

Office of Disease Prevention and Health Promotion. 1986. The 1990 Health Objectives for the Nation: A Midcourse Review. Public Health Service.

Rosenfeld, L., and J. Calloway. 1963. Snuff dipper's cancer. Am. J. Surg. 106:840-4.

Shelton, A. 1982. Smokeless sales continue to climb. *Tobacco Rep.* September: 42.

U.S. Bureau of the Census, T. F. Moore. 1985. Redesign of the National Health Interview Survey. Statistical Methods Division Methodological Memorandum Series. Report Number CB/SMD/MM/85/02. Unpublished technical paper.

U.S. Bureau of the Census. 1987a. Spanish Translation Guide. National Health Interview Survey. Cancer Control Form HIS-1A.

U.S. Bureau of the Census. 1987b. Spanish Translation Guide. National Health Interview Survey, Epidemiology Study Form HIS-1B.

List of detailed tables

Sigarette smoking		10. Percent distribution of persons 18 years of age and over	
1. Percent distribution of persons 18 years of age and ove by cigarette smoking status and amount smoked, ac cording to sex and age: United States, 1987	; -	by snuff use status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987	26
 Percent distribution of persons 18 years of age and ove by cigarette smoking status, according to selected socion demographic characteristics: United States, 1987)-	11. Percent distribution of persons 18 years of age and over by snuff use status, according to selected sociodemographic characteristics: United States, 1987	27
3. Percent distribution of persons 18 years of age and ove by knowledge of the health consequences of smoking according to sex and cigarette smoking status: Unite States, 1987	5, d	12. Percent distribution of persons 18 years of age and over by pipe smoking status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age:	
4. Percent distribution of persons 18 years of age and ove who believed specific diseases were related to smoking by knowledge of the health benefits of stopping smoking, according to sex and cigarette smoking status.	g :- ::	United States, 1987	28
United States, 1987 5. Percent distribution of persons 18 years of age and ove by knowledge and opinions about cigarette smoking according to sex and cigarette smoking status: Unite States, 1987.	r 5,	14. Percent distribution of persons 18 years of age and over by cigar smoking status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987	30
 Percent distribution of formerly and currently smoking persons 18 years of age and over by experience is quitting cigarette smoking, according to sex: United 	n d	 Percent distribution of persons 18 years of age and over by cigar smoking status, according to selected socio- demographic characteristics: United States, 1987 	31
States, 1987	. 22	16. Percent distribution of persons 18 years of age and over	
Chewing tobacco, snuff, pipes and cigars		by knowledge of relationship between noncigarette to- bacco use and risk of mouth and throat cancer, accord- ing to sex and cigarette smoking status: United States,	
7. Percent distribution of persons 18 years of age and ove by tobacco product and use status, according to sex and cigarette smoking status: United States, 1987	d	1987	32
8. Percent distribution of persons 18 years of age and ove by tobacco chewing status, average days of use pe	r	Cigarette smoking and other health behaviors	
month, number of times used on days of use, and mean number of days used per month, according to sex an age: United States, 1987	n d . 24	17. Percent of persons 18 years of age and over by selected health-related behaviors and characteristics, sex, and cigarette smoking status: United States, 1987	33
 Percent distribution of persons 18 years of age and ove by tobacco chewing status, according to selected socio demographic characteristics: United States, 1987 	-	J	

Table 1. Percent distribution of persons 18 years of age and over by cigarette smoking status and amount smoked, according to sex and age: United States, 1987

		Ciga	arette smoking si	atus		Amount s	smoked	
Sex and age	Total	Never smoker	Former smoker	Current smoker	Less than 15	15–24	25–34	35 and more
Both sexes	-	-		Percent o	listribution			
All ages	100.0	48.4	22.8	28.8	31.8	41.0	13.5	12.8
18-24 years	100.0	64.9	8.0	27.1	44.7	42.3	8.8	3.7
25-44 years	100.0	47.2	19.6	33.2	30.5	40.6	14.4	13.6
45-64 years	100.0	39.3	29.8	30.9	25.7	41.3	15.0	17.2
65-74 years	100.0	44.2	36.8	19.0	34.1	43.4	11.4	10.0
75 years and over	100.0	61.5	29.6	8.9	50.1	33.2	9.7	*6.1
Male								
All ages	100.0	39.9	28.9	31.2	27.6	39.0	15.7	16.9
18–24 years	100.0	65.1	6.7	28.1	40.8	45.0	9.5	4.5
25-44 years	100.0	42.3	22.1	35.6	26.9	37.9	16.5	17.6
45–64 years	100.0	26.4	40.1	33.5	20.8	37.5	18.3	22.9
65–74 years	100.0	25.4	54.4	20.2	27.8	43.3	13.7	14.3
75 years and over	100.0	37.4	51.4	11.3	50.2	31.7	*7.1	*9.4
Female								
All ages	100.0	56.0	17.4	26.5	36.2	43.2	11.2	8.6
18–24 years	100.0	64.7	9.2	26.1	48.7	39.7	8.0	3.0
25-44 years	100.0	51.9	17.3	30.8	34.4	43.5	12.1	9.2
45-64 years	100.0	50.7	20.7	28.6	30.9	45.1	11.6	11,4
65–74 years	100.0	60.0	22.0	18.0	40.0	43.4	9.3	5.9
75 years and over	100.0	76.0	16.5	7.5	50.0	34.6	*12.1	*3.1

Table 2. Percent distribution of persons 18 years of age and over by sex and cigarette smoking status, according to selected sociodemographic characteristics: United States, 1987

		Both	sexes			٨	//ale		Female .				
Sociodemographic characteristic	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoket	
						Percent	distribution	-					
All persons	100.0	48.4	22.8	28.8	100.0	39.9	28.9	31.2	100.0	56.0	17.4	26.5	
Education level													
Less than 12 years	100.0	42.2	22.5	35.3	100.0	27.1	32.3	40.5	100.0	55.5	13.9	30.7	
12 years	100.0	45.7	21.9	32.4	100.0	36.6	27.6	35.9	100.0	53.0	17.4	29.6	
More than 12 years	100.0	54.8	24.1	21.1	100.0	49.9	28.2	22.0	100.0	60.0	19.8	20.3	
13–15 years	100.0	52.2	22.3	25.6	100.0	46.7	26.5	26.8	100.0	57.2	18.4	24.4	
16 years or more	100.0	57.7	26.0	16.3	100.0	52.9	29.7	17.4	100.0	63.5	21.5	15.1	
Family Income													
Less than \$10,000	100.0	51.8	16.7	31.5	100.0	40.9	23.2	35.9	100.0	58.2	12.9	29.0	
\$10,000-\$19,999	100.0	44.6	22.6	32.8	100.0	33.6	30.1	36.3	100.0	53.8	16.3	29.8	
\$20,000-\$34,999	100.0	46.9	22.3	30.8	100.0	39.3	27.1	33.7	100.0	54.6	17.5	27.9	
\$35,000-\$49,999	100.0	48.7	25.3	26.0	100.0	42.5	31.0	26.5	100.0	55.2	19.4	25.3	
\$50,000 or more	100.0	50.5	28.0	21.5	100.0	45.4	31.4	23.2	100.0	56.2	24.3	19.5	
Race													
White	100.0	47.3	24.1	28.5	100.0	39.1	30.4	30.5	100.0	54.8	18.4	26.7	
Black	100.0	52.3	14.8	32.9	100.0	42.3	18.8	39.0	100.0	60.3	11.6	28.0	
Hispanic origin													
Hispanic	100.0	60.3	16.1	23.6	100.0	49.3	20.7	30.0	100.0	70.0	12.1	18.0	
Non-Hispanic	100.0	47.5	23.4	29.2	100.0	39.2	29.5	31.3	100.0	54.9	17.9	27.2	
Geographic region													
Northeast	100.0	48.0	24.8	27.2	100.0	40.8	30.7	28.5	100.0	54.4	19.6	26.0	
Midwest	100.0	47.9	23.2	28.9	100.0	39.4	29.7	30.9	100.0	55.8	17.1	27.1	
South	100.0	48.1	20.9	31.0	100.0	37.4	27.5	35.0	100.0	57.4	15.1	27.5	
West	100.0	49.8	23.6	26.6	100.0	43.4	28.2	28.4	100.0	55.9	19.3	24.8	
Marital status													
Currently married	100.0	44.9	26.9	28.1	100.0	35.1	34.3	30.5	100.0	54.7	19.6	25.8	
Separated and divorced	100.0	36.6	19.4	43.9	100.0	27.4	24.5	48.0	100.0	42.3	16.3	41.4	
Widowed	100.0	56.9	22.4	20.7	100.0	29.5	44.9	25.6	100.0	62.3	17.9	19.7	
Never married	100.0	62.8	10.6	26.5	100.0	60.1	11.6	28.4	100.0	66.3	9.4	24.2	

Table 3. Percent distribution of persons 18 years of age and over by knowledge of the health consequences of smoking, according to sex and cigarette smoking status: United States, 1987

		Both	sexes			٨	<i>llaie</i>		Female				
Believe cigarette smoking is related to	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	
						Percent	distribution						
Total ¹	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Emphysema													
Yes, related	82.5	83.2	87.9	76.8	81.5	82.5	86.4	75.5	83.4	83.7	90.2	78.1	
Strongly	68.8	70.6	76.4	59.4	66.8	69.5	74.0	56.3	70.5	71.2	79.9	62.8	
Moderately	9.9	9.3	7.9	12.5	10.4	9.4	8.1	13. 9	9.4	9.2	7.5	11.0	
Slightly	1.7	1.4	1.5	2.4	2.0	1.7	1.8	2.6	1.5	1.3	1.0	2.2	
Maybe	4.7	4.5	3.4	6.3	5.1	2.4	3.8	6.5	3.1	4.0	1.4	6.1	
No, not related	3.4	2.3	2.0	6.3	3.7	5.1	2.4	6.5	4.3	2.3	2.8	6.1	
Don't know if related	9.4	10.0	6.7	10.7	9.7	10.0	7.4	11.6	9.1	10.0	5.6	9.7	
Lung cancer													
Yes, related	89.4	92.0	91.8	82.8	89.3	92.9	90.8	83.2	89.4	91.5	93.4	82.5	
Strongly	80.1	85.2	83.6	68.7	79.4	86.6	81.9	67.7	80.7	84.3	86.1	69.6	
Moderately	6.5	4.4	5.6	10.7	6.9	4.2	5.9	11.2	6.2	4.6	5.3	10.1	
Slightly	1.0	0.6	0.9	1.7	1.3	0.7	1.1	2.3	0.7	0.5	*0.6	1.1	
Maybe	5.0	3.6	3.5	8.6	5.2	3.7	3.7	8.7	4.1	3.5	3.2	8.4	
No, not related	1.9	0.8	1.4	4.4	1.9	0.7	1.5	3.7	2.0	0.8	1.2	5.1	
Don't know if related	3.7	3.6	3.3	4.2	3.6	2.7	4.0	4.3	3.8	4.2	2.2	4.0	
Chronic bronchitis													
Yes, related	75.9	76.9	80.9	70.1	75.0	77.7	78.7	68.0	76.7	76.4	84.1	72.3	
Strongly	55.5	56.9	63.0	47.1	54.2	56.5	60.5	45.1	56.8	57.2	66.7	49.3	
Moderately	15.2	15.5	13.4	16.3	15.3	16.4	13.4	15.8	15.2	14.9	13.4	16.9	
Slightly	2.8	2.4	2.3	3.6	3.1	2.9	2.6	3.8	2.5	2.2	1.9	3.5	
Maybe	8.4	8.1	7.9	9.5	8.7	8.3	8.3	9.5	8.2	8.0	7.2	9.5	
No, not related	6.2	4.7	3.7	10.7	6.3	4.9	3.8	10.6	6.0	4.6	3.4	10.8	
Don't know if related	9.5	10.3	7.6	9.7	10.0	9.1	9.1	11.9	9.1	11.1	5.3	7.5	
Cancer of the mouth and throat													
Yes, related	80.9	83.3	84.8	73.5	80.5	84.8	83.0	72.5	81.2	82.3	87.4	74.6	
Strongly	62.8	67.3	67.9	51.2	59.9	66.0	63.8	48.1	65.5	68.1	73.9	54.4	
Moderately	13.6	12.7	12.3	16.3	15.4	15.0	13.5	17.6	12.1	11.2	10.6	14.9	
Slightly	2.7	1.8	2.7	4.0	3.5	2.3	3.5	4.9	1.9	1.6	1.4	3.1	
Maybe	8.4	7.5	6.9	11.1	8.2	6.1	7.3	11.7	8.5	8.3	6.2	ગ. i 10.5	
No, not related	4.9	3.3	3.2	9.1	5.4	3.7	3.8	9.2	4.4	3.0	2.3	9.0	
Don't know if related	5.8	6.0	5.2	6.2	5.9	5.5	5.9	6.5	5.8	6.3	4.1	5.9	
Heart disease													
Yes, related	76.5	76.2	82.0	72.5	78.0	79.3	81.1	73.3	75.2	74.2	83.4	71.6	
Strongly	57.4	57.3	64.0	52.1	58.1	59.5	62.5	73.3 52.0	75.2 56.8	74.2 56.0	66.1	71.6 52.1	
Moderately	15.2	15.2	13.9	16.2	15.5	16.1	13.8	16.4	14.9	14.7	14.0	52.1 15.9	
Slightly	1.8	1.6	1.7	2.2	2.1	1.8	2.3	2.5	1.5	1.4	14.0	15.9	
Maybe	8.0	7.6	6.7	9.9	7.6	6.6	2.3 6.8	2.5 9.5	1.5 8.4	1.4 8.2	1.0 6.4		
No, not related	7.5	7.0	4.9	10.5	7.0	6.5	4.7	9.5 9.8	7.9	8.2 7.2	5.4 5.0	10.3	
Don't know if related	8.0	9.3	6.5	7.2	7.5	7.6	7.4	9.6 7.4	7.9 8.5			11.3	
Dentimon a foldiod	0.0	3.0	0.5	1.2	7.5	7.0	1.4	7.4	6.5	10.4	5.1	6.9	

 $^{^{1}}$ Does not add to 100 percent because "Don't know strength of relationship" is not shown separately.

Table 4. Percent distribution of persons 18 years of age and over who believed specific diseases were related to smoking by knowledge of the health benefits of stopping smoking, according to sex and cigarette smoking status: United States, 1987

		Both	sexes			/	<i>lale</i>		Female				
Stopping cigarette smoking reduces risk of—	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	
						Percent	distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Emphysema													
YesNoDon't know	89.7 4.5 5.8	90.1 3.9 6.0	92.2 2.9 4.9	86.6 7.2 6.2	90.7 4.1 5.2	91.3 3.4 5.3	92.8 2.9 4.4	87.5 6.4 6.1	88.8 4.9 6.2	89.3 4.2 6.5	91.4 3.0 5.6	85.7 8.0 6.2	
Lung cancer													
YesNoDon't know	89.9 4.4 5.7	90.4 3.8 5.8	92.4 2.6 4.9	86.7 7.1 6.2	91.2 3.9 4.8	92.3 3.3 4.5	93.0 2.6 4.5	88.0 6.4 5.7	88.7 4.8 6.5	89.1 4.2 6.7	91.7 2.7 5.6	85,4 7.9 6.7	
Chronic bronchitis													
Yes	89.9 4.3 5.8	90.3 3.5 6.2	92.4 3.1 4.5	86.8 6.9 6.3	90.4 4.0 5.5	90.6 3.7 5.7	93.1 2.4 4.4	87.3 6.4 6.4	89.4 4.5 6.1	90.2 3.3 6.5	71.4 4.0 4.6	86.3 7.4 6.3	
Cancer of mouth and throat													
Yes	91.5 3.4 5.1	91.7 3.1 5.2	93.8 1.8 4.4	89.0 5.5 5.5	92.2 3.2 4.5	92.3 2.9 4.8	95.0 1.4 3.6	89.2 5.8 5.0	90.9 3.5 5.6	91.3 3.2 5.5	92.2 2.4 5.4	88.7 5.3 6.0	
Heart disease													
Yes	90.3 4.2 5.5	90.9 3.6 5.5	92.4 2.6 5.0	87.3 6.8 5.9	91.5 3.6 4.9	92.2 3.2 4.6	93.3 2.0 4.7	88.6 6.0 5.4	89.2 4.8 6.0	90.0 3.9 6.0	91.0 3.4 5.5	86.0 73.7 6.3	

Table 5. Percent distribution of persons 18 years of age and over by knowledge and opinions about cigarette smoking, according to sex and cigarette smoking status: United States, 1987

		Both	sexes			٨	Male			Fe	male	
Knowledge and opinions	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoket
						Percent	distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Everything causes cancer anyway so it doesn't really matter if you smoke												
Strongly agree	2.2 11.3 53.9 25.3 6.2	1.6 7.0 53.1 31.7 5.5	1.8 7.8 56.5 27.3 5.5	3.6 21.4 53.1 12.8 7.9	2.3 11.9 53.4 24.9 6.2	1.7 7.2 50.6 34.6 4.6	2.0 8.9 57.2 24.7 5.9	3.5 20.9 53.5 12.6 8.4	2.1 10.7 54.3 25.6 6.2	1.6 6.9 54.3 29.9 6.1	1.5 6.0 55.5 31.1 4.8	3.9 22.0 52.7 13.0 7.4
Smoking by a pregnant woman may harm the baby												
Strongly agree	39.7 50.3 3.0 0.5 5.5	46.1 47.4 1.3 0.4 3.8	39.2 51.0 2.3 0.4 5.8	29.1 54.6 6.4 0.7 8.1	37.3 52.3 2.3 0.4 6.4	45.3 47.6 1.2 *0.3 4.3	35.1 54.3 1.8 *0.2 6.9	28.9 56.4 4.3 0.7 8.5	41.8 48.5 3.6 0.6 4.7	46.6 47.2 1.4 0.5 3.4	45.3 46.1 3.0 *0.6 4.0	29.3 52.8 8.6 0.8 7.6
Smoke from someone else's cigarette is harmful to you												
Strongly agree	25.6 55.8 10.0 0.9 6.6	34.3 54.6 4.7 0.4 4.9	25.8 57.6 8.1 0.9 5.8	10.6 56.3 20.5 1.9 9.7	23.1 56.6 11.0 1.2 6.8	33.0 55.9 4.8 0.4 4.6	22.9 59.2 8.6 1.0 6.8	10.4 54.9 21.4 2.4 9.6	27.8 55.1 9.1 0.7 6.5	35.1 53.8 4.7 0.4 5.2	30.1 55.2 7.4 *0.7 5.6	10.7 57.7 19.5 1.4 9.8
Most deaths from lung cancer are caused by cigarette smoking												
Strongly agree	19.6 50.6 14.8 1.0 13.0	23.5 54.3 8.8 0.4 11.9	21.7 51.1 12.6 0.6 12.6	11.3 43.7 26.7 2.1 15.0	19.1 51.0 14.8 1.0 12.7	24.5 54.9 8.2 0.5 10.4	20.5 50.9 12.9 0.6 13.6	10.7 46.0 25.2 2.1 14.8	20.1 50.2 14.7 0.9 13.2	22.8 54.0 9.2 0.4 12.8	23.5 51.5 12.1 0.7 11.1	11.9 41.3 28.4 2.1 15.3
People who smoke low tar and nicotine cigarettes are less likely to get cancer than people who smoke high tar and nicotine cigarettes												
Strongly agree	2.0 28.4 43.6 6.6 18.1	2.2 28.0 39.8 7.1 21.7	1.9 27.2 46.2 8.0 15.3	1.9 30.3 47.7 4.7 14.3	2.5 31.7 42.7 6.2 15.6	2.8 32.4 39.3 7.4 16.6	2.1 30.3 43.3 6.6 16.1	2.4 31.9 46.3 4.4 13.7	1.7 25.5 44.4 7.0 20.4	1.8 25.1 40.1 7.0 25.0	1.6 22.4 50.6 10.2 14.1	1.5 28.5 49.2 5.0 14.9
if people want to smoke, they should not do so inside public places where it might disturb others												
Strongly agree	28.6 52.3 9.6 1.4 7.0	40.8 48.3 4.2 0.5 5.3	26.7 53.4 9.4 1.1 8.1	9.3 58.1 18.9 3.4 9.2	26.4 52.7 10.7 1.9 7.1	41.0 47.6 4.7 0.6 4.8	24.5 55.1 9.6 1.3 8.1	9.3 57.0 19.4 4.1 9.0	30.5 52.0 8.7 1.1 7.0	40.6 48.8 3.9 0.4 5.6	30.1 50.9 9.2 0.7 8.1	9.3 59.3 18.4 2.7 9.3

Table 6. Percent distribution of formerly and currently smoking persons 18 years of age and over by experience in quitting cigarette smoking, according to sex: United States, 1987

		Former smokers			Current smokers	1
Characteristic	Total	Male	Female	Total	Male	Female
		•	Percent d	istribution		
Total	100.0	100.0	100.0	100.0	100.0	100.0
Doctor ever advised quitting						
Yes	33.6 66.4	34.0 66.0	33.0 67.0	49.5 50.5	45.9 54.1	53.3 46.7
Reasons (tried to) quit ¹						
Health symptom/problem Present health Future health Both present and future health Cost of cigarettes Pressure from family and/or friends Advice from doctor Setting a good example for children. Effect on others Pregnancy. Lost desire Dirty habit. Other	20.4 13.4 22.1 15.1 6.3 9.3 3.5 3.3 4.1 8.5 6.9 20.0	22.2 14.2 23.0 16.1 6.7 7.3 3.7 2.8 2.4 *0.1 8.8 6.0 20.7	17.6 12.2 20.7 13.6 5.7 12.3 3.2 4.0 4.5 9.9 8.1 8.1	16.5 12.3 22.7 14.1 9.2 10.3 3.0 2.4 2.8 6.9 3.7 4.6 23.3	18.0 12.1 21.7 15.3 9.3 9.9 2.9 1.8 1.9 *0.3 4.3 4.1 24.8	14.8 12.5 23.8 12.9 9.1 10.7 3.1 3.6 13.7 3.1 5.1 21.8
Methods used in quit attempts ²						
Switch to lower tar and nicotine Use special filters or holders Gradually decrease number of cigarettes Use Nicorette ³ Participate in Great American Smokeout Stop with friends or relatives Followed instructions in a book. Stopped "cold turkey" Other	3.5 1.9 7.7 1.5 1.1 3.0 1.2 88.7 6.4	3.0 1.6 6.4 1.2 0.9 2.3 1.2 89.6 6.6	4.1 2.2 9.5 2.0 1.3 4.1 1.0 87.4 6.1	21.8 8.5 34.6 10.1 9.1 16.5 7.9 84.0 12.4	19.5 6.9 30.7 10.0 8.3 14.3 6.4 86.2 12.4	24.2 10.2 38.5 10.3 9.9 18.7 9.4 81.7
Total number of quitting methods ever used						
None reported	1.2 69.1 27.1 3.8	1.2 70.7 26.0 3.3	1.0 66.6 28.7 4.7		 	•••

¹For current smokers, denominator includes only smokers with at least 1 quit attempt.

²For former smokers, percent includes only the last attempt to quit.

³Mention of brand name is for the purpose of specific identification of the equipment or product used and does not imply endorsement by the U.S. Department of Health and Human Services.

Table 7. Percent distribution of persons 18 years of age and over by tobacco product and use status, according to sex and cigarette smoking status: United States, 1987

		Both	sexes			٨	<i>fale</i>			Fe	male	
Tobacco product and use status	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Curren smoker
						Percent	distribution	1			-	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Chewing tobacco												
Never	93.8	96.7	89.8	92.0	87.6	92.5	83.5	85.3	99.3	99.3	99.2	99.2
Former	4.2	1.8	7.3	5.8	8.4	4.1	11.9	10.6	0.4	0.3	0.6	0.6
Current	2.0	1.5	2.9	2.2	4.0	3.4	4.6	4.1	0.3	0.4	*0.2	*0.2
Snuff												
Never	95.9	93.3	94.3	94.8	92.3	94.6	90.9	90.5	99.2	99.0	99.2	99.4
Former	2.4	1.1	3.8	3.5	4.7	2.4	6.1	6.4	0.4	0.3	0.5	0.5
Current	1.7	1.6	1.9	1.6	3.0	3.0	3.0	3.1	0.5	0.7	*0.3	*0.1
Pipe												
Never	91.1	97.4	79.3	89.7	81.5	93.5	65.9	80.5	99.7	100.0	99.2	99.5
Former	7.3	1.7	18.5	7.9	15.2	4.4	30.4	15.1	0.3	*0.0	0.8	0.4
Current	1.6	0.8	2.2	2.3	3.3	2.2	3.7	4.4	*0.0	*_	*0.0	*0.2
Cigars												
Never	91.1	97.0	80.5	89.7	81.7	92.5	67.8	80.8	99.6	99.8	99.4	99.2
Former	6.4	1.8	16.3	6.2	13.1	4.4	26.9	11.5	0.3	*0.1	0.6	0.6
Current	2.5	1.2	3.2	4.1	5.2	3.1	5.3	7.8	*0.1	*0.0	*0.0	*0.1

Table 8. Percent distribution of persons 18 years of age and over by tobacco chewing status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987

		Chev	ving tobacco	status		age numbei used per mi	•	Averag use			
Sex and age	Total	Never user	Former user	Current user	Daily	15–29	Less than 15	2 or less	3–5	6 or more	Mean use
Both sexes					Percei	nt distributio	n				Days per month
All ages	100.0	93.7	4.2	2.1	50.4	10.8	27.1	31.5	30.5	19.9	21.2
18–24 years	100.0 100.0 100.0 100.0 100.0	92.8 94.8 93.9 91.6 90.8	4.5 3.5 4.2 5.8 6.4	2.8 1.7 1.9 2.6 2.9	42.8 40.2 52.4 72.4 71.5	14.2 13.9 *7.1 *9.6 *2.6	34.0 33.8 24.4 *8.3 *18.9	35.9 32.4 32.4 22.8 28.1	31.5 29.5 26.9 36.1 33.4	18.6 20.4 18.9 24.7 *16.6	19.2 18.6 22.1 27.3 25.3
Male											
All ages	100.0	87.5	8.4	4.0	50.5	11.1	27.4	30.2	30.8	21.0	21.2
18–24 years	100.0 100.0 100.0 100.0 100.0	85.6 89.9 87.9 83.0 78.7	8.8 6.9 8.2 11.9 15.2	5.5 3.2 3.9 5.0 6.1	41.9 40.4 52.5 73.8 79.1	14.5 14.5 *7.2 *9.7 *-	34.4 34.0 24.1 *8.5 *18.0	35.9 31.9 31.2 19.7 *19.7	31.1 29.7 26.9 36.4 38.9	18.7 21.3 20.1 27.2 *19.7	19.0 18.7 22.1 27.3 26.2
Female											
All ages	100.0	99.3	0.4	0.3	49.8	*6.7	*22.7	49.0	*26.3	*5.1	22.0
18–24 years	100.0 100.0 100.0 100.0 100.0	99.5 99.6 99.2 98.7 98.1	*0.4 0.2 0.6 *0.7 *1.0	*0.1 0.2 *0.2 *0.6 *0.9	*85.7 *38.0 *53.6 *62.5 *39.7	*_ *2.8 *5.4 *8.9 13.8	*14.3 *31.0 *28.6 *7.1 *24.1	28.6 *40.8 *51.8 *44.6 *63.8	*50.0 *28.2 *26.8 *35.7 *10.3	*14.3 *5.6 *1.8 *7.1 *3.4	28.4 17.3 21.9 26.7 21.3

Table 9. Percent distribution of persons 18 years of age and over by sex and tobacco chewing status, according to selected sociodemographic characteristics: United States, 1987

		Boti	h sexes			-	Male		Female				
Sociodemographic characteristic	Total	Never user	Former user	Current user	Total	Never user	Former user	Current user	Total	Never user	Former user	Current user	
					-	Percent	distributio	n					
All persons	100.0	93.7	4.2	2.1	100.0	87.5	8.4	4.0	100.0	99.3	0.4	0.3	
Education level													
Less than 12 years	100.0	89.8	6.5	3.7	100.0	80.9	12.4	6.7	100.0	99.7	1.4	1.0	
12 years	100.0	93.8	4.2	2.0	100.0	86.2	9.3	4.4	100.0	99.7	*0.2	*0.1	
More than 12 years	100.0	96,0	2.9	1.1	100.0	92.3	5.5	2.2	100.0	99.8	*0.1	*0.0	
13–15 years	100.0	95.3	3.3	1.4	100.0	90.2	6.9	2.9	100.0	99.8	*0.2	*0.0	
16 years or more	100.0	96.8	2.3	0.9	100.0	94.3	4.2	1.6	100.0	99.9	*0.1	*0.0	
Family income													
Less than \$10,000	100.0	92.3	4.7	2.9	100.0	82.8	10.7	6.6	100.0	98.0	1.2	0.8	
\$10.000-\$19.999	100.0	92.0	5.6	2.4	100.0	83.4	11.6	5.0	100.0	99.1	0.5	*0.3	
\$20,000-\$34,999	100.0	93.6	4.4	2.0	100.0	87.5	8.5	4.0	100.0	99.7	*0.2	*0.1	
\$35,000-\$49,999	100.0	94.4	3.8	1.7	100.0	89.4	7.3	3.3	100.0	99.7	*0.2	*0.1	
\$50,000 or more	100.0	95.9	3.1	1.0	100.0	92.3	5.8	1.8	100.0	99.9	*0.1	*0.0	
Race													
White	100.0	93.5	4.4	2.1	100.0	86.8	9.0	4.2	100.0	99.7	0.2	0.1	
Black	100.0	94.2	3.4	2.4	100.0	91.4	5.3	3.4	100.0	96.4	1.9	1.7	
Hispanic origin													
Hispanic	100.0	98.2	1.4	*0.4	100.0	96.3	2.8	*0.9	100.0	99.8	*0.2	*_	
Non-Hispanic	100.0	93.4	4.4	2.2	100.0	86.8	8.8	4.3	100.0	99.3	0.4	0.3	
Geographic region													
Northeast	100.0	97.1	2.2	0.8	100.0	93.8	4.5	1.7	100.0	99.9	*0.1	*_	
Midwest	100.0	93.3	4.8	1.9	100.0	86.4	9.8	3.9	100.0	99.6	*0.3	*0.1	
South	100.0	91.1	5.2	3.7	100.0	82.8	10. 1	7.1	100.0	98.4	0.8	*0.7	
West	100.0	95.1	4.0	0.9	100.0	90.1	8.1	1.8					
AAGST	100.0	95.1	4.0	0.9	100.0	90.1	0.1	1.0	100.0	99.7	0.2	*0.1	
Marital status													
Currently married	100.0	93.4	4.5	2.1	100.0	87.3	8.7	4.1	100.0	99.5	0.3	0.2	
Separated and divorced	100.0	94.3	3.9	1.8	100.0	86.6	9.3	4.2	100.0	99.0	*0.6	*0.4	
Widowed	100.0	95.4	3.0	1.6	100.0	8.08	13.5	5.7	100.0	98.2	1.0	0.8	
Never married	100.0	93.8	3.9	2.2	100.0	89.5	6.8	3.8	100.0	99.3	*0.4	*0.3	

Table 10. Percent distribution of persons 18 years of age and over by snuff use status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987

			Snuff statu	s		age numbe used per m	•	Averag use			
Sex and age	Total	Never user	Former user	Current user	Daily	15–29	Less than 15	2 or less	3-5	6 or more	Mean use
Both sexes					Percei	nt distributi	on	-	7 - 2 11.00		Days per month
All ages	100.0	95.9	2.4	1.7	59.9	12.1	21.3	20.7	35.6	30.1	13.5
18–24 years	100.0 100.0 100.0 100.0 100.0	93.3 96.0 97.3 95.8 95.1	3.5 2.4 1.7 2.6 2.8	3.3 1.6 1.0 1.5 2.2	51.7 55.5 61.1 85.4 80.3	19.0 11.3 *8.8 *3.7 *6.1	20.9 29.5 16.1 *3.0 *11.4	23.5 17.9 23.2 *16.9 *25.0	32.5 35.5 32.2 49.4 37.3	34.8 34.5 23.5 *17.2 *17.1	13.5 12.2 16.3 14.1 14.8
Male											
All ages	100.0	92.2	4.7	3.1	57.8	13.8	21.9	19.0	34.3	34.0	13.5
18–24 years	100.0 100.0 100.0 100.0 100.0	86.6 92.2 95.3 93.1 92.1	6.9 4.8 3.1 5.0 5.3	6.4 3.1 1.6 1.9 2.7	53.8 54.7 57.8 85.4 80.0	20.0 11.9 11.4 *5.3 *6.7	17.4 29.8 *18.8 *2.6 *8.6	21.0 17.7 21.8 *13.2 *15.2	32.9 34.0 29.5 46.4 *47.6	36.5 35.8 29.5 *25.2 *21.9	13.9 12.1 15.5 15.2 16.2
Female											
All ages	100.0	99.2	0.4	0.5	*71.8	*2.1	17.7	30.8	42.9	*7.2	13.7
18–24 years	100.0 100.0 100.0 100.0 100.0	99.5 99.7 99.1 98.1 96.9	0.2 *0.2 0.5 *0.6 1.2	*0.3 *0.1 0.4 1.2 1.9	*5.0 *72.2 71.1 85.3 79.7	*- *- *- *1.7 *5.7	*92.5 *22.2 *7.2 *3.4 *13.0	*72.5 *20.4 *26.8 *21.6 *33.3	*25.0 *64.8 *41.2 *53.4 *28.5	*- *5.6 *4.1 *6.9 *12.2	5.8 13.1 19.6 12.7 13.6

Table 11. Percent distribution of persons 18 years of age and over by sex and snuff use status, according to selected sociodemographic characteristics: United States, 1987

		Boti	h sexes			1	Male		Female				
Sociodemographic characteristic	Total	Never user	Former user	Current user	Total	Never user	Former user	Current user	Total	Never user	Former user	Current user	
	_					Percent	distributio	n					
All persons	100.0	95.9	2.4	1.7	100.0	92.2	4.7	3.1	100.0	99.2	0.4	0.5	
Education level													
Less than 12 years	100.0	94.1	3.3	2.5	100.0	90.8	5.7	3.5	100.0	97.1	1.2	1.7	
12 years	100.0	95.5	2.6	1.9	100.0	90.3	5.7	4.0	100.0	99.7	*0.1	0.2	
More than 12 years	100.0	97,2	1.8	1.0	100.0	94.6	3.4	2.0	100.0	99.9	*0.1	*0.0	
13–15 years	100.0	96.4	2.1	1.5	100.0	92.5	4.4	3.1	100.0	99.9	*0.1	*_	
16 years or more ,	100.0	98.1	1.3	0.6	100.0	96.5	2.4	1.1	100.0	100.0	*0.0	*0.0	
Family income													
Less than \$10,000	100.0	94.2	3.2	2.7	100.0	88.7	6.5	4.8	100.0	97.4	1.2	1.4	
\$10,000-\$19,999	100.0	95.2	2.8	2.0	100.0	90.4	5.7	3.9	100.0	99.1	0.4	0.5	
\$20,000-\$34,999	100.0	95.7	2.7	1.6	100.0	91.6	5.3	3.1	100.0	99.9	*0.1	*0.1	
\$35,000-\$49,999	100.0	96.3	2.3	1.4	100.0	93.1	4.4	2.6	100.0	99.7	*0.0	*0.3	
\$50,000 or more	100.0	97.4	1.7	0.9	100.0	95.2	3.2	1.7	100.0	99.9	*0.1	*0.0	
Race													
White	100.0	95.7	2.6	1.7	100.0	91.4	5.2	3.3	100.0	99.5	0.2	0.3	
Black	100.0	96.8	1.5	1.7	100.0	97.6	1.3	1.1	100.0	96.2	1.6	2.2	
Hispanic origin													
Hispanic	100.0	98.5	1.0	*0.5	100.0	97.2	1.9	*0.9	100.0	99.8	*0.1	*0.1	
Non-Hispanic	100.0	95.6	2.6	1.8	100.0	91.8	5.0	3.2	100.0	99.1	0.4	0.5	
Geographic region													
Northeast	100.0	98.2	1.2	0.6	100.0	96.1	2.6	1,2	100.0	99.9	*0.1	*_	
Midwest	100.0	95.1	3.0	1.9	100.0	90.2	6.0	3.8	100.0	99.6	*0.2	*0.1	
South	100.0	94.9	2.8	2.4	100.0	91.2	5.0	3.8	100.0	98.1	0.8	1.1	
West	100.0	95.9	2.5	1.6	100.0	92.0	5.0	3.0	100.0	99.6	*0.2	*0.3	
Marital status													
Currently married	100.0	96.1	2.4	1.5	100.0	92.7	4.6	2.7	100.0	99.5	0.2	0.3	
Separated and divorced	100.0	96.3	2.3	1.4	100.0	91.6	5.5	2.9	100.0	99.2	*0.4	*0.5	
Widowed	100.0	96.8	1.6	1.6	100.0	94.3	3.8	*1.9	100.0	97.3	1.1	1.6	
Never married	100.0	94.4	3.0	2.6	100.0	90.6	5.6 5.1	4.3	100.0	97.3	*0.3	*0.4	
TOTOL HOUROUS	100.0	J7.7	0.0	2.0	100.0	30.0	5.1	4.0	100.0	33.3	0,0	0.4	

Table 12. Percent distribution of persons 18 years of age and over by pipe smoking status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987

		Pip	e smoking s	tatus		age numbe used per m	•	Avera use			
Sex and age	Total	Never user	Former user	Current user	Daily	15–29	Less than 15	2 or less	<i>35</i>	6 or more	Mean use
Both sexes					Percei	nt distribution	on			- 111	Days per month
All ages	100.0	91.0	7.4	1.6	43.6	8.2	35.1	37.7	25.4	25.0	19.1
18–24 years	100.0 100.0 100.0 100.0 100.0	98.8 93.9 86.2 82.6 86.1	0.9 4.7 11.5 15.1 12.4	0.4 1.5 2.4 2.3 1.5	*11.8 26.6 47.5 71.5 84.6	*_ 8.5 10.0 *6.5 *2.5	76.5 51.4 27.2 *12.6 *5.6	76.5 45.9 26.9 17.4 *25.9	*13.7 25.9 24.5 31.5 *20.4	*_ 13.9 31.0 38.0 43.8	7.5 14.3 20.9 26.3 28.9
Male											
All ages	100.0	81.4	15.2	3.4	44.3	8.0	35.0	34.7	25.6	25.1	19.3
18–24 years	100.0 100.0 100.0 100.0 100.0	97.6 87.8 71.0 62.1 63.2	1.6 9.3 23.9 32.9 32.8	0.8 2.9 5.1 5.0 4.1	*11.8 27.7 47.6 71.5 84.6	*_ 7.9 10.1 *6.5 *2.5	76.5 51.7 27.3 *12.6 *5.6	76.5 46.3 27.0 17.4 *25.9	*13.7 26.4 24.6 31.5 *20.4	*_ 13.8 31.1 38.0 43.8	7.5 14.5 20.9 26.3 28.9
Female											
All ages	100.0	99.7	0.3	*0.0	*_	*23.3	*41.9	*37.2	*14.0	*14.0	6.8
18–24 years	100.0 100.0 100.0 100.0 100.0	99.9 99.7 99.6 99.7 99.9	*0.1 0.2 0.4 *0.3 *0.1	*_ *0.1 *0.0 *_ *_	* * * *	*- *24.4 *- *- *-	*_ *43.9 *_ *_ *_	*_ *39.0 *- *- *-	*_ *14.6 *_ *_ *_	*_ *14.6 *_ *_ *_	*_ 6.8 *_ *_ *_

Table 13. Percent distribution of persons 18 years of age and over by sex and pipe smoking status, according to selected sociodemographic characteristics: United States, 1987

		Bot	h sexes	•			Male			Fe	emale	
Sociodemographic characteristic	Total	Never user	Former user	Current user	Total	Never user	Former user	Current user	Total	Never user	Former user	Current user
						Percent	distributio	n				
All persons	100.0	91.0	7.4	1.6	100.0	81.4	15.3	3.4	100.0	99.7	0.3	*0.0
Education level												
Less than 12 years	100.0	90.5	8.0	1.6	100.0	80.0	16.7	3.3	100.0	99.7	*0.3	*0.1
12 years	100.0	92.3	6.5	1.2	100.0	82.9	14.4	2.7	100.0	99.8	0.2	*0.0
More than 12 years	100.0 100.0	90.0 91.9	7.9 6.4	2.1 1.7	100.0 100.0	80.8 83.3	15.2 13.2	4.0	100.0	99.6	0.3	*0.1
16 years or more	100.0	87.9	9.6	2.6	100.0	78.4	17.0	3.4 4.6	100.0 100.0	99.7 99.5	*0.2 *0.4	*0.1 *0.1
Family income												
Less than \$10,000	100.0	94.0	4.7	1.3	100.0	84.3	12.3	3.5	100.0	99.8	*0.2	*0.0
\$10,000-\$19,999	100.0	91.1	7.4	1.5	100.0	80.7	16.0	3.2	100.0	99.7	*0.3	*0.1
\$20,000-\$34,999	100.0	90.7	7.7	1.6	100.0	81.7	15.2	3.1	100.0	99.7	*0.3	*0.0
\$35,000–\$49,999	100.0	89.9	8.6	1.6	100.0	80.7	16,3	3.0	100.0	99.5	*0.4	*0.1
\$50,000 or more	100.0	88.9	9.0	2.1	100.0	79.2	16.9	3.9	100.0	99.8	*0.2	*0.0
Race												
White	100.0	90.3	8.1	1.6	100.0	80.0	16.7	3.4	100.0	99.7	0.3	*0.1
Black	100.0	95.5	3.0	1.5	100.0	90.0	6.6	3.4	100.0	99.9	*0.1	*_
Hispanic origin												
Hispanic	100.0	96.7	2.7	0.5	100.0	93.1	5.7	1.2	100.0	99.9	*0.1	*_
Non-Hispanic	100.0	90,6	7.7	1.7	100.0	80.5	16.0	3.5	100,0	99.7	0.3	*0.0
Geographic region												
Northeast	100.0	91.6	6.6	1.7	100.0	82.4	13.9	3.7	100.0	99.8	*0.2	*0.0
Midwest	100.0	88.9	9.4	1.7	100.0	77.2	19.3	3.5	100.0	99.7	*0.2	*0.1
South	100.0	91.6	6.7	1.7	100.0	82.2	14.2	3.6	100.0	99.8	*0.2	*0.0
West	100.0	92.0	6.7	1.3	100.0	84.1	13.4	2.5	100.0	99.4	0.5	*0.1
Marital status												
Currently married	100.0	88.8	9.3	1.9	100.0	77.8	18.4	3.8	100.0	99.7	0.2	*0.0
Separated and divorced	100.0	91.9	6.4	1.7	100.0	79.3	16.3	4.4	100.0	99.6	*0.3	*0.1
Widowed	100.0	94.3	4.9	0.9	100.0	66.8	27.8	5.3	100.0	99.6	*0.4	*_
Never married	100.0	97.0	2.2	0.9	100.0	94.7	3.8	1.5	100.0	99.8	*0.1	*0.1

Table 14. Percent distribution of persons 18 years of age and over by cigar smoking status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987

		C	Cigar use sta	itus		age numbe used per m	•	Averag used			
Sex and age	Total	Never user	Former user	Current user	Daily	15–29	Less than 15	2 or less	<i>3</i> –5	6 or more	Mean use
Both sexes					Perce	nt distributio	on				Days per month
All ages	100.0	91.0	6.5	2.6	22.9	6.8	49.3	54.8	17.5	7.2	12.2
18–24 years	100.0 100.0 100.0 100.0 100.0	98.2 92.8 86.4 85.7 87.7	1.1 4.3 10.3 11.9 10.7	0.8 2.9 3.3 2.4 1.5	*1.5 12.4 30.8 48.0 54.8	*2.5 5.5 9.3 *7.0 *7.6	73.8 59.7 38.8 28.1 *28.0	60.4 57.6 52.1 50.1 45.2	*17.8 14.1 19.4 21.6 *36.9	*4.5 5.4 8.8 *11.8 *9.6	3.8 8.0 15.6 21.2 22.2
Male											
All ages	100.0	81.4	13.3	5.3	23.0	6.8	49.5	55.3	17.5	7.2	12.2
18–24 years	100.0 100.0 100.0 100.0 100.0	96.4 85.9 71.6 69.0 67.9	2.0 8.3 21.4 25.9 28.1	1.6 5.8 7.0 5.2 3.9	*1.5 12.4 30.9 48.7 55.5	*2.5 5.6 9.2 *7.1 *7.7	72.9 60.2 38.8 28.5 *26.5	60.3 58.0 52.8 50.9 44.5	*18.1 14.3 18.8 21.9 *37.4	*4.0 5.4 8.2 *11.9 *9.7	3.8 7.9 15.5 21.2 22.3
Female											
All ages	100.0	99.6	0.3	*0.1	*15.3	*6.8	*32.2	*18.6	*20.3	*8.5	15.1
18–24 years	100.0 100.0 100.0 100.0 100.0	99.8 99.5 99.5 99.7 99.7	*0.2 0.4 0.4 *0.2 *0.3	*0.0 *0.1 *0.1 *0.1 *0.0	* *8.3 *30.4 *- *-	*- *- *17.4 *- *-	*100.0 *20.8 *39.1 *- *100.0	*66.7 *16.7 *13.0 * *100.0	* *- *52.2 * *	*33.3 *- *17.4 *- *-	0.7 9.7 20.1 *- 15.5

Table 15. Percent distribution of persons 18 years of age and over by sex and cigar smoking status, according to selected sociodemographic characteristics: United States, 1987

		Bot	h sexes			i	Male		Female				
Sociodemographic characteristic	Total	Never user	Former user	Current user	Total	Never user	Former user	Current user	Total	Never user	Former user	Current user	
						Percent	distributio	n					
All persons	100.0	91.0	6.5	2.6	100.0	81.4	13.3	5.3	100.0	99.6	0.3	*0.1	
Education level													
Less than 12 years	100.0	89.5	8.0	2.5	100.0	78.3	16.5	5.2	100.0	99.5	0.4	*0.1	
12 years	100.0	91.4	6.1	2.5	100.0	80.9	13.5	5.6	100.0	99.6	0.4	*0.0	
More than 12 years	100.0	91.4	6.0	2.7	100.0	83.4	11.4	5.2	100.0	99.6	0.3	*0.1	
13–15 years	100.0	92.4	5.4	2.2	100.0	84.4	11.0	4.6	100.0	99.6	*0.3	*0.1	
16 years or more	100.0	90.3	6.6	3.2	100.0	82.5	11.8	5.7	100.0	99.7	*0.2	*0.1	
Family income													
Less than \$10,000	100.0	93.6	4.6	1.8	100.0	83.6	11.8	4.6	100.0	99.5	*0.4	*0.1	
\$10,000-\$19,999	100.0	91.2	6.6	2.3	100.0	81.0	14.0	4.9	100.0	99.6	*0.4	*0.1	
\$20,000-\$34,999	100.0	90.4	7.0	2.6	100.0	81.3	13.6	5.1	100.0	99.5	0.4	*0.0	
\$35,000-\$49,999	100.0	89.8	7.0	3.2	100.0	80.4	13.5	6.1	100.0	99.6	*0.3	*0.1	
\$50,000 or more	100.0	89.4	7.4	3.2	100.0	80.1	13.9	6.0	100.0	99.8	*0.2	*	
Race													
White	100.0	90.3	7.0	2.7	100.0	80.1	14.4	5.6	100.0	99.6	0.4	*0.1	
Black	100.0	95.0	3.2	1.8	100.0	89.2	6.8	4.0	100.0	99.7	*0.2	*0.1	
Hispanic origin													
Hispanic	100.0	95.9	2.6	1.5	100.0	91.6	5.4	3.0	100.0	99.7	*0.2	*0.1	
Non-Hispanic	100.0	90.6	6.8	2.6	100.0	80.6	13.9	5.5	100.0	99.6	0.4	*0.1	
Geographic region													
Northeast	100.0	91.9	5.5	2.6	100.0	83.2	11.3	5.5	100.0	99.6	*0.3	*0.1	
Midwest	100.0	88.8	8.1	3.1	100.0	77.0	16.6	6.4	100.0	99.7	*0.2	*0.0	
South	100.0	91.2	6.3	2.5	100.0	81.6	13.2	5.2	100.0	99.6	0.3	*0.1	
West	100.0	92.2	5.8	2.0	100.0	84.5	11.5	4.0	100.0	99.4	0.6	*0.0	
Marital status													
Currently married	100.0	88.8	8.1	3.1	100.0	77.8	16.0	6.1	100.0	99.6	0.3	*0.1	
Separated and divorced	100.0	91.7	5.8	2.5	100.0	79.5	14.2	6.3	100.0	99.3	*0.6	*0.1	
Widowed	100.0	94.8	4.3	0.9	100.0	69.5	25.4	5.0	100.0	99.7	*0.2	*0.1	
Never married	100.0	96.7	1.9	1.4	100.0	94.5	3.1	2.5	100.0	99.6	*0.3	*0.1	

Table 16. Percent distribution of persons 18 years of age and over by knowledge of relationship between noncigarette tobacco use and risk of mouth and throat cancer, according to sex and cigarette smoking status: United States, 1987

Believe chances of getting		Both	sexes			٨	<i>lale</i>			Fe	male	
mouth and throat cancer are increased by use of—	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Curren smokei
						Percent	distribution	ו		-		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Chewing tobacco												
Yes, increased:	83.9	85.5	86.0	79.5	84.5	87.7	85.0	79.8	83.4	84.1	87.6	79.1
Strongly	67.8	70.9	70.6	60.2	67.8	72.7	68.3	60.9	67.8	69.7	73.9	59.5
Moderately	11.5	10.4	11.3	13.6	11.9	10.9	12.0	13.0	11.2	10.1	10.4	14.2
Slightly	1.9	1.6	1.8	2.7	2.3	1.9	2.2	2.9	1.6	1.3	1.3	2.5
Don't know	2.7	2.6	2.3	3.0	2.5	2.1	2.4	3.0	2.8	3.0	2.1	3.0
No, not increased	3.7	2.9	2.7	6.1	4.3	3.2	3.2	6.7	3.3	2.7	1.9	5.5
Don't know	12.3	11.6	11.3	14.5	11.3	9.1	11.8	13.6	13.1	13.2	10.5	15.4
Snuff												
Yes, increased:	78.9	80.9	80.8	73.9	80.5	84.0	80.8	75.6	77.4	78.9	80.7	72.1
Strongly	62.8	65.7	65.7	55.6	63.6	67.9	64.8	56.8	62.2	64.3	67.0	54.4
Moderately	11.5	10.9	10.9	13.0	12.2	11.8	11.4	13.4	10.9	10.3	10.2	12.5
Slightly	2.0	1.9	1.8	2.5	2.4	2.2	2.2	2.8	1.7	1.7	1.3	2.1
Don't know	2.5	2.4	2.4	2.8	2.4	2.0	2.5	2.7	2.7	2.7	2.2	3.0
No, not increased	3.9	3.0	3.0	6.3	4.3	3.1	3.4	6.7	3.6	2.9	2.3	5.9
Don't know	17.2	16.1	16.2	19.8	15.2	12.8	15.7	17.8	19.0	18.2	17.0	21.9
Smoking a pipe												
Yes, increased:	75.2	78.1	78.7	67.4	76.7	81.0	78.5	69.6	73.9	76.4	79.0	65.1
Strongly	49.3	53.1	52.6	40.3	49.8	54.8	50.9	42.2	48.9	52.0	55.1	38.3
Moderately	20.4	20.0	20.4	21.0	21.0	21.1	21.2	20.6	19.8	19.2	19.1	21.5
Slightly	3.4	3.0	3.5	3.9	4.0	3.4	3.9	4.8	2.9	2.7	3.0	3.1
Don't know	2.2	2.1	2.2	2.2	2.0	1.6	2.5	2.1	2.3	2.4	1.9	2.3
No, not increased	8.6	6.6	6.6	13.6	8.5	6.4	6.8	13.0	8.6	6.7	6.4	14.3
Don't know	16.2	15.3	14.7	18.9	14.7	12.7	14.7	17.4	17.5	16.9	14.6	20.6
Smoking cigars												
Yes, increased:	77.6	80.6	80.4	70.4	78.4	82.9	79.4	71.8	76.9	79.1	81.8	68.9
Strongly	53.8	57.8	56.2	44.9	53,3	58.5	53.7	46.2	54.2	57.4	60.0	43.6
Moderately	18,6	18.0	18.8	19.3	19.3	19.5	19.7	18.5	17.9	17.0	17.4	20,1
Slightly	3.0	2.5	3.1	3.7	3.7	3.1	3.7	4.6	2.3	2.2	2.1	2.8
Don't know	2.3	2.2	2.3	2.4	2.1	1.7	2.4	2.4	2.4	2.5	2.3	2.3
No, not increased	7.2	5.1	6.0	11.9	7.8	5.3	6.7	12.1	6.7	5.0	4.9	11.6
Don't know	15.1	14.3	13.7	17.7	13.8	11.8	13.9	16.1	16.3	15.8	13.3	19.4

Table 17. Percent of persons 18 years of age and over by selected health-related behaviors and characteristics, sex, and cigarette smoking status: United States, 1987

		Bott	n sexes			٨	/lale			Fe	male	
Health-related behavior, knowledge, or belief	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker	Total	Never smoker	Former smoker	Current smoker
Alcohol consumption						Pe	rcent			-		
Drinks beer 5 times or more per week	6.5	3.0	8.5	10.7	11.6	6.4	12.6	17.1	2.0	0.9	2.3	4.0
Usually drinks 3 beers or more at a time	33.6 2.0	28.3 1.2	26.4 3.6	44.6 1.8	40.3 1.9	36.3 1.2	30.5 3.1	52.1 1.7	22.6 2.0	17.1 1.3	17.2 4.3	32.7 1.9
at a time	12.6	9.4	11.3	18.9	14.6	12.9	11.6	20.2	10.8	7.0	10.9	17.8
Drinks liquor 5 times or more per week	2.4 27.3	1.1 21.6	4.0 21.2	3.4 39.0	3.4 34.0	1.7 30.4	4.8 25.8	4.1 45.1	1.6 19.8	0.7 13.7	2.7 14.1	2.7 32.0
Eating habits												
Eats 3 meals a day on weekdays	44.4	49.5	50.3	31.2	44.2	48.6	50.9	32.8	44.6	50.1	49.5	29.5
Eats 3 meals a day on weekends	40.5	44.2	43.1	32.3	41.3	44.3	44.0	35.0	39.8	44.2	41.8	29.4
Avoids snacks on weekdays	26.8	25.8	29.1	26.7	26.8	24.5	30.5	26.5	26.8	26.6	26.9	26.8
Avoids snacks on weekends	23.5	22.6	25.3	23.6	23.1	21.0	25.9	23.6	23.8	23.6	24.4	23.6
Has changed diet for health reasons	37.4 25.1	37.3 24.5	46.5 30.5	30.3 22.1	35.2 27.1	35.0 24.9	44.8 34.2	26.4 23.8	39.5 23.3	38.7 24.3	49.0 24.8	34.5 20.3
Vitamin use												
Took any vitamin or mineral supplement in												
past 12 months	51.4	52.7	54.5	46.6	44.4	46.5	47.3	38.7	57.8	56.7	65.2	55.1
Took multivitamins in past 12 months	38.6	39.7	40.8	34.9	33.3	35.9	34.6	28.3	43.5	42.2	50.1	41.9
Took vitamin A in past 12 months ¹	4.2 23.3	4.1	4.8	3.9 21.1	3.9	3.9	4.2 22.3	3.7	4.5	4.2	5.6	4.1
Took vitamin C in past 12 months ¹ Took vitamin E in past 12 months ¹	10.0	23.7 9.4	25.0 12.3	9.3	22.1 9.0	24.0 8.0	11.2	19.5 8.3	24.3 11.0	23.5 10.3	28.9 13.9	22.8 10.4
Knowledge and beliefs												
Believes diet reduces risk of disease	83.4	84.5	85.9	81.2	82.1	84.7	84.2	78.1	84.7	84.3	88.6	84.4
Has heard of fiber	95.9	95.2	97.1	95.8	95.1	94.9	96.2	94.2	96.5	95.4	98.5	97.6
Social support												
Can call on at least 1 friend for help	85.7	86.8	84.8	84.7	84.3	87.0	82.5	82.5	87.1	86.7	88.0	87.0
Can call on at least 1 relative for help Participates in group activities at least	90.2	91.6	89.8	88.0	88.0	89.5	87.9	86.1	92.1	93.0	92.5	89.9
once a year	62.7	67.4	64.1	53.8	63.7	71.5	63.9	53.9	61.9	64.8	64.4	53.8
Attends religious activities at least once a year	67.9	75.1	68.0	55.5	63.7	70.6	66.7	52.1	71.6	78.0	69.9	59.1
Preventive care												
Has ever had a digital rectal exam	61.1	57.6	67.0	60.0	62.4	59.5	66.8	59.4	59.9	56.8	67.4	60.6
Has ever had a blood stool test	39.6	38.1	45.4	34.8	40.1	38.6	44.9	33.9	39.2	37.9	46.2	35.7
Has ever had a proctoscopic exam	23.4	21.7	27.5	21.0	24.8	24.0	27.7	21.0	22.2	20.8	27.2	21.1
Pap smear within the past year	40.4 35.9	39.2 34.8	43.5 40.3	40.7 34.0	•••	• • •	• • •	• • •	40.4 35.9	39.2 34.8	43.5 40.3	40.7
Breast self-examination monthly	51,9	51.5	52.2	52.1			• • •		აა.ყ 51.9	34.8 51.5	40.3 52.2	34.0 52.1
Has ever had a mammogram	39.3	38.5	46.7	35.1			•••	• • • •	39.3	38.5	46.7	35.1
Cancer												
Has ever been diagnosed with cancer	5.3	4.4	8.2	4.8	4.2	2.5	7.8	3.1	6.3	5.6	8.8	6.5
Has parents or siblings who have had cancer	33,4	30.3	41.2	33.1	31.6	25.6	41.5	30.5	35.1	33.2	40.9	35.8

 $[\]ensuremath{^{1}\text{Does}}$ not include multivitamin supplements.

Appendixes

Contents

I. 7	Fechnical notes on methods Background. Statistical design of NHIS Collection and processing of data. The NHIS of Cancer Epidemiology and Control. Estimation procedures. Types of estimates Reliability of the estimates	35 35 36 36 37 37 38
II.	Definitions of certain terms used in this report. Tobacco use Health-related behaviors (nontobacco). Cancer diagnosis Demographic terms	47 47 47 48 48
III.	Questionnaire items.	49
App	endix tables	
I. II.	The 20 poststratification age-sex-race cells in the National Health Interview Survey of Cancer Epidemiology and Control: United States, 1987. Estimated standard error parameters for the National Health Interview Survey of Cancer Epidemiology and Control: United States, 1987.	37 39
III.	Number of persons 18 years of age and over by sex, age, and known tobacco use status: United States, 1987	39
IV.	Number of persons 18 years of age and over by selected sociodemographic characteristics and known tobacco use status: United States, 1987	40
V.	Number of persons 18 years of age and over known to use cigarettes only and known to use paired combinations of cigarettes and chewing tobacco, snuff, pipes, and cigars, by sex and cigarette smoking status: United States, 1987	42
VI.	Number of persons 18 years of age and over who believe that smoking is related to emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease, by sex and cigarette smoking status: United States, 1987	42
VII.	Number of current smokers who have tried to quit smoking at least once and number of former smokers, by sex and known response status on selected questions related to quitting smoking: United States, 1987	42
VIII	Number of persons 18 years of age and over with known response status by sex, smoking status, and selected	43

Appendix I Technical notes on methods

Background

This report is one of a series of statistical reports published by the staff of the National Center for Health Statistics (NCHS). It is based on information collected from a nationwide sample of households included in the National Health Interview Survey (NHIS). Data are obtained on the personal, sociodemographic, and health characteristics of the family members and unrelated individuals living in these households.

Field operations for the survey are conducted by the U.S. Bureau of the Census under specifications established by NCHS. The U.S. Bureau of the Census participates in the survey planning, selects the sample, and conducts the interviews. The data are then transmitted to NCHS for preparation, processing, and analysis.

Summary reports and reports on special topics for each year's data are prepared by the staff of the Division of Health Interview Statistics for publication in *Vital and Health Statistics*, Series 10, publications of NCHS. Data also are tabulated for other reports published by NCHS staff and for use by other organizations and by researchers within and outside the government. Since 1969, public use tapes have been prepared for each year of data collection.

It should be noted that the health characteristics described by NHIS estimates pertain only to the resident, civilian noninstitutionalized population of the United States living at the time of the interview. The sample does not include persons residing in nursing homes, members of the Armed Forces, institutionalized persons, or U.S. nationals living abroad.

Statistical design of NHIS

General design

The NHIS has been conducted continuously since 1957. The sample design of the survey has undergone changes following each decennial census. This periodic redesign of the NHIS sample allows the incorporation of the latest population information and statistical methodology into the survey design. The data presented in this report were collected using an NHIS sample design first used in 1985. It is anticipated that this design will be used until 1995.

The sample design plan of the NHIS follows a multistage probability design that permits continuous sampling

of the civilian noninstitutionalized population residing in the United States. The survey is designed in such a way that the sample scheduled for each week is representative of the target population and the weekly samples are additive over time. This design permits estimates for frequent events or for large population groups to be produced from data collected over a short period of time. Estimates for infrequent events or for smaller population subgroups can be obtained from data collected over a longer period of time. The annual sample is designed so that tabulations can be provided for each of the four major geographic regions. Because interviewing is done throughout the year, there is no seasonal bias for annual estimates. The continuous data collection also has administrative and operational advantages because fieldwork can be handled on a continuing basis with an experienced, stable staff.

Sample selection

The target population for the NHIS is the civilian noninstitutionalized population residing in the United States. For the first stage of the sample design, the United States is considered to be a universe composed of approximately 1,900 geographically defined primary sampling units (PSU's). A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia. The 52 largest PSU's are selected into the sample with certainty and are referred to self-representing PSU's. The other PSU's in the universe are referred to as non-self-representing PSU's. These PSU's are clustered into 73 strata, and 2 sample PSU's are chosen from each stratum with probability proportional to population size. The selection of two PSU's per stratum allows more efficient variance estimation than was possible under the pre-1985 NHIS design in which only one PSU was selected per stratum (U.S. Bureau of the Census, 1985). The current selection procedure yields a total of 198 PSU's selected in the first stage.

Within a PSU, two types of second-stage units, referred to as segments, are used: area segments and permit area segments. Area segments are defined geographically and contain an expected eight households. Permit area segments cover geographical areas containing housing units built after the 1980 census. The permit area segments are defined using updated lists of building permits issued in the PSU since 1980 and contain an expected four households.

Within each segment all occupied households are targeted for interview. On occasion, a sample segment may contain a large number of households. In this situation the households are subsampled to provide a manageable interviewer workload. To increase the precision of estimates for black persons, differential sampling rates are applied in PSU's containing a population consisting of between 5 and 50 percent black persons. Within those PSU's, sampling rates for selection of segments are increased in areas known to have the highest concentrations of black persons; segment sampling rates are decreased in other areas within those PSU's to ensure that the total sample is the same size as it would have been without oversampling black persons.

The sample was designed so that a typical NHIS full sample for the data collection years 1985 to 1995 will consist of approximately 7,500 segments containing about 59,000 assigned households. Of these households, an expected 10,000 will be vacant, demolished, or occupied by persons not in the target population of the survey. The expected sample of 49,000 occupied households will yield a probability sample of about 127,000 persons.

The NHIS sample is designed so that it can serve as a sample frame for other NCHS population-based surveys. Four national subdesigns, or panels, constitute the full NHIS sample design. Each panel contains a representative sample of the U.S. civilian noninstitutionalized population. All four panels have identical sampling properties, and any combination of panels defines a national design. Panels were constructed to facilitate the linkage of NHIS to other surveys and also to efficiently make large reductions in the size of the sample by eliminating panels from the survey when budgetary constraints make this necessary.

In 1987 the sample consisted of 8,282 segments containing 61,009 assigned households. Of the 49,569 households eligible for interview, 47,240 households actually were interviewed, resulting in a sample of 122,859 persons.

Collection and processing of data

The NHIS questionnaire contains two major parts. The first, the basic health and demographic component, consists of topics that remain relatively unchanged from year to year. Among these topics are the incidence of acute conditions, the prevalence of chronic conditions, persons limited in activity due to chronic conditions, restriction in activity due to impairment or health problems, and utilization of health care services involving physician care and short-stay hospitalization. The second part, a special topics component, consists of additional topics that change from year to year.

Careful procedures are followed to assure the quality of data collected in the interview. Most households in the sample are contacted by mail before the interviewer arrives. Potential respondents are informed of the importance of the survey and assured that all information obtained in the interview will be held in strict confidence. Interviewers make repeated trips to a household when a respondent is not found on the first visit. The success of these procedures

is indicated by the response rate for the survey, which has been between 96 and 98 percent over the years.

When contact is made, the interviewer attempts to have all family members of the household 19 years of age and over present during the interview. When this is not possible, proxy responses for absent adult family members are accepted. In most situations, proxy respondents are used for persons under 19 years of age. Persons 17 and 18 years of age may respond for themselves, however.

Interviewers undergo extensive training and retraining. The quality of their work is checked by means of periodic observation and by reinterview. Their work also is evaluated by statistical studies of the data they obtain in their interviews. A field edit is performed on all completed interviews so that if there are any problems with the information on the questionnaire, respondents may be recontacted to solve the problem.

Completed questionnaires are sent from the U.S. Bureau of the Census field offices to NCHS for coding and editing. To ensure the accuracy of coding, a 5-percent sample of all questionnaires is recoded and keyed by other coders. A 100-percent verification procedure is used if certain error tolerances are exceeded. Staff members of the Division of Health Interview Statistics then edit the files to remove impossible and inconsistent codes.

The interview, fieldwork, and data processing procedures summarized above are described in detail in Series 1, No. 18 (NCHS, 1985).

The NHIS of Cancer Epidemiology and Control

In general, one adult 18 years of age or older was randomly selected from each NHIS sample family to participate in the 1987 NHIS of Cancer Epidemiology and Control (NHIS-CEC). The procedure was somewhat different in families falling into a special "Hispanic oversample." Hispanic persons were oversampled in selected PSU's in three consolidated metropolitan statistical areas (CMSA's): the New York, New Jersey, Long Island, New York-New Jersey-Connecticut CMSA; the Chicago-Gary-Lake County-Illinois-Indiana-Wisconsin CMSA; and the Miami-Fort Lauderdale, Florida CMSA. In Hispanic families in the PSU's selected for the oversample, up to two additional sample persons were included, yielding an additional 354 Hispanic respondents. In households where only Spanish was spoken, interviews were conducted with the aid of a Spanish Translation Guide (U.S. Bureau of the Census, 1987a, 1987b).

Self-response was required for NHIS-CEC and callbacks were made as necessary. Two questionnaires were used for the survey: one for cancer epidemiology and one for cancer control. One-half of the sample was interviewed with each questionnaire. The questionnaires were systematically assigned to every other sample person at the time of sample selection. A total of 22,080 persons were interviewed with the cancer epidemiology questionnaire and 22,043 with the cancer control questionnaire. The total of 44,123 interviewed persons represents a response rate of approximately 86 percent of identified eligible respondents. The combined overall response rate for the CEC can be estimated as the product of the response rate for the basic questionnaire (95 percent) and the CEC questionnaire (86 percent), or 82 percent. The survey included a wide range of information related to cancer including questions on acculturation, medical care, food knowledge, cancer knowledge and attitudes, cancer screening knowledge and practice, smoking and other tobacco use, occupational exposures, height and weight, food intake frequency, vitamin and mineral intake, reproduction and hormone use, family history of cancer, cancer survival, and social relationships and activities.

Estimation procedures

Because the design of the NHIS is a complex multistage probability sample, it is necessary to reflect these complex procedures in the derivation of estimates. The estimates presented in this report are based upon 1987 NHIS-CEC sample person counts weighted to produce national estimates. The weight for each sample person is the product of five component weights:

- 1. Probability of selection—The basic weight for each person is obtained by multiplying the reciprocals of the probabilities of selection at each step in the design: PSU, segment, and household.
- 2. Household nonresponse adjustment within segment—In NHIS, interviews are completed in about 96 percent of all eligible households. Because of household nonresponse, a weighting adjustment is required. The nonresponse adjustment weight is a ratio with the number of households in a sample segment as the numerator and the number of households actually interviewed in that segment as the denominator. This adjustment reduces bias in an estimate to the extent that persons in the noninterviewed households have the same characteristics as the persons in the interviewed households in the same segment. For nonresponse by NHIS-CEC sample persons, an additional adjustment was performed (see below).
- 3. First-stage ratio adjustment—The weight for persons in the non-self-representing PSU's is ratio adjusted to the 1980 population within four race-residence classes of the non-self-representing strata within each geographic region.
- 4. Adjustment for the probability of selection within house-hold—The weight for each NHIS-CEC sample person is multiplied by the within-family sampling weight, which is the inverse of the person's probability of selection within the family. The within-family sampling weight then is multiplied by 2 because each question-naire was administered in only one out of every two sample families. For example, in a family of four adults, the sample person had a 1 in 4 probability of selection. That person's weight is multiplied by 4, then doubled.

Table I. The 20 poststratification age-sex-race cells in the National Health Interview Survey of Cancer Epidemiology and Control: United States, 1987

	E	Nack	All other		
Age	Male	Female	Male	Female	
18–24 years	x	x	x	x	
25-34 years	X	X	X	X	
35-44 years	Х	X	X	х	
45-54 years	X	X	X	х	
55 years and over	X	X	×	X	

In the Hispanic oversample, the within-family sampling weight is calculated using a more complex formula that takes into account the number of eligibles and the distribution of eligibles by Hispanic status.

5. Poststratification by age-sex-race—Within each of 20 age-sex-race cells (table I), a weight is constructed each quarter to ratio adjust the first-stage population estimate based on the NHIS to an independent estimate of the population of each cell. These independent estimates are prepared by the U.S. Bureau of the Census and are updated quarterly.

The main effect of the ratio-estimating process is to make the sample more closely representative of the target population by age, sex, race, and residence. The poststratification adjustment helps to reduce the component of bias resulting from sampling frame undercoverage; furthermore, this adjustment frequently reduces sampling variance.

In some households responding to the basic health and demographic component of the NHIS, there is nonresponse to the special topic questionnaire. While the NHIS estimation procedures include no separate adjustment factor to reduce the bias due to this type of nonresponse, the post-stratification by age-sex-race also serves to reduce the nonresponse bias in estimates derived from the special topic sections, to the extent that nonrespondents to the special topic questionnaire are similar to respondents in each poststratification adjustment cell.

Types of estimates

As noted, NHIS data are collected on a weekly basis, with each week's sample representing the resident civilian noninstitutionalized population of the United States living during that week. The weekly samples are consolidated to produce quarterly files (each consisting of data for 13 weeks). Weights to adjust the data to represent the U.S. population are assigned to each of the four quarterly files. These quarterly files are later consolidated to produce the annual file, which is the basis of most tabulations of NHIS data.

NHIS uses various reference periods to reduce the amount of bias associated with respondent memory loss. A 2-week reference period is used in collecting data on the incidence of acute conditions, restriction in activity due to a health problem, and work loss days. Each of these measure health events that may be forgotten soon after they occur.

Examples of such events are telephoning a physician about a minor illness, missing a day from work because of a routine health problem, or having a cold. Either a 12- or 6-month (depending on the type of statistic) reference period is used for hospitalization data because hospitalization ordinarily involves a major event in a person's life and is not quickly forgotten. Chronic condition prevalence estimates are based on a 12-month reference period.

Because most NHIS estimates based on a 2-week reference period are designed to represent the number of health events for a 12-month period, these data must be adjusted to an annual basis. Data based on a 2-week reference period are multiplied by 6.5 to produce the 13week estimate for the quarter. These reference period adjustments are made at the time the quarterly files are produced. Therefore, the data can be used to produce estimates for each quarter and are used that way to study seasonal variation. The data from the four quarterly files (representing the number of events in each quarter) are summed to produce the annual estimate. Although these data are collected for only 2 weeks for each person included in the survey, any unusual event that may have occurred during a particular 2-week period does not bias the estimate because the quarterly estimate is a sum of the estimate produced for each week's sample during the entire quarter and the annual estimate is the sum of the four quarters.

For prevalence statistics, such as the proportion of persons who believe that smoking causes lung cancer, the annual estimate results from summing the weighted quarterly files and dividing by 4. This division is necessary because, as noted above, each quarterly file has been weighted to produce an estimate of the number of persons in the U.S. population with a given characteristic. Summing the quarters and dividing by 4 in effect averages these quarterly results for the year. Thus, the type of prevalence estimate ordinarily derived from NHIS data is an annual average prevalence estimate.

For data related to short-stay hospital discharges based on a 6-month reference period, cases identified during any quarter of data collection are multiplied by 2 to produce a quarterly estimate of the annual number of characteristics associated with short-stay hospital discharges. The NHIS average annual estimate of hospital discharges is derived by summing the four quarterly estimates and dividing by 4, just as the prevalence estimates are.

As noted above, two questionnaires were employed for the NHIS-CEC. Each sample person was systematically assigned one of the two questionnaires. Most of the questions were unique to each of the questionnaires; a few were asked on both. For this report, in instances where data were drawn only from one of the instruments, the estimation procedures were the same as those just described. In cases where identical questions were asked on both questionnaires, the data were pooled. In the latter case, an average annual estimate was derived by summing the eight quarterly estimates (four from each file) and dividing by 8.

Reliability of the estimates

Because NHIS estimates are based on a sample, they may differ somewhat from the figures that would have been obtained if a complete census had been taken using the same survey and processing procedures. There are two types of errors possible in an estimate based on a sample survey: sampling and nonsampling errors. To the extent possible, these types of errors are kept to a minimum by methods built into the survey procedures described elsewhere (NCHS, 1973). Although it is very difficult to measure the extent of bias in NHIS, several studies have been conducted to examine this problem. The results have been published in several reports (NCHS, 1965a, 1965b, 1967, 1968).

Nonsampling errors

Interviewing process—Information, such as the number of days of restricted activity caused by the condition, can be obtained more accurately from household members than from any other source because only the persons concerned are in a position to report this information. However, there are limitations to the accuracy of diagnostic and other information collected in household interviews. For example, for diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. Further, a respondent may not answer a question in the intended manner because he or she has not properly understood the question, has forgotten the event, does not know, or does not wish to divulge the answer. Regardless of the type of measure, all NHIS data are estimates of known reported morbidity, disability, and so forth.

Reference period bias—NHIS estimates do not represent a complete measure of any given topic during the specified calendar period because data are not collected in the interview for persons who died or became institutionalized during the reference period. For many types of statistics collected in the survey, the reference period is the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (such as 1 year) might be significant, especially within older age groups.

Population estimates—Some of the published tables include population figures for specified categories. Except for overall totals for the 20 age, sex, and race groups, which are adjusted to independent estimates, these figures are based on the sample of households in NHIS. They are given primarily to provide denominators for rate computation, and for this purpose they are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. With the exception of the overall totals by age, sex, and race

mentioned above, the population figures may differ from figures (which are derived from different sources) published in reports of the U.S. Bureau of the Census. Official population estimates are presented in the U.S. Bureau of the Census reports in Series P-20, P-25, and P-60.

Rounding of numbers—In published tables, the figures are rounded to the nearest thousand, although they are not necessarily accurate to that detail. Derived statistics, such as rates and percent distributions, are computed after the estimates on which they are based have been rounded to the nearest thousand.

Sampling errors

The standard error is primarily a measure of sampling error, that is, the variations that might occur by chance because only a sample of the population is surveyed. The chances are about 68 in 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 in 100 that the difference would be less than twice the standard error and about 99 in 100 that it would be less than 2½ times as large.

Individual standard errors were not computed for each estimate in this report. Instead, standard errors were computed for a broad spectrum of estimates. Regression techniques then were applied to produce equations from which a standard error for any estimate can be approximated. The regression equations, represented by parameters a and b, are presented in table II. Rules explaining their use are presented in the section below.

Table II. Estimated standard error parameters for the National Health Interview Survey of Cancer Epidemiology and Control: United States, 1987

Parameter		Estimated ,	parameters
set	Characteristic	8	b
	Cancer epidemiology or control (separate files):		
1	Population estimates for demographic, socioeconomic, and health characteristics	0.0000	10,000
(i	Age-sex-race population based upon combining the poststratification cells of table I.	0.0	0.0
	Cancer epidemiology and control (combined files):		
I	Population estimates for demographic, socioeconomic, and health characteristics	0.000021	6,100
II	Age-sex-race population based upon combining the poststratification cells of table I.	0.0	0.0

The reader is cautioned that this procedure will give an approximate standard error of an estimate rather than the precise standard error. The reader is further cautioned that particular care should be exercised when the denominator is small.

Denominators to be used in calculating approximate standard errors are shown in tables III-VIII. For 14 of the 17 tables presented in this report, the denominator provided is the exact denominator used in calculating the statistics shown. For the remaining three tables, tables 3, 5, and 16, the data were actually tabulated using the Cancer Control file only. Separate denominators are not shown for these tables. Rather, the denominators for smoking status by sex, shown in table V (and used for tables based on the pooled Cancer Epidemiology and Control files), are to be used for calculating standard errors for these tables. Parameters for the separate files (table II) should be used. Differences between the separate and the pooled denominators range from 0.3 percent for the total population to 1.8 percent for female former smokers. Use of the pooled denominators should have little effect on the standard errors calculated.

General rules for determining standard errors

To produce approximate standard errors for NHIS estimates, the reader must first determine the type of characteristic to be estimated, that is, the parameter set in table II to be used. The reader then must determine the type of estimate for which the standard error is needed. The type of estimate corresponds to one of five general rules for

Table III. Number of persons 18 years of age and over by sex, age, and known tobacco use status: United States, 1987

Sex and age	Cigarettes	Chewing tobacco	Snuff	Pipes	Cigars
		Numb	er in thousa	nds	
Both sexes	169,870	173,172	172,977	173,257	172,510
18-24 years	25,345	25,836	25,816	25,861	25,792
25–44 years	73,896	75,173	75,071	75,241	74,948
45-64 years	43,134	44,147	44,094	44,159	43,920
65–74 years	17,185	17,497	17,494	17,500	17,410
75 years and over.	10,309	10,520	10,502	10,497	10,440
Male	80,406	82,034	81,912	82,053	81,684
18-24 years	12,281	12,570	12,571	12,587	12,538
25-44 years	36,115	36,775	36,735	36,833	36,679
45-64 years	20,285	20,743	20,701	20,736	20,625
65-74 years	7,852	7,966	7,954	7,942	7.910
75 years and over.	3,873	3,980	3,952	3,955	3,931
Female	89,463	91,138	91,065	91,204	90,826
18-24 years	13,064	13,265	13,245	13,274	13,254
25-44 years	37,781	38,398	38,337	38,408	38,268
45–64 years	22,849	23,404	23,393	23,422	23,295
65–74 years	9,333	9,531	9,540	9,558	9,500
75 years and over.	6,436	6,539	6,550	6.542	6,509

NOTE: For use in calculating standard errors for tables 1, 8, 10, 12, and 14.

Table IV. Number of persons 18 years of age and over by selected sociodemographic characteristics and known tobacco use status: United States, 1987

Consideration and the state of	O less ::	Chewing			
Sociodemographic characteristic	Cigarettes	tobacco	Snuff	Pipes	Cigars
Both sexes			Number in thousands		
Total	169,870	173,172	172,977	172,738	172,510
Education level:					
Less than 12 years	38,899	39,545	39,523	39,556	39,423
12 years	66,228	67,350	67,298	67,416	67,092
More than 12 years	64,234	65,757	65,637	65,766	65,475
, , , , , , , , , , , , , , , , , , ,	01,201	00,707	03,007	03,700	65,475
Family Income:					
Less than \$10,000	22,886	23,307	23,299	23,303	23,214
\$10,000-\$19,999	33,081	33,664	33,610	33,674	33,564
\$20,000-\$34,999	44,889	45,816	45,786	45,844	45,600
\$35,000-\$49,999	26,781	27,349	27,285	27,353	27,245
\$50,000 or more	22,876	23,345	23,311	23,379	23,276
Race:					
White	146,159	149,115	148,934	149,150	148,465
Black	18,655	18,904	18,902	18,927	18,883
Hispania arigin					
Hispanic origin: Hispanic	12,266	12,640	12,604	12,625	10 500
Non-Hispanic	157,122	160,039	159,887	12,625 160,142	12,590
Non-mapaille	151,122	100,039	159,667	100,142	159,437
Geographic region:					
Northeast	36,482	37,184	37,153	37,250	37,069
Midwest	41,690	42,384	42,384	42,451	42,259
South	57,476	58,543	58,503	58,574	58,303
West	34,221	34,954	34,938	34,981	34,879
Marital status:					
Currently married	109,809	111,977	111,817	111,991	111,494
Separated and divorced	15,778	16,070	16,037	16,080	16,001
Widowed	12,463	12,712	12,730	12,729	12,675
Never married	31,650	32,244	32,225	32,298	32,181
Male					
Total	00.400	00.004	04.040	0.4.000	
Total	80,406	82,034	81,912	81,809	81,684
Education level:					
Less than 12 years	18,214	18,583	18,545	18,553	18,504
12 years	29,231	29,703	29,681	29,734	29,598
More than 12 years	32,722	33,504	33,442	33,523	33,337
Family Income:					
Less than \$10,000	8,467	8,650	8.644	8,626	8,630
\$10,000-\$19,999	15,039	15,294	15,244	15,285	15,219
\$20,000-\$34,999	22,430	22,941	22,917	22,948	22,838
\$35,000–\$49,999	13,687	14,017	14,007	14,036	13,960
\$50,000 or more	12,016	12,273	12,253	12,306	12,235
Race:					
White	69,582	71,044	70.930	74 007	70 70-
Black	8,319	8,419	• -	71,037	70,707
Diaon	0,515	0,419	8,413	8,423	8,394
Hispanic origin:					
Hispanic	5,717	5,949	5,931	5,931	5,905
Non-Hispanic	74,474	75,865	75,761	75,901	75,561
Geographic region:					
Northeast	17,070	17,419	17,396	17 466	47 400
Midwest	20,000	20,344	20,284	17,466 20,296	17,430
South	26,730	27,320	27,285	20,296 27,331	20,193 27,188
West	16,606	16,951	16,947	16,960	16,872
A South of the Assessment			•	•	,
Marital status: Currently married	E4 706	ET 000	EE 300	PP 644	
	54,706	55,828	55,729	55,814	55,582
	E 000	6.400	6 404	0.404	
Separated and divorced	5,993	6,123	6,101	6,121	6,083
	5,993 2,041 17,603	6,123 2,064 17,958	6,101 2,065 17,956	6,121 2,073 17,993	6,083 2,063 17,905

Table IV. Number of persons 18 years of age and over by selected sociodemographic characteristics and known tobacco use status: United States, 1987—Con.

		Chewing			
Sociodemographic characteristic	Cigarettes	tobacco	Snuff	Pipes	Cigars
Female		N	umber in thousands		
Total	89,463	91,138	91,065	90,929	90,826
Education level:					
Less than 12 years	20.685	20.962	20,978	20,003	20,919
12 years	36,997	37,647	37,617	37,682	37,493
More than 12 years	31,513	32,253	32,195	32,244	32,138
Family Income:					
Less than \$10,000	14,419	14,657	14,655	14,677	14,584
\$10,000-\$19,999	18,041	18,370	18,366	18,389	18,346
\$20,000-\$34,999	22,459	22,875	22,869	22,869	22,762
\$35,000-\$49,999	13,095	13,332	13,277	13,317	13,285
\$50,000 or more	10,860	11,072	11,058	11,073	11,041
Race:					
White	76,577	78,070	78,004	78,113	77.757
Black	10,337	10,485	10,489	10,504	10,489
Hispanic origin:					
Hispanic	6,549	6,691	6,672	6,694	6,684
Non-Hispanic	82,649	84,174	84,127	84,241	83,876
Geographic region:					
Northeast	19,412	19,766	19.756	19.784	19.638
Midwest	21,690	22,147	22,100	22,155	22.066
South	30.746	31,223	31,218	31,243	31,115
West	17,615	18,003	17,991	18,012	18,007
Marıtal status:					
Currently married	55,103	56,149	56,087	56,177	55,912
Separated and divorced	9,785	9,947	9,936	9,959	9,918
Widowed	10,422	10,648	10,665	10,656	10,612
Never married	14,047	14,286	14,269	14,305	14,276

NOTE: For use in calculating standard errors for tables 2, 9, 11, 13, and 15.

Table V. Number of persons 18 years of age and over known to use cigarettes only and known to use paired combinations of cigarettes and chewing tobacco, snuff, pipes, and cigars, by sex and cigarette smoking status: United States, 1987

Sex and	Known cigarette	and known use or—						
cigarette smoking status	smoking only	Chewing tobacco	Snuff	Pipes	Cigars			
Both sexes		Numb	er in thousa	ands				
Total	169,870	168,932	168,750	169,014	168,278			
Never	82,206 38,795 48,868	81,692 38,551 48,689	81,667 38,493 48,590	81,794 38,562 48,657	81,443 38,360 48,475			
Male								
Total	80,406	79,918	79,805	79,931	79,571			
Never	32,070 23,217 25,120	31,856 23,055 25,007	31,848 23,016 24,941	31,886 23,052 24,993	31,750 22,916 24,904			
Female								
Total	89,463	89,014	88,944	89,082	88,707			
Never	50,137 15,579 23,748	49,836 15,496 23,682	49,819 15,477 23,649	49,908 15,510 23,664	49,692 15,444 23,571			

NOTE: For use in calculating standard errors for table 7. "Cigarette only" column is for use in calculating standard errors for tables 3, 5, and 16.

Table VI. Number of persons 18 years of age and over who believe that smoking is related to emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease, by sex and cigarette smoking status: United States,

Sex and cigarette smoking status	Emphysema	Lung cancer	Chronic bronchitis	Cancer of the mouth and throat	Heart disease
Both sexes		Numb	er in thousa	ands	
Total	139,600	151,239	128,423	136,846	129,428
Never	67,959 34,699 36,941	75,123 36,248 39,869	62,780 31,922 33,722	68,001 33,452 35,393	62,189 32,365 34,874
Male					
Total	65,245	71,481	60,049	64,419	62,403
Never	26,210 20,400 18,636	29,501 21,440 20,539	24,677 18,585 16,786	26,925 19,586 17,908	25,181 19,135 18,087
Female					
Total	74,354	79,759	68,375	72,427	67,025
Never	41,749 14,300 18,306	45,622 14,808 19,330	38,103 13,337 16,935	41,076 13,867 17,484	37,008 13,231 16,787

NOTE: For use in calculating standard errors for table 4.

Table VII. Number of current smokers who have tried to quit smoking at least once and number of former smokers, by sex and known response status on selected questions related to quitting smoking: United States, 1987

Quitting smoking topics	Both sexes	Male	Female
Current smokers ¹	Nui	mber in thous	ands
Doctor's advice	47,800 30,539	24,499 15,444	23,301 15,095
Methods used in any quit attempts			
Lower tar and nicotine Special filters. Decrease number Nicorette ² Smokeout. Stop with friends or relatives Book "Cold turkey" Other.	31,129 31,067 31,096 31,077 31,029 31,049 30,894 31,651 30,439	15,821 15,808 15,812 15,821 15,791 15,775 15,647 16,135 15,425	15,308 15,259 15,285 15,257 15,238 15,274 15,247 15,517
Former smokers			
Doctor's advice	37,984 37,416 38,640	22,754 22,371 23,171	15,230 15,045 15,469

With at least 1 quit attempt.

NOTE: For use in calculating standard errors for table 6.

Whention of brand name is for the purpose of specific identification of the equipment or product used and does not imply endorsement by the U.S. Department of Health and Human Services.

SNo unknowns for methods used last time.

Table VIII. Number of persons 18 years of age and over with known response status by sex, smoking status, and selected health behaviors: United States, 1987

Selected health behavior	Total ¹	Never	Former	Current
Both sexes		Number in	thousands	
Number of times consumed beer per week	172,730	82,030	37.638	48,960
Number of beers consumed on drinking days	89,124	35,466	20,589	30,651
Number of times consumed wine per week	172,398	81,778	37,457	49,040
Number of glasses of wine consumed on drinking days	79,932	36,310	19,551	21,749
Number of times consumed liquor per week	172,357	81,756	37,564	48,887
Number of shots of liquor consumed on drinking days	74,894	30,326	17,895	24,715
Number of meals per day on weekdays	173,388	82,190	37,764	49,363
Number of meals per day on weekends	173,286	82,151	37,739	49,330
Number of snacks per day on weekdays	171,612	81,367	37,323	48,897
Number of snacks per day on weekends	171,064	81,138	37,159	48,758
lave changed diet for health reasons	173,914	82,387	38,005	49,508
Desirable weight	167,834	79,399	36,672	48,011
Took any vitamin or mineral supplement in last 12 months	174,285	82,593	38,045	49,558
Took multivitamin in last 12 months	89,143	43,253	20,644	22,956
Fook vitamin A in last 12 months	88,411	42,987	20,379	22,766
Fook vitamin C in last 12 months	89,286	43,322	20,660	23,033
Fook vitamin E in last 12 months	89,284	43,310	20,676	23,019
Diet versus disease	175,263	82,775	38,125	49,611
Heard of fiber	172,217	81,624	37,727	49,046
Number of friends can call on for help	170,568	80,902	37,136	48,836
Number of relatives can call on for help	171,079	81,195	37,313	48,868
Number of times per year participates in social activities	171,168	81,100	37,382	48,969
Number of times per year attends religious services	171,639	81,262	37,646	48,996
Parents or siblings ever diagnosed with cancer	55,526	23,729	14,946	15,562
Personal history of cancer	173,599	82,394	37,949	49,408
Ever had a digital rectal exam	85,295	35,286	25,608	21,784
Ever had a blood stool test	84,512	35,009	25,320	21,627
Ever had a proctoscopic exam	84,963	35,170	25,549	21,681
Interval since last Pap smear	•••	• • •	• • •	***
Ever had a mammogram	•••	• • •	• • •	• • •
Time since last breast physical exam	• • •	• • •	• • •	• • •
Frequency of performing breast physical exam per year	•••	•••	•••	•••
Male				
Number of times consumed beer per week	81,785	32,108	22,482	25,192
Number of beers consumed on drinking days	55,217	20,762	14,244	18,766
Number of times consumed wine per week	81,663	31,991	22,452	25,214
Number of glasses of wine consumed on drinking days	36,860	14,901	10,744	10,185
Number of times consumed liquor per week	81,617	31,981	22,440	25,178
Number of shots of liquor consumed on drinking days	39,311	14,257	10,835	13,181
Number of meals per day on weekdays	82,175	32,210	22,577	25,394
Number of meals per day on weekends	82,124	32,199	22,557	25,374
Number of snacks per day on weekdays	81,342	31,939	22,280	25,150
Number of snacks per day on weekends	80,983	31,815	22,146	25,056
Have changed diet for health reasons	82,426	32,240	22,714	25,491
Desirable weight	79,116	30,869	21,964	24,473
Took any vitamin or mineral supplement in last 12 months	82,620	32,298	22,754	25,536
Took multivitamin in last 12 months	36,499	14,950	10,735	9,797
Took vitamin A in last 12 months	36,102	14,769	10,603	9,705
Took vitamin C in last 12 months	36,553	14,939	10,749	9,840
Took vitamin E in last 12 months	36,518	14,914	10,744	9,836
Diet versus disease	83,074	32,382	22,826	25,555
Heard of fiber.	81,550	31,954	22,574	25,155
Number of friends can call on for help	80,418	31,605	22,044	24,968
Number of relatives can call on for help	80,801	31,808	22,178	25,022
Number of times per year participates in social activities	81,000	31,666	22,301	25,212
Number of times per year attends religious services	81,292	31,827	22,493	25,148
Parents or siblings ever diagnosed with cancer	24,861	7,827	9,029	7,411
Personal history of cancer	82,307	32,268	22,691	25,434
Ever had a digital rectal exam	38,768	10,236	16,393	10,959
Ever had a blood stool test	38,216	10,081	16,116	10,870
Ever had a proctoscopic exam	38,742	10,293	16,308	10,986
nterval since last Pap smear	•••	•••	•••	
Fime since last breast physical exam	•••	•••	• • •	• • •
Frequency of performing breast physical exam year year	•••	•••	•••	• • •
requertey of performing breast physical exam year year	• • •	• • •	• • •	• • •

Table VIII. Number of persons 18 years of age and over with known response status by sex, smoking status, and selected health behaviors: United States, 1987—Con.

Selected health behavior	Total ¹	Never	Former	Curren
Female		Number in	n thousands	
Number of times consumed beer per week	90,945	49,922	15,156	23,767
Number of beers consumed on drinking days	33,908	14,704	6,364	11,885
Number of times consumed wine per week	90,734	49,787	15,004	23,826
Number of glasses of wine consumed on drinking days	43,072	21,409	8,807	11,563
Number of times consumed liquor per week	90,740	49,775	15,124	23,709
Number of shots of liquor consumed on drinking days	35,583	16,069	7,060	11,534
Number of meals per day on weekdays	91,213	49,981	15,187	23,969
Number of meals per day on weekends	91,162	49,953	15,183	23,956
Number of snacks per day on weekdays	90,270	49,428	15,043	23,748
Number of snacks per day on weekends	90,081	49,323	15,014	23,702
Have changed diet for health reasons	91,489	50,147	15,291	24,016
Desirable weight	88.718	48,530	14.708	23,538
Took any vitamin/mineral supplement in last 12 months	91,665	50,295	15,290	24,022
Took multivitamin in last 12 months	52,644	28,304	9,909	13,159
Took vitamin A in last 12 months	52,309	28,219	9,776	13,061
Took vitamin C in last 12 months	52,733	28,383	9,911	13,193
Took vitamin E in last 12 months	52,766	28,396	9,933	13,184
Diet versus disease	92,189	50,393	15,299	24,056
Heard of fiber	90,667	49,670	15,153	23,891
Number of friends can call on for help	90,151	49,297	15,092	23,868
Number of relatives can call on for help	90,278	49.387	15,135	23,846
Number of times per year participates in social activities	90,168	49,435	15.081	23,756
Number of times per year attends religious services	90,347	49,435	15,153	23,849
Parents or siblings ever diagnosed with cancer	30,664	15,902	5,916	8,151
Personal history of cancer	91,292	50,126	15.258	23,974
Ever had a digital rectal exam	46,527	25,050	9,215	10,825
Ever had a blood stool test	46.296	24,928	9,204	10,757
Ever had a proctoscopic exam	46,221	24,877	9,241	10,695
Interval since last Pap smear	86,951	47,126	15,120	22,368
Ever had a mammogram	46,580	25,107	9,265	10,773
Time since last breast physical exam	44,476	23,822	8,930	10,326
Frequency of performing breast physical exam per year	83,793	45,593	14,465	21,487

¹Total includes persons with unknown smoking status.

determining standard errors. Examples of their use are available (NCHS, 1988c).

Rule 1. Proportions and percents when the denominator is not generated by the poststratification age-sex-race classes—If p represents an estimated percent, b is the parameter from table Π associated with the numerator characteristics, and y is the number of persons in the denominator upon which p is based, then the standard error of p may be approximated by

SE
$$(p) = \sqrt{\frac{bp (100 - p)}{y}}$$
 (1)

(If p is a proportion, then this formula can be used with 100 replaced by 1.0.)

Rule 2. For rates, proportions, and percents when the denominator is generated by the poststratification agesex-race classes (table I)—In this case, the denominator has no sampling error. For example, rule 2 would apply to the estimated proportion of smokers among black persons age 65 years and over because the denominator is a combination of the poststratification cells. Approximate standard errors for such estimates can be computed using table II a and b parameters associated with the numerator characteristics along with formula 2 below.

If the estimate of rate, proportion, or percent p is the ratio of two estimated numbers, p = x/Y (where p may be inflated by 100 for percents or 1,000 for rates per 1,000 persons), with Y having no sampling error, then the approximate standard error for p is given by the formula

$$SE(p) = p \sqrt{a + \frac{b}{r}}$$
 (2)

In this report, the value of the denominator Y is always provided, but in most cases the numerator value x is not published. For these cases the value of x may be computed by the formula

x = pY if p is a proportion or rate per unit, or $x = \frac{pY}{100}$ if p is a percent or rate per 100 units, or

$$x = \frac{pY}{1,000}$$
 if p is a rate per 1,000 units

Rule 3. Estimated number of people or events—For the estimated number of people or events derived from this report, there are two cases to consider. For the first case, if the estimated number is any combination of the poststratification age-sex-race cells in table I, then its value has been adjusted to

official U.S. Bureau of the Census figures and its standard error is assumed to be 0.0. This corresponds to parameter set IV in table II. As an example, this would be the case for the number of persons in the U.S. target population or the number of black persons in the group 18–44 years of age. Although the race class "white" is not specifically adjusted to U.S. Bureau of the Census figures, it dominates the poststratification "all other" race class; consequently, age-sex-"all other" race combinations of table I can be treated as age-sex-white combinations for the purpose of approximating standard errors.

For the second case, the standard errors for all other estimates of numbers of people or events, such as the number of people limited in activity or the number of bed days, are approximated by using the parameters provided in table II and formula 3 below.

If the aggregate x for a characteristic has associated parameters a and b, then the approximate standard error for x, SE(x), can be computed by the formula

$$SE(x) = \sqrt{ax^2 + bx} \tag{3}$$

Rule 4. Rates when the denominator is not generated by the poststratification age-sex-race classes—If the estimated rate p is expressed as the ratio of two estimates, p = x/y (inflated by 100 or 1,000 when appropriate), then the estimated standard error for p is given by the formula

$$SE(p) = p \sqrt{\frac{SE(x)^2 + SE(y)^2}{x^2} + \frac{SE(x)}{y^2} - 2r \frac{SE(x)}{x} \frac{SE(y)}{y}}$$
 (4)

where SE(x) and SE(y) are computed using rule 3 and x and y are obtained from the tables. No estimates of r, the correlation between the numerator and denominator, are presented in this report; therefore, only the first two terms are available. The reader must assume that r = 0.0. Assuming r = 0.0 will yield an overestimate of the standard error if r is actually positive and an underestimate if r is negative.

Rule 5. Difference between two statistics (mean, rate, total, and proportion)—If x_1 and x_2 are two estimates, then the standard error of the difference (x_1-x_2) can be computed as follows:

$$SE(x_1 - x_2) = \sqrt{SE(x_1)^2 + SE(x_2)^2 - 2rSE(x_1)SE(x_2)}$$
(5)

where $SE(x_1)$ and $SE(x_2)$ are computed using rules 1-4 as appropriate and r is the correlation coefficient between x_1 and x_2 .

Assuming r = 0.0 will result in an accurate standard error if the two estimates are actually uncorrelated. An overestimate of the standard error will result if the correlation is positive and an underestimate will result if the correlation is negative.

Relative standard errors

Prior to 1985, relative standard error (RSE) curves were presented in NHIS reports for approximating relative

standard error. For readers who wish to continue using them, the following provides guidance. The RSE of an estimate is obtained by dividing the standard error (SE) of the estimate by the estimate x itself. This quantity is expressed as a percent of the estimate:

$$RSE = 100 \frac{SE(x)}{x}$$

Appendix II Definitions of certain terms used in this report

Tobacco use

Cigarette smoking status—Persons are classified according to reports of having smoked at least 100 cigarettes in their entire lifetimes.

- Current smoker—A person who has smoked at least 100 cigarettes in his or her lifetime and is still smoking.
- Former smoker—A person who has smoked at least 100 cigarettes in his or her lifetime but is not currently smoking.
- Never smoker—A person who has never smoked cigarettes or has smoked less than 100 cigarettes in his or her lifetime.

Chewing tobacco use status—Persons are classified according to reports of having used chewing tobacco at least 20 times in their entire lifetimes.

- Current user—A person who has used chewing tobacco at least 20 times in his or her lifetime and is still using it.
- Former user—A person who has used chewing tobacco at least 20 times in his or her lifetime but is not still using it.
- Never user—A person who has never used chewing tobacco or has used it less than 20 times in his or her lifetime.

Snuff use status—Persons are classified according to reports of having used snuff at least 20 times in their entire lifetimes.

- Current user—A person who has used snuff at least 20 times in his or her lifetime and is still using it.
- Former user—A person who has used snuff at least 20 times in his or her lifetime but is not still using it.
- Never user—A person who has never used snuff or has used it less than 20 times in his or her lifetime.

Pipe smoking status—Persons are classified according to reports of having smoked a pipe at least 50 times in their entire lifetimes.

- Current smoker—A person who has smoked a pipe at least 50 times in his or her lifetime and is still smoking.
- Former smoker—A person who has smoked a pipe at least 50 times in his or her lifetime but is not currently smoking.

 Never smoker—A person who has never smoked a pipe or has smoked a pipe less than 50 times in his or her lifetime.

Cigar smoking status—Persons are classified according to reports of having smoked at least 50 cigars in their entire lifetimes.

- Current smoker—A person who has smoked at least 50 cigars in his or her lifetime and is still smoking.
- Former smoker—A person who has smoked at least 50 cigars in his or her lifetime but is not currently smoking.
- Never smoker—A person who has never smoked a cigar or has smoked less than 50 cigars in his or her lifetime.

Health-related behaviors (nontobacco)

Desirable weight—In this report, desirable body weight for height is classified according to 1983 Metropolitan Life Insurance Company (MLIC) standards (MLIC, 1983). Data on body weight are based on self-reported height and weight, without shoes. The midpoint of the medium frame weight category for a particular height was used as the desirable weight for that height. The MLIC standards were developed based on weight in indoor clothing and height with 1-inch heels for men and 2-inch heels for women. The National Health Interview Survey (NHIS) asked respondents to report their heights without shoes. The MLIC standards were adjusted by subtracting 2 pounds from the midpoint of the medium frame category for both sexes, and subtracting 1 inch from the height for men and 2 inches from the height for women.

The MLIC desirable weight standards are based on the mortality experience of a group of life insurance policyholders. Because persons who obtain life insurance are not representative of the general population, the appropriateness of these standards for some population subgroups is unknown (National Institutes of Health, 1985). The 1983 MLIC standards are slightly higher than the earlier published 1960 MLIC standards (Metropolitan Life Insurance Company, 1960). Both MLIC and NHIS data were based on self-reported height and weight. Self-reported height and weight data produce conservative estimates of the extent of overweight in the population because heavier

people tend to report lighter body weights than are obtained by actual physical measurements.

A variety of measures of overweight status are in use both within the National Center for Health Statistics and by outside researchers (National Institutes of Health, 1985). A major source of data on the prevalence of overweight in the U.S. population is the Second National Health and Nutrition Examination Survey (NHANES II). Data released from the NHANES II on overweight status are computed using measured height and weight and expressed as body mass index (BMI), calculated as weight divided by height, squared. Although not identical, the proportions of the population defined as "20 percent or more overweight" using the body mass index NHANES II cutpoints and the 1983 MLIC standards are not substantially different (National Institutes of Health, 1985).

Cancer diagnosis

Cancer diagnosis (respondent)—Cancer diagnoses include those diagnoses made by a respondent's physician and reported by the respondent. Diagnoses reported as cancer but not classified as such in the NHIS medical coding manual (NCHS, 1988e) are not included.

Cancer diagnosis (family)—History of cancer diagnosis among parents and siblings refers only to cancer diagnoses for full blood relatives. Half-siblings, stepparents, and adoptive parents and siblings are excluded.

Demographic terms

Age—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions, depending on the purpose of the table.

Educational level—Each person 18 years of age and over is classified by education according to the highest grade of school completed. Only grades completed in regular schools, where persons are given a formal education, are included. A regular school is one that advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Thus, education in vocational, trade, or business schools outside the regular school system is not counted in determining the highest grade of school completed.

Family income—Each member of a family is classified according to the total income of the family of which he or she is a member. Within the household, all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own incomes.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period preceding the week of interview. Income from all sources—for example, wages, salaries, rents from property, pensions, government payments, and help from relatives—is included.

Geographic region—For the purpose of classifying the population by geographic area, the States are grouped into

four regions. These regions, which correspond to those used by the U.S. Bureau of the Census, are as follows:

Region States included Northeast Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania Midwest Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska South Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas West Washington, Oregon, California, Nevada,

Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii

Hispanic origin—In this report, the population has been subdivided into two groups: Hispanic and non-Hispanic. Persons identifying themselves as belonging to any one of seven Hispanic origin groups (Puerto Rican, Cuban, Mexican or Mexicano, Mexican-American, Chicano, other Latin American, other Spanish) are classified as Hispanic. All others are classified as non-Hispanic.

Marital status:

- Currently married includes all married persons not separated from their spouses for reasons of marital discord. Persons living apart due to circumstances of their employment are considered married. Persons living together as husband and wife are considered married, regardless of legal status.
- Separated and divorced includes persons who are legally separated or divorced or who are living apart for reasons of marital discord.
- Widowed includes persons who have lost their spouse to death.
- Never married includes persons who were never married and persons whose only marriage was annulled.

Race—The population is divided into three racial groups, "white," "black," and "all other." "All other" includes Aleut, Eskimo or American Indian, Asian, or Pacific Islander, and any other races. Race characterization is based on the respondent's description of his or her racial background. Because of the mixed composition of the "other" category, only white and black are shown in this report.

Appendix III Questionnaire items from National Health Interview Survey— Epidemiology Study

57a	During the past year or so, how often did you drink beer?	0011	111-114
b.	On the days you drank beer, how many cans, bottles or glasses did you drink?	Number 99 DK	115-116
c.	Were they small, medium, or large?	1 ☐ Small 2 ☐ Medium (12 oz.) 3 ☐ Large (16 oz.)	117

			RT 82
	Section BB — FOOD FRE	QUENCY — Continued	3-4
58a.	During the past year or so, how often did you drink wine?	0011 ☐ Everyday/daily 2 ☐ Week 3 ☐ Month 4 ☐ Year 0000 ☐ Never (59)	5-8
	On the days you drank wine, how many glasses did you drink?	Number 99 🗆 DK	8-10
с.	Were they small, medium, or large?	1 ☐ Small 2 ☐ Medium (1 med. wine glass) 3 ☐ Large	_ 11
59a.	During the past year or so, how often did you drink liquor?	0011 Everyday/daily 2 Week 3 Month 4 Year 0000 Never (60)	12–15
b.	On the days you drank liquor, how many drinks did you have?	Number 99 🗆 DK	16-17
c.	Were they small, medium, or large?	1 ☐ Small 2 ☐ Medium (1shot) 3 ☐ Large	18
60a.	Was there ever a period in your life when you drank five or more drinks of any alcoholic beverage almost every day?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (61)	19
ь.	For how long did that period last?	Number { 1 □ Days 2 □ Weeks 3 □ Months 4 □ Years	20-23
61.	When you eat chicken or other poultry, how often do you eat it with the skin on? Would you say often, sometimes, rarely or never?	1 ☐ Often or always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 0 ☐ Don't eat chicken or poultry	24
62.	When you eat red meat, how often do you eat the fat? Would you say often, sometimes, rarely or never?	1 ☐ Often or always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Nøver 0 ☐ Don't eat red meat	25
63a.	On most weekdays, how many meals do you usually eat each day?	o ☐ Less than one a day Meals e ☐ DK	26
b.	On most weekdays, how many snacks do you usually eat each day, including snacks after dinner?	0 ☐ Less than one a day Snacks 9 ☐ DK	. 27
	On most Saturdays or Sundays, how many meals do you usually eat each day?	0 ☐ Less than one a day Meals 9 ☐ DK	28
d.	On most Saturdays or Sundays, how many snacks do you usually eat each day?	0 ☐ Less than one a day Snacks s ☐ DK	29
64.	in a typical week, how many meals do you usually get in restaurants, cafeterias, or fast food places?	oo □ Less than one a week Meals 99 □ DK	3031

	Section CC — VITAMIN	AND MINERAL INTAKE	
1.	During the past 12 months, that is, since (12 month date) a year ago, did you take any vitamin or mineral supplements of any kind?	1 ☐ Yes 2 ☐ No (section DD)	32
2a.	During the past 12 months, that is, since (12 month date) a year ago, did you take any MULTIPLE vitamins?	1 ☐ Yes 2 ☐ No (3)	33
b.	What Is the brand name of the multiple vitamins?		3478
	If more than one brand, ask:	I Brand Name	
	What is the name of the brand you took most often during the past 12 months?	DK/Refused (Ask probe for type)	
	If known, mark without asking, otherwise ask: Is that a therapeutic type, a stress-tab type or	1 ☐ Therapeutic 8 ☐ None of these	79
	a one-a-day type?	2 ☐ Stress-tabs 9 ☐ DK	
	Mark first type listed	3 🗋 One-a-day	80-81
C.	For how many of the past 12 months did you take [<u>(name in 2b)</u> /multiple vitamins]?	00□ Less than one 12□ All of them Number of months	180-81
d.	During [the/those] (number in 2c) month(s), about how many	98 🗆 Everyday	82-83
	days per month did you take [<u>(name in 2b)</u> /multiple vitamins]?	Number of days per month	
e.	On the days you took [(<u>name in 2b)</u> /multiple vitamins], how many pills did you take per day?	Pills per day 99 □ DK	84-85
	If less than 12 in 2c, ask:	1 ☐ Yes	86
f.	Did you take any multiple vitamins in the past month?	1 2 🗆 No	
	(The following questions are about vitamins not including the multiple vitamins you already told me about.)	1 ☐ Yes	87
3a.	During the past 12 months, did you take any vitamin A?	2 🗆 No (4)	
b.	For how many of the past 12 months did you take vitamin A?	oo ☐ Less than one 12 ☐ All of them	88-89
		Number of months	~
C.	During [the/those] (number in 3b) month(s), about how many days per month did you take vitamin A?	98 🗆 Everyday	90-91
		Number of days per month	
d.	On the days you took vitamin A, how many pills did you usually take per day?		92-93
	you usually take per day:	Pills per day	
e.	How many units of vitamin A are in each of the pills you took?	1	94-98
	tooks	Units 99999	
	If less than 12 in 3b, ask:	1 🗆 Yes	99
f.	Did you take any vitamin A in the past month?	i 2□No	
4a.	During the past 12 months, did you take any vitamin C?	1	100
	For how many of the past 12 months did you	00 Less than one	101-102
	take vitamin C?	l 12□ All of them	
	During [the/those] (number in 4b) month(s), about how many	Number of months	103-104
٠.	days per month did you take vitamin C?	98 ☐ Everyday	103-104
		Number of days per month Bas ☐ Other	
d.	On the days you took vitamin C, how many pills did you usually take per day?	Pills per day	105-106
е.	How many milligrams of vitamin C are in each of the pills you took?	Mgs.	107-111
•	If less than 12 in 4b, ask:	1 ☐ Yes	112
	Did you take any vitamin C in the past month?	2 🗆 No	
Note	es		

Section CC — VITAMIN AND MINE 5a. During the past 12 months, did you take any vitamin E?	RAL INTAKE — Continued 1 ☐ Yes 2 ☐ No (6)	5
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		
b. For how many of the past 12 months did you take vitamin E?	00 Less than one 12 All of them Number of months	6-7
C. During [the/those] (number in 5b) month(s), about how many days per month did you take vitamin E?	98 Everyday Number of days per month 88 Other	8-9
d. On the days you took vitamin E, how many pills did you usually take per day?	Pills per day	10-1
e. How many units of vitamin E are in each of the pills you took?	Units 99999	12-16
If less than 12 in 5b, ask: f. Did you take any vitamin E in the past month?	1 ☐ Yes 2 ☐ No	17
6a. During the past 12 months, did you take any calcium?	1 ☐ Yes 2 ☐ No (section DD)	18
b. For how many of the past 12 months did you take calclum?	oo ☐ Less than one 12 ☐ All of them Number of months	19-20
C. During [the/those] (number in 6b) month(s), about how many days per month did you take calcium?	98 ☐ Everyday ———— Number of days per month 88 ☐ Other	21-2
d. On the days you took calcium, how many pills did you usually take per day?	Pills per day	23–2
e. How many milligrams of calcium are in each of the pills you took?	Mgs. 89999 □ DK	25-2
If less than 12 in 6b, ask: f. Did you take any calcium in the past month?	1	30

	Section DD — FO	OOD KNOWLEDGE	
1a.	Have you ever made any LASTING and MAJOR changes in what you eat and drink for health reasons?	1	31
b.	In making these changes, what foods do you eat MORE of?	MORE	
	MURE Off		32-34
	Enter response verbatim, one food per line. Do not probe.		35-37
			38-40
	1 		41-43
		ooo □ None	
	ļ	999 🗆 DK	
c.	What foods do you eat LESS of?	LESS	
			44-46
	Enter response verbatim, one food per line. Do not probe.		47-49
			50-52
			53-55
		000 ☐ None 999 ☐ DK	
d.	Have you made these changes in what you eat and drink in the past five years?	1 ☐ Yes 2 ☐ No 9 ☐ DK} (1f)	56
е.	Did you make these changes in the past year?	1 Yes	57
		2 □ No 9 □ DK	
f.	Have there been any changes in the ways your	1 ☐ Yes	58
	food is cooked?	2 ☐ No 9 ☐ DK (2)	
g.	What are these changes?	MORE LESS	
		none Less 1 □ 2 □ Baking	59
		1 2 Boiling	60
	į	1 2 Steaming 1 2 Frying	62 63
		1 🔲 2 🔲 Stir-frying/wok	84
	:	1 ☐ 2 ☐ Sautéeing 1 ☐ 2 ☐ Grilling/barbecuing	65
		1 2 Salting	67
		1 ☐ 2 ☐ Microwaving 1 ☐ 2 ☐ Pressure-cooking	69
		1 2 Using non-stick pans	70
			<u> </u>
_		ı□dk	72
2.	I am going to read two statements. Please tell me which one you agree with most.		1_75_
	(a) What people eat or drink has little effect on	1 🗆 a (5)	
	whether they will develop major diseases.	2 ☐ b (3)	
	OR	9 ☐ DK (4)	
	(b) By eating certain kinds of foods, people can reduce their chances of developing major diseases.		
3.	Which major diseases do you think may be related to what people eat and drink?	1 ☐ Cancer 1 ☐ Heart disease	74 75
		1 Dobesity/Overweight	76
		1 ☐ Diabetes 1 ☐ Hypertension/ High Blood Pressure	77 78
	į	1 ☐ Other	79
		1 ☐ None 1 ☐ DK	80 81

	Section DD — FO	OOD KNOWLEDGE	
DD1	Refer to 3	1 ☐ Cancer in 3 (5) 8 ☐ Other (4)	82
4. Do	you think cancer may be related to what people and drink?	1 ☐ Yes 2 ☐ No 3 ☐ Probably/maybe/could be/etc. 9 ☐ DK	83
5a. Son fibe	ne foods contain fiber. Have you heard of er?	1 ☐ Yes 2 ☐ No 9 ☐ DK (6)	84
b. Ove	erall, would you say your diet is high, medium, ow in fiber?	1 ☐ High 2 ☐ Medium 3 ☐ Low 9 ☐ DK	85
6. Ove	orall, would you say your diet is high, medium, ow in fat?	1 ☐ High 2 ☐ Medium 3 ☐ Low 9 ☐ DK	86
7. Hav	re you gone on a diet for weight loss or any er medical reason during the past 12 months?	1	87

	Section EE — SI	MOKING HABITS	
1.	These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life? If asked: approximately 5 packs	1 ☐ Yes 2 ☐ No 9 ☐ DK	88
2.	How old were you when you first started smoking cigarettes fairly regularly?	Age □□□□ Never smoked regularly (section FF) □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	89-90
3.	Do you smoke cigarettes now?	1 ☐ Yes (5) 2 ☐ No	91
4.	How old were you when you stopped smoking cigarettes?	Age	92–93
5.	On the average, how many cigarettes [did/do] you usually smoke a day?	00 ☐ Less than one cigarette per day Cigarettes per day SS☐ DK	94—95
6.	For how many years [have you been/were you] a regular smoker, do not include the times you may have stayed off cigarettes?	oo□ Less than one year ———— Years 99□ DK	96-97
Note	S		

			RT 84
		IER TOBACCO USE	3-4
	These next questions are about the use of other tobacco products.	1 ☐ Yes 2 ☐ No (6)	5
1a.	Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?	2 ☐ No (6) 9 ☐ DK Chewing tobacco (6)	
b.	Have you used chewing tobacco at least 20 times?	1 □ Yes 2 □ No 9 □ DK } (6)	6
2.	How old were you when you first used chewing tobacco?	Age	7-8
3.	Do you use chewing tobacco now?	1 ☐ Yes 2 ☐ No	9
4.	Altogether, about how long [did you use/have you used] chewing tobacco?	000 Less than one month 1 ☐ Months 2 ☐ Years	10-12
5a.	On the average, how many days per month [did/do] you use chewing tobacco?	oo ☐ Less than one day a month 97 ☐ Never used regularly (6) 98 ☐ Everyday Days per month 99 ☐ DK	13-14
b.	On the days that you use(d) chewing tobacco, how many times [did/do] you use it?	Times per day	15-16
6a.	Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?	1 ☐ Yes 2 ☐ No (12) 9 ☐ DK Snuff (12)	17
b.	Have you used snuff at least 20 times?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (12)	18
7.	How old were you when you first used snuff?	———— Age 99 □ DK	19-20
8.	Do you use snuff now?	1 ☐ Yes 2 ☐ No	21
9.	Altogether, about how long [did you use/have you used] snuff?	000 ☐ Less than one month	22-24
10a	. On the average, how many days per month [did/do] you use snuff?	00 ☐ Less than one day a month 97 ☐ Never used regularly (12) 98 ☐ Everyday Days per month 98 ☐ DK	25-26
b.	On the days you use(d) snuff, how many times [did/do] you use it?	Times per day	27-28
11.	[Did/Do] you use snuff by sniffing it or by placing it in your mouth?	1 Sniffing 2 Mouth 3 Both	29
	. Have you ever smoked a pipe?	1 ☐ Yes 2 ☐ No (17)	30
	. Have you smoked a pipe at least 50 times?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (17)	31
13.	How old were you when you first smoked a pipe?	Age 99 □ DK	32-33

1 Yes 2 No coo Less than one month {1 Months 2 Years 999 DK coo Less than one day a month 97 Never smoked a pipe regularly (17) 98 Everyday Days per month 99 DK coo Less than one Pipefuls per day 99 DK 1 Yes 2 No (section GG)	35-37 38-39 40-41
To Months 2	38-39 40-41
oo Less than one day a month 97 Never smoked a pipe regularly (17) 98 Everyday Days per month 99 DK oo Less than one Pipefuls per day 99 DK 1 Yes 2 No (section GG)	40-41
99 DK co Less than one Pipefuls per day 99 DK 1 Yes 2 No (section GG)	
Pipefuls per day s9 □ DK 1 □ Yes 2 □ No (section GG)	
1 ☐ Yes 2 ☐ No (section GG)	42
1 ☐ Yes	
2☐ No } 9☐ DK } (section GG)	43
Age	44-45
1 ☐ Yes 2 ☐ No	46
000 ☐ Less than one month 1 ☐ Months 2 ☐ Years	47-48
00 Less than one day a month 97 Never smoked cigars regularly (section GG) 98 Everyday Days per month	5051
99 □ DK 00 □ Less than one Cigars per day 99 □ DK	52-5
	99 DK 1 Yes 2 No 000 Less than one month

	Section HH — FA	MILY	HISTORY OF CANCER			3-4
	These next questions are about your natural or birth mothe step or adoptive parents.	r and fa	ather. Do not include			
	Ask 1 – 2 for mother, then for father.		MOTHER		FATHER	
				5-8		22-2
1 a.	in what year was your natural [mother/father] born?	1a.	9999 DK		Year 9989	
b.	Is your [mother/father] still living?	b.	1 ☐ Yes (2) 2 ☐ No (1c) 9 ☐ DK (2) 7 ☐ Never knew natural r (1 for father)	9 mother	1 ☐ Yes (2) 2 ☐ No (1c) 9 ☐ DK (2) 7 ☐ Never knew natural f	26 ather (3)
c,	At what age did your [mother/father] die?	c.	Age	10-11	Age 99 □ DK	27-2
2a.	Was your [mother/father] ever diagnosed by a doctor as having cancer?	2a.	1 ☐ Yes 2 ☐ No 9 ☐ DK } (1 for father)	12	1 ☐ Yes 2 ☐ No 9 ☐ DK } (3)	29
b.	What kind of cancer was it?	b.	799 DK (2c)	13-15 (2d)	798 DK (2c)	30—3 —— (2d)
c.	What part of the body was affected?	c.	DK		□ рк	
d.	Did your [mother/father] have any other kind of cancer that was diagnosed by a doctor?	d.	1 ☐ Yes 2 ☐ No 9 ☐ DK } (2g)	16	1 ☐ Yes 2 ☐ No 9 ☐ DK	33
е.	The FIRST time [she/he] was diagnosed with cancer, what kind of cancer was it?	a.	000 ☐ Same as 2b/c (2g)	17—19 — (2g)	000 ☐ Same as 2b/c (2g)	34-3
_			799 DK (2f)		799 DK (2f)	
Ť.	What part of the body was affected?	f.		_		
g.	How old was your [mother/father] when cancer was first diagnosed by a doctor?	g.	OK Age 99 DK Age 11 for fath	20-21 er)		373
otes				1		

	Section HH — FAMILY H	ISTO	DRY OF CANCER — Con	tinued		
Read to respo	ndent: Now I'm going to ask about your sisters and I mother AND father as you. Do not include ste	broth p, ha	ers who have the same naturelf, or adoptive sisters and br	ral or bir others.	th	
	nany sisters do you have, including at may have died?	3a.	00 None Sisters			39-40
	nany brothers do you have, including at may have died?	b.	oo□ None Brothers 99□ DK			41-42
4. Have an	ne'' in 3s and 3b, skip to 9. y of your [brothers /{or) sisters] ever been ed by a doctor as having cancer?	4.	1 □ Yes 2 □ No 9 □ DK (9)			43
5. What ar who had	e the first names of your [brothers/(or) sisters] d cancer?	5.	Name	44	Name	62
Record e	ach person in a separate column aise?		Sex: 1 □ Male 2 □ Female 9 □ DK		Sex: 1 Male 2 Female 9 DK	
for the n	8 for the first person listed in 5 before asking 6—8 ext person.	c.		45-47 (6c)		63-65 (6c)
	kind of cancer did <u>(name in 5)</u> have? part of the body was affected?	6a.	799□DK <i>(6b)</i>		799 DK <i>(6b)</i>	
		J.	□рк	_	DK	
c. Did <u>(na</u> diagno	<u>rme in 5)</u> have any other kind of cancer that was used by a doctor?	c.	1 □ Yes 2 □ No 9 □ DK } (7)	48	1 ☐ Yes 2 ☐ No 9 ☐ DK } (7)	66
	RST time [he/she] was diagnosed with cancer, kind of cancer was it?	d.	000 Same as 6a/b (7)	49-51	000 ☐ Same as 6a/b (7)	67—69 — (7)
e. What	part of the body was affected?	e.	799□DK (6e)		799 □ DK (6e)	
	Id was (name in 5) when cancer was first used by a doctor?	7.	□DKAge	52-53	Age	7071
8a. In wha	nt year was <u>(name in 5)</u> born?	8a.	Year	64-57	Year 9999 □ DK	7275
_	vn, mark without asking. ne in 5) still living?	b.	1 □Yes (HH1) 2 □ No (8c) 9 □ DK (HH1)	58	1 ☐ Yes (HH1) 2 ☐ No (8c) 9 ☐ DK (HH1)	76
C. Atwh	at age did <u>(name in 5)</u> die?	c.	Age	59-60	Age 99 □ DK	77-78
HH1	Refer to entries in 5.	нн1	1 Additional siblings (6) 2 No more siblings (9)	61	1 ☐ Additional siblings (6) 2 ☐ No more siblings (9)	79
Notes						

	Section II — CANCER S	SURVIVORSHIP	RT 9
	Has a doctor or other health professional ever told you that you had cancer of any kind (including any cancer you have already mentioned)?	1 ☐ Yes 2 ☐ No (section JJ)	5
2a.	What kind of cancer was it?		6-8
		799 □ DK <i>(2b)</i>	(3)
b.	What part of the body was affected?		
	,		
	How old were you when this cancer was first diagnosed	□ DK	9-1
•	by a doctor?		<u> </u>
	Besides this cancer, has a doctor ever told you that you had any other kind of cancer?	1 ☐ Yes 2 ☐ No (section JJ)	11
a.	What kind of cancer was it?		12
		799 DK (5b)	(6)
b.	What part of the body was affected?		
		□ DK	
i.	How old were you when THIS cancer was first diagnosed by a doctor?	Age эя □ DK	15-1
ote	S		

·	Section KK — HEIGHT, WEIGHT, REL	ATIONSHIPS,	AND SOCIAL ACTIVITIES	
1.	About how tall are you without shoes?	1		28-30
		-	Feet	
<u></u>			Inches	
2.	About how much do you weigh without shoes?	! [<u>31–33</u>
L		<u> </u>	Pounds	
3.	When you weighed the most, how much did you weigh (not including pregnancy)?	1	Percent	34-36
		i	Pounds	
	These next questions are about social activities and relationships.	i !		37-38
	•	<u> </u>	Friends	
4a.	(Not including your [husband/wife]) Of all your friends, how many are there that you can talk	oo□ None		•
	to about private matters or can call on for help?	i +		
b.	(Not including your [husband/wife]) How many relatives do you have that you can talk to	! !	Relatives	39-40
	about private matters or can call on for help?	00□ None		
	If None in 4a and 4b, skip to 5.	1 1	Friends and relatives	41-42
C.	How many of these friends and relatives do you see or talk to at least once a month?	oo□ None		
5a.	How often do you participate in or attend group	 	(2 □ Week	43-45
	meetings or activities, for example, social clubs, PTA, sporting events, church groups or other community	7:	3 Month	
	service groups?	Times per	(4 ☐ Year	
_	How often do you go to shareh towards or other	000 Never		
٥.	How often do you go to church, temple, or other religious services?	! !	∫2 Week	46-48
		Times per	3 Month 4 Year	
		ooo⊡ Never		
Not	es	<u> </u>		
				(
				J
				ļ
				Ì
!				İ
				[
				1
				ł
				ĺ
				(

Appendix IV Questionnaire items from National Health Interview Survey— Cancer Control

			RT 69
	Section S — CANCER SCREEN	ING KNOWLEDGE AND PRACTICE	3-4
S	Refer to age and sex	1 ☐ Maie, under 40 (41) 2 ☐ Male, 40 + (21) 3 ☐ Fernale (1)	5
	These next questions are about certain kinds of medical tests and examinations.	1 ☐ Yes	6
1a.	Have you ever heard of a Pap smear test?	2 No 9 DK } (7)	
b.	Have you ever had a Pap smear?	1 ☐ Yes	7
		² ☐ No (6) ⁹ ☐ DK (7)	
c.	When did you have your last Pap smear?	mo. 19 OR — Topays ago 1 Days ago 2 Weeks ago 1 Months a	8-11 ess (2) s ago (4)
		l 999□ DK (1d)	12-14
a.	Was it within the past year or a year or more ago?	1 ☐ Within past year (1e) 9 ☐ DK (4) 2 ☐ 1 year or more (1f)	15
e.	Was it less than three months, or 3 or more months ago?	1 ☐ Less than 3 months 2 ☐ 3 or more months 9 ☐ DK	16
f.	Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 ☐ 3 years or less (2) 2 ☐ Between 3 and 5 years 3 ☐ 5 or more years 9 ☐ DK	17
2.	Where was this Pap smear done — in a doctor's office, a clinic, a hospital, or some other place?	1 ☐ Doctor's office 2 ☐ Clinic 3 ☐ Hospital 8 ☐ Other place (Specify) →	18
3a.	Did you go for your last Pap smear because of a health		1 19
	problem?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (3c)	
b.	What was the problem?	1 ☐ Follow-up tests/treatment	20
		1 ☐ Bleeding	21
ļ	Mark all mentioned, do not probe.	1 ☐ Pain 1 ☐ Discharge	23
		1 🗆 Itching	24
		1 Burning	25
		1 ☐ Infection 1 ☐ Unrelated medical problem	26 27
		1 Other	28
		1 □ DK	29
c.	How were you told the results of the test — in person, over the telephone, through the mail, or some other way?	1 ☐ In person 2 ☐ Telephone 3 ☐ Through the mail 4 ☐ Combination of methods 5 ☐ Never told; meaning results normal 6 ☐ Never told; DK if problem 8 ☐ Other	30

	Section S — CANCER SCREENING KNC	WLEDGE AND PRACTICE — Continued	
5a. H	ave you ever had a Pep smear where the results ere NOT normal?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (S3)	43_
b. B	ecause of the abnormal results, did you have ny additional tests?	1 ☐ Yes 2 ☐ No 9 ☐ DK	44
c. E	ecause of the abnormal results, did you have ny surgery or other treatment?	1	45
d. I	lid the [Pap smear/additional tests/surgery or other reatment] indicate that you had cancer?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (S3)	46
e. V	Vhen were you diagnosed as having cancer?	To any sago To any sago To any sago	47 -50
S	Refer to 1c and 1f.	1 ☐ More than 3 years in 1c or 1f (6) 8 ☐ Other <i>(7)</i>	54
6.	What is the most important reason why you have [never had a Pap smear/not had a Pap smear in the past few years]?	DOC Procrastinated/Put it off	
7a.	Do you have menstrual periods?	1 ☐ Yes (8) 2 ☐ No (7b) 3 ☐ Never had menstrual periods (7c)	57
b. ī	Did they stop due to surgery?	1 Yes (B) 2 No	58
c.	Was this due to surgery?	1 ☐ Yes 2 ☐ No	59
8a.	Do you know how to examine your own breasts for lumps?	1 ☐ Yes 2 ☐ No (S4)	60
b.	About how often do you examine your breasts for lumps?	1 Day 2 Week 3 Month 4 Year OOO Never 888 Other (Specify)	61-63
c.	Who taught you how to examine your breasts?	1 Doctor	64
	Mark all mentioned, do not probe.	1 ☐ Nurse 1 ☐ Other health professional 1 ☐ Learned in a class/meeting 1 ☐ Read in a book, pamphlet, magazine, etc. 1 ☐ Television 1 ☐ Other (Specify) 2	65 66 67 68 69 70
1		! 1 □ DK	<u></u>

		Section S — CANCER SCREENING KN	OWLEDGE A	AND PRACTICE — Continued	
S	4	Refer to age.]]]	1 ☐ Under 40 <i>(39)</i> 2 ☐ 40 and over <i>(9)</i>	72
1	by a d	est physical exam is when the breast is felt for lumps octor or medical assistant. Have you ever heard of a physical examination?	i i i i	1	73
b.	Have	you ever had a breast physical exam?) 1 1 1	1 ☐ Yes 2 ☐ No (14) 9 ☐ DK (15)	74
c.	When	did you have your last breast physical exam?		OR — 1	
d.	Was It	within the past year or a year or more ago?		1 ☐ Within past year (9e) 9 ☐ DK (12) 2 ☐ 1 year or more (9f)	79-81 82
е.	Was It	less than three months, or 3 or more months ago?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 ☐ Less than 3 months 2 ☐ 3 or more months 9 ☐ DK	83
f.	Was it 5 or m	3 years ago or less, between three and 5 years, or ore years ago?	 	1 ☐ 3 years or less (10) 2 ☐ Between 3 and 5 years 3 ☐ 5 or more years 9 ☐ DK	84
		was this exam done — in a doctor's office, a clinic, ital, or some other place?	 	1 ☐ Doctor's office 2 ☐ Clinic 3 ☐ Hospital 8 ☐ Other place (Specify)	85
11 _, a.		ou go for your last breast physical exam because ealth problem?	1	9	86
b.		was the problem?		1	87 88 89 90 91 92 93 94 95
c.		were you told the results of the test — in person, he telephone, through the mail, or some other		1	97
s	5	Refer to 11a.	 	1 ☐ Yes (13) 2 ☐ No 9 ☐ DK (12)	98
12a.		you EVER had a breast physical exam because ealth problem?	 	1 ☐ Yes 2 ☐ No 9 ☐ DK } (13)	99
b.		was the problem?		Follow-up tests/treatment Soreness Swelling Lumps Pain Discharge Complications related to breast feeding Unrelated medical problem Other DK	100 101 102 103 104 105 106 107 108

		Section S — CANCER SCREENING KNO	WLEDGE A	AND PRACTICE — Continued	
	HAN	D CARD S	İ		19
15a.	by a m	nmogram is when an x-ray is taken only of the breasts lachine that presses against the breast while the a is taken. Have you ever heard of a mammogram?	: 	1 ☐ Yes 2 ☐ No 9 ☐ DK } (21)	
b.	Have y	ou ever had a mammogram?		1 ☐ Yes 2 ☐ No (20) 9 ☐ DK (21)	20
C.	When	did you have your last mammogram?	mo. year	OR ——— 1 Days ago If 3 years ago or less If 3 years ago or less If more than 3 years ago 4 Years ago If more than 3 years ago If more t	(16) (0 (18) (25-27
đ.	Wasit	within the past year or a year or more ago?	 	1 ☐ Within past year (15e) 9 ☐ DK (18) 2 ☐ 1 year or more (15f)	28
9.	Was it	less than three months, or 3 or more months ago?		1 ☐ Less than 3 months 2 ☐ 3 or more months 9 ☐ DK	29
		3 years ago or less, between three and 5 years, or ore years ago?		1 ☐ 3 years or less (16) 2 ☐ Between 3 and 5 years 3 ☐ 5 or more years 9 ☐ DK	30
16.	Where hospit	was this test done — in a doctor's office, a clinic, a al, or some other place?		1 ☐ Doctor's office 2 ☐ Clinic 3 ☐ Hospital 4 ☐ Imaging center/x-ray lab 8 ☐ Other place (Specify)	31
<u> </u>			<u> </u>	∌□DK	1 22
17a.	Did yo health	ou go for your last mammogram because of a problem?	[] 	1 Yes 2 No 9 DK (17c)	32
b.		was the problem?		1 ☐ Thickening 1 ☐ Soreness 1 ☐ Swelling 1 ☐ Lumps 1 ☐ Pain 1 ☐ Discharge 1 ☐ Uorelated medical problem 1 ☐ Other 1 ☐ DK	33 34 35 36 37 28 39 40 41
c.	How v over th way?	were you told the results of the test — in person, he telephone, through the mail, or some other		1	42
s	7	Refer to 17a.		1 ☐ Yes (19) 2 ☐ No 9 ☐ DK } (18)	43
18a.	Have y	you EVER had a mammogram because of a problem?	 	1 ☐ Yes 2 ☐ No 9 ☐ DK } (19)	44
ь.		was the problem?		1	45 46 47 48 49 50 51 52 53

	Section S — CANCER SCREENING KNO	OWLEDGE AND PRACTICE — Continued	
	(These next questions are about certain kinds of medical tests and examinations.)		68
21a.	Have you ever heard of a digital rectal exam, that is when a finger is inserted in the rectum to check for problems?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (27)	
b.	Have you ever had a digital rectal exam?	1	69
c.	When did you have your last digital rectal exam?	year OR — 1 □ Days ago If 3 years ago or less If more than 3 years ago or less If more than 3 years ago If more than	70-73 (22) o (24) 74-76
d.	Was it within the past year or a year or more ago?	1 ☐ Within past year (21e) 9 ☐ DK (24) 2 ☐ 1 year or more (21f)	77
e.	Was it less than three months, or 3 or more months ago?	1 ☐ Less than 3 months 2 ☐ 3 or more months 9 ☐ DK	78
f.	Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 □ 3 years or less (22) 2 □ Between 3 and 5 years 3 □ 5 or more years 9 □ DK	79
22.	Where was this exam done — in a doctor's office, a clinic, a hospital, or some other place?	1 Doctor's office 2 Clinic 3 Hospital 8 Other place (Specify)	80
220	Did and the district of the di		81
238.	Did you go for your last digital rectal exam because of a health problem?	1	81
b.	What was the problem?	1 ☐ Pain 1 ☐ Constipation 1 ☐ Bowel trouble	82 83 84
	Mark all mentioned, do not probe.	1 Blood in stool 1 Difficulty urinating 1 Prostate enlargement 1 Bleeding 1 Hemorrhoids 1 Diverticulitis 1 Unrelated medical problem 1 Other 1 DK	85 86 87 88 89 90 91 92 93
c.	How were you told the results of the test — in person, over the telephone, through the mail, or some other way?	1 In person 2 Telephone 3 Through the mail 4 Combination of methods 5 Never told; meaning results normal 6 Never told; DK if problem 8 Other	94
	9 Refer to 23a.	1 ☐ Yes (25) 2 ☐ No 9 ☐ DK } (24)	95
24a.	Have you EVER had a digital rectal exam because of a health problem?	1	96
b.	What was the problem? Mark all mentioned, do not probe.	1 ☐ Pain 1 ☐ Constipation 1 ☐ Bowel trouble 1 ☐ Blood in stool 1 ☐ Difficulty urinating 1 ☐ Prostate enlargement 1 ☐ Bleeding 1 ☐ Hemorrholds 1 ☐ Diverticulitis 1 ☐ Unrelated medical problem 1 ☐ Other 1 ☐ DK	97 98 99 100 101 102 103 104 105 106 107

	Section S — CANCER SCREENING KNO	WLEDGE A	AND PRACTICE — Continue	ed	
determine v	ol test is when the stool is examined to whether it contains blood. Have you ever lood stool test?		1 ☐ Yes 2 ☐ No } 9 ☐ DK } (33)	1	19
b. Have you a	ver had a blood stool test?		1 □ Yes 2 □ No (32) 9 □ DK (33)		20
C. When did yo	ou have your last blood stool test?	/19 	OR = 1 Days ago 2 Weeks ago 3 Months ago 4 Years ago	If 3 years ago or less If more than 3 years ago	o (30)
d. Was it with	in the past year or a year or more ago?	 	999 DK (27d) 1 Within past year (27e) 2 1 year or more (27f)	9 🗌 DK (30)	25-27
	than three months, or 3 or more months ago?	1	1 ☐ Less than 3 months 2 ☐ 3 or more months 9 ☐ DK		29
f. Was It 3 year 5 or more y	ers ago or less, between three and 5 years, or ears ago?	 	1 3 years or less (28) 2 Between 3 and 5 years 3 5 or more years 9 DK		30
28. Did you do doctor or or	the blood stool test yourself or was it done by a ther medical person?	 	1 ☐ Self-administered 2 ☐ Doctor/medical person		31
29a. Was your la health prob	ist blood stool test done because of a lem?		1 □ Yes 2 □ No 9 □ DK } (29c)		32
b. What was t	t he problem? ntioned, do not probe.		1 Hemorrhoids 1 Bleeding 1 Pain 1 Constipation 1 Bowel trouble 1 Blood in stool 1 Ulcers 1 Unrelated medical problem 1 Other		33 34 35 36 37 38 39 40 41 42
C. How were over the tel way?	you told the results of the test — in person, ephone, through the mail, or some other		1 ☐ In person 2 ☐ Telephone 3 ☐ Through the mail 4 ☐ Combination of methods 5 ☐ Never told; meaning results norm 6 ☐ Never told; DK if problem 8 ☐ Other	nai	43
	efer to 29a.	1 1 1	1 Yes (31) 2 No (30) 3 DK (30)		44
30a. Have you is health prob	VER had a blood stool test because of a plem?		1 ☐ Yes 2 ☐ No 9 ☐ DK } (31)		45
b. What was a Mark all me	the problem? ntioned, do not probe.		1 ☐ Hemorrhoids 1 ☐ Bleeding 1 ☐ Pain 1 ☐ Constipation 1 ☐ Bowel trouble 1 ☐ Blood in stool 1 ☐ Ulcers 1 ☐ Unrelated medical problem 1 ☐ Other 1 ☐ DK		46 47 48 49 50 51 52 53 54 55

	Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE					
33a.	A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (S15)	70			
b.	Have you ever had a proctoscopic exam?	1 ☐ Yes 2 ☐ No <i>(38)</i> 9 ☐ DK <i>(S15)</i>	71			
c.	When did you have your last proctoscopic exam?	1 Days ago 2 Weeks ago 3 Months ago 4 Years ago 1 Days ago 1 Age ars ago	72-75 (34) (36) 76-78			
d.	Was it within the past year or a year or more ago?	1 ☐ Within past year <i>(33e)</i> 9 ☐ DK <i>(36)</i> 2 ☐ 1 year or more <i>(33f)</i>	79			
e.	Was it less than three months, or 3 or more months ago?	1 ☐ Less than 3 months 2 ☐ 3 or more months 9 ☐ DK	80			
f.	Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 ☐ 3 years or less (34) 2 ☐ Between 3 and 5 years 3 ☐ 5 or more years 9 ☐ DK	81			
34.	Where was this exam done — in a doctor's office, a clinic, a hospital, or some other place?	1 ☐ Doctor's office 2 ☐ Clinic 3 ☐ Hospital 4 ☐ Other place (Specify) →	82 、			
		9□ DK				
35a.	Did you go for your last proctoscopic exam because of a health problem?	1	83			
· b.	What was the problem? Mark all mentioned, do not probe.	1 ☐ Bleeding 1 ☐ Pain 1 ☐ Constipation 1 ☐ Bowel trouble 1 ☐ Blood in stool 1 ☐ Unrelated medical problem 1 ☐ Other 1 ☐ DK	84 85 86 87 88 89 90			
c.	How were you told the results of the test — in person, over the telephone, through the mail, or some other way?	1 ☐ In person 2 ☐ Telephone 3 ☐ Through the mail 4 ☐ Combination of methods 5 ☐ Never told; meaning results normal 6 ☐ Never told; DK if problem 8 ☐ Other	92			
S	13 Refer to 35a.	1 ☐ Yes (37) 2 ☐ No 9 ☐ DK (36)	93			
36a.	Have you EVER had a proctoscopic exam because of a health problem?	1 ☐ Yes 2 ☐ No <i>(37)</i>	94			
b.	What was the problem? Mark all mentioned, do not probe.	1 Bleeding 1 Pain 1 Constipation 1 Bowel trouble 1 Blood in stool 1 Unrelated medical problem 1 Other 1 DK	95 96 97 98 99 100 101			

	Section T — SMOKING HABITS					
	These next questions are about cigarette smoking.	1□Yes	41			
1.	Have you smoked at least 100 cigarettes in your entire life?	2 □ No 9 □ DK } (4)				
	If asked: approximately 5 packs	9□ DK} ⁽⁴⁾				
2.			42-43			
۷.	How old were you when you first started smoking cigarettes fairly regularly?	Age				
		oo Never smoked regularly (4)				
		BB□DK				
3.	Do you smoke cigarettes now?	1 Yes (section V)	44			
	<u> </u>	2 ☐ No (section U)				
4.	When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do — ask the person not to	1 ☐ Ask person not to smoke	45			
	what are you most likely to do — ask the person not to	2 ☐ Move away				
	smoke, move away from the person, just do nothing, or something else?	3 Li Do nothing	•			
		a Something else				
Notes	organisas ser estados de la composição de la composição de la composição de la composição de la composição de l Estados estados					
			!			
			Ì			
ļ.						
			,			
1						
ł						
}						
			!			
			ı			
			į			
			į			
			l			

	Section U — FO	RMER SMOKER	
1.	About how long has it been since you last smoked cigarettes regularly?	oco□ Never smoked regularly (section W)	46-48
		1 □ Days 2 □ Weeks 3 □ Months 4 □ Years 3 □ Months 4 □ Years 3 □ Months 3 □ M	
		999 DK	
2.	On the average, how many cigarettes did you usually smoke a day?	oo□ Less than one cigarette per day	49-50
		Cigarettes per day Box 99 DK	
3.	How many minutes or hours after awakening did you		51-53
	usually have your first cigarette?	000 Immediately	
4.	Before you quit (entry in 1) ago, did you make any other serious attempts to stop smoking?	1	54
5.	Including the last time you gult smoking, how many times did you make a serious attempt to stop smoking clgerettes?	Times	5556
6.	Before you guit smoking (entry in 1) ago, what was the longest period you stayed off cigarettes?	000□ Less than one day	57-59
	•	1 □ Days 2 □ Weeks 3 □ Months 4 □ Years	
7.	For how many years were you a regular smoker (do not include the times when you stayed off cigarettes)?	coo Less than one year	6061
	I'm going to read a list of methods which some people	i 99□ DK	
_	use to stop smoking elgarettes.		
8a.	[When you quit did you ever/in any of your quit attempts did you ever] —	Yes No	
	1) switch to lower tar or nicotine cigarettes?	1 🗆 2 🗆	62
	use special filters or cigarette holders to regulate the amount of smoke inhaled?	1 2 🗆	63
	gradually decrease the number of cigarettes you smoked in a day?	1 2	64
	4) use prescription chewing gum called "nlcorette"?	1 2	65
	5) participate in the Great American Smoke-out?	1 2 0	66
	stop smoking along with friends or relatives who were also trying to quit?	1 2	67
	7) stop by following instructions in a book or pamphlet?	1 2	68
	8) stop "cold turkey", that is, stopping all at once without cutting down?	1 🗆 2 🗆	69
	9) use some other method?	1 2 2	70
b.	If "No" in 4 or only 1 method in 8a, mark box(es) without asking and skip to 9; otherwise ask: Thinking of the methods you just mentioned, which ones did you use the last time you quit smoking? Mark all applicable boxes, do not probe.	1 Switch to lower tar/nicotine cigarettes 1 Use special filters/cigarette holders 1 Gradually decrease number smoked 1 Use "nicorette" 1 Great American Smoke-out 1 Stop with friends or relatives 1 Follow instructions in pamphlet or book	71 72 73 74 75 76
		1 Stop "cold turkey" 1 Other 1 DK	78 79 80

		· · · · · · · · · · · · · · · · · · ·	RT 73
	Section U — FORME	R SMOKER — Continued	3-4
9.	Thinking of the time(s) you tried to quit smoking, please tell me the reasons you had for trying to quit.	1 ☐ Health symptom/problem 1 ☐ Present health 1 ☐ Future health	5 6 7
	Mark all mentioned, do not probe.	1 Deth present and future health	8
	If for health reasons in general ask:	1 Cost of cigarettes	10
	Was that concern for your health at the time or concern for your future health?	1 ☐ Pressure from family and friends 1 ☐ Advice from my doctor	11
	for your future health?	1 Setting a good example for children	12
		1 Effect my smoking had on others	13
		I ☐ Pregnancy 1 ☐ Lost desire	15
		1 1 Dirty habit	16
		1 Other	17
		1 □ DK	18
10a.	Did you ever try to quit smoking because of a health condition you had at the time?	1 ☐ Yes 2 ☐ No <i>(11)</i>	19
ь.	What was the health condition?	1 Heart trouble/problem	20 21
•		1 ☐ High blood pressure	22
	Mark all mentioned, do not probe.	! 1 Emphysema	23
		1 ☐ Cough	24
		1 ☐ Shortness of breath	25 26
		1 Cold/flu/virus 1 Other respiratory problem	27
		1 🔲 Sore throat	28
		1 Pregnancy	29 30
		i 1 □ Other ! 1 □ DK	31
		i ILIDA	
11.	Did a doctor ever advise you to quit smoking?	1 □ Yes 2 □ No 9 □ DK	32
12a.	Do you believe your smoking affected your health in any way?	1 □ Yes 2 □ No 9 □ DK } (13)	33
b.	How did smoking affect your health?	1 Heart trouble/problem	34
	Mark all mentioned, do not probe.	! 1 High blood pressure	36
	Mark an incidental, do not proper	1 □ Cancer	36
		1 ☐ Emphysema 1 ☐ Cough	38
		1 🗆 Shortness of breath	39
		1 Cold/flu/virus	40
İ		1 ☐ Other respiratory problem 1 ☐ Sore throat	42
		1 Dother	43.
		1 □ DK	44
13.	When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away from the person, just do	1 ☐ Ask person not to smoke 2 ☐ Move away 3 ☐ Do nothing	45
	nothing, or something else?	8 Something else	
Note	ş		

	Section V — CURRENT SMOKER				
	If telephone interview, skip to 1b.	Yes (Record UPC, THEN 3)	46-57		
1a.	In order to get an accurate record of the brand of cigarette you smoke most often, I'd like to see the cigarette package. Do you have the pack handy?				
h	What brand or type of cigarette do you smoke most often?	□No	58-60		
٠.	The stand of type of organizate do you smoke most origin		88-80		
		Brand/Type name			
2.	What type of cigarettes are the <u>(brand in 1b)</u> that you smoke? Are they —		61		
	•	1 Filter tip			
a.	filter tip or non-filter tip?	2 ☐ Non-filter tip			
ъ.	hard pack or soft pack?	1 Hard pack	62		
		2 Soft pack			
C.	menthol or plain?	1	63		
	regular blanches 400 or 400 milliones.	1 Regular	64		
u .	regular, king-size, 100, or 120 millimeter?	2 C King-size			
		i 3 ☐ 100 millimeter 4 ☐ 120 millimeter			
		1 9 □ DK			
8.	regular, lights or ultra lights?	! 1 ☐ Regular	65		
		2 Lights			
		3 ☐ Ultra lights 9 ☐ DK			
3.	On the average, how many cigarettes do you usually smoke a day?	00 Less than one cigarette per day	66-67		
	smore a dayr	Cigarettes per day			
4		99 □ DK			
4.	How many minutes or hours after awakening do you have your first cigarette?	000 ☐ Immediately	68-70		
		1 ☐Minutes 2 ☐Hours			
		999□DK			
5.	What are the reasons you smoke cigarettes?				
	Mark all mentioned, do not probe.	1 ☐ Addicted 1 ☐ Relaxes or calms me/nerves&tress/helps me cope	71		
	,	1 To keep my weight down	73		
		1 Wakes me up	74 75		
		1 Gives me something to do with my hands 1 Seeps me going/helps me concentrate/excuse to take a break	76		
		¹ □ Habit	77		
		1 ☐ I like it/enjoy it 1 ☐ Social reasons	79		
		1 Other	80		
		1 □DK	B1		
6-					
oa.	Have you ever made a serious attempt to stop smoking cigarettes?	1 Yes 2 No (12)	82		
		9 □ DK { (12)			
b.	Have you made more than one serious attempt?	1 1 Yes	83		
		2 □ No (6d)			
c.	How many times within the last year have you made a serious attempt to stop smoking cigarettes?	01 Once (6d)	84-85		
		oo□ Never (6e)			
		——— Times (6e)			
d.	When dld you make the serious attempt to quit smoking?		86-89		
		month 19 (7a)	<u> </u>		
Θ.	When did you last make a serious attempt to quit smoking?		90-93		
	- · · · · · · · · · · · · · · · · · · ·	19 (7b)	00-83		
7a.	When you tried to quit, how long did you stay off cigarettes?	month year	106 55		
	, tons tong and you stay our cigarattes?	000 ☐ Less than a day	94-96		
		1 □ Days			
		2 Weeks (8)	j		
		3 ☐ Months 4 ☐ Years			
		999 DK			
		· · · · · · · · · · · · · · · · · · ·			

			RT 74
	Section V — CURREN	T SMOKER — Continued	3-4
7b.	When you tried to quit in <u>(entry in 6e)</u> , for how long	000□ Less than a day	5-7
	did you stay off cigarettes?	[1□ Days	
		2□ Weeks	
		3 Months	
ŀ		(4□Years	
l		! 838□DK	
c.	Of all the times you have tried to quit smoking, what was	000□ Less than a day	8-10
	the longest period you stayed off cigarettes?	(¹□ Days	
		3 ☐ Months 4 ☐ Years	
		i ass DK	
	I'm going to read a list of methods which some people	338	
	use to stop smoking cigarettes.		
8a.	[When you tried to quit did you ever/in any of your	V N-	
	quit attempts did you ever] —	Yes No	
	1) switch to lower tar or nicotine cigarettes?	1 2	133
	2) use special filters or cigarette holders to regulate the		
	amount of smoke inhaled?	1 2	12
	3) gradually decrease the number of cigarettes you smoked		
	in a day?	10 20	13
	4) use prescription chewing gum called "nicorette"?	1 2	
	,	1 2 2 2	14
	5) participate in the Great American Smoke-out?	1 2	16
	6) stop smoking along with friends or relatives who were		
	also trying to quit?	1 2	16
	7) stop by following instructions in a book or pamphlet?	1 2	
	•		
	8) stop "cold turkey", that is, stopping all at once without cutting down?	1 2	
	Catting towns		18
	9) use some other method?	1□ 2□	
		i 1 2 2	19
	If "No" in 6b, or only 1 method in 8a, mark box(es) without asking and skip to 9, otherwise ask:	1 ☐ Switch to lower tar/nicotine cigarettes	20
	asking and skip to 9, Otherwise ask:	1 Use special filters/cigarette holders	21
b.	Thinking of the methods you just mentioned, which ones	1 Gradually decrease number smoked	22
	did you use the last time you tried to quit smoking?	1 Use "nicorette"	23
		1 ☐ Great American Smoke-out 1 ☐ Stop with friends or relatives	25
		1 Follow instructions in pamphlet or book	26
	Mark all applicable boxes, do not probe.	t ☐ Stop "cold turkey"	27
		1 Other	28
		1□DK	29
9.	Thinking of the time(s) you tried to quit smoking, please	1 Health symptom/problem	30
1	tell me the reasons you had for trying to quit.	T Present health	31
1	Mark all mentioned, do not probe.	1 Future health	32
	man an mone offer, do not prope.	1 ☐ Both present and future health 1 ☐ Cost of cigarettes	34
1	If for health reasons in general ask:	1 Pressure from family and friends	35
1	NEC AND A CONTRACTOR OF THE PARTY OF THE PAR	1 Advice from my doctor	36
	Was that concern for your health at the time or concern for your future health?	1 Setting a good example for children	37
		1 ☐ Effect my smoking had on others 1 ☐ Pregnancy	38
[I regnancy	40
		1 Dirty habit	41
l		1 🔲 Other	42
		1 □ DK	43
10a.	Did you ever try to quit smoking because of a health	1 ☐ Yes	44
1	condition you had at the time?	2 No (11)	
b.	What was the health condition?	1 Heart trouble/problem	45
	Mark all mentioned, do not probe.	1 ☐ High blood pressure	46
	montrolled, as not plobe.	t □ Cancer	48
		! 1 Cough	49
}		1 ☐ Shortness of breath	50
		1 ☐ Cold/flu/virus	51
		1 ☐ Other respiratory problem 1 ☐ Sore throat	52 53
		1 ☐ Sore throat 1 ☐ Pregnancy	53 54
		1 Other	55
		1 DK	56

	Section V — CURRENT	SMOKER — Continued	,
11a.	After your attempt(s) to quit, what were the reasons you started to smoke again? Mark all mentioned, do not probe.	oo Fear of gaining weight o1 Actual weight gain o2 Headaches/irritability/difficulty concentrating/drowsiness o3 Bored/blue/depressed o4 Nervous/tense/angry/frustrated/stress o5 Stressful life event o6 Pressure from others to smoke o7 No support from others o8 Habit/situation where used to smoke regularly o9 Addiction/craving 10 Pleasure of smoking/enjoy it 11 Others smoking around me 12 Not ready to quit/didn't want to quit 13 Didn't try hard enough/no will power 14 Any mention of alcohol as Other	57-58 59-80 61-62 63-64 65-66 67-88 69-70 71-72 73-74 75-76 77-78 79-80 81-82 83-84 85-88 87-88
	If only one reason in 11a, mark box without asking and skip to 12; otherwise ask:	MOST IMPORTANT	91-92
b.	Of the reasons you have told me, which of these was the MOST IMPORTANT to you as a reason for starting to smoke again.	00	
12.	Have you ever switched to a lower tar and nicotine cigarette just to reduce your health risk?	1 ☐ Yes 2 ☐ No	93
13a.	Do you believe your smoking has affected your health in any way?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (14)	,94
b.	How has your smoking affected your health?	1 ☐ Heart trouble/problem 1 ☐ High blood pressure	95 96
<u> </u>	Mark all mentioned, do not probe.	1 Cancer 1 Emphysema 1 Cough 1 Shortness of breath 1 Cold/flu/virus 1 Other respiratory problem 1 Other	97 98 99 100 101 102 .103
14.	Has a doctor ever advised you to quit smoking?	1 ☐ Yes 2 ☐ No	105
15.	For how many years have you been a regular smoker (do not include the times when you stayed off cigarettes)?	00 ☐ Less than one year Years 99 ☐ DK	106-107
16a.	Could you quit smoking permanently if you wanted to?	1	108
b.	How hard do you think it would be to quit smoking cigarettes entirely — very hard, somewhat hard, or not hard at all?	1 □ Very hard 2 □ Somewhat hard 3 □ Not hard at all 9 □ DK	109
17.	When you are inside public places that have no rules about smoking, what are you most likely to do — light up a cigarette if you wish, look around to see if others are smoking and then light up, ask if others would mind, just not smoke, or something else?	1 ☐ Light up z ☐ Look around 3 ☐ Ask others 4 ☐ Not smoke s ☐ Something else	110
Notes	5		

			RT 75
	Section W OT	HER TOBACCO USE	3-4
	These next questions are about the use of other	П.,	5
	tobacco products.	i 1	
1a.	Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?	9 ☐ DK Chewing tobacco (6)	
b.	Have you used chewing tobacco at least 20 times?	1 ☐ Yes	6
		2 □ No 9 □ DK } (6)	
2.	How old were you when you first used chewing tobacco?		7-8
	naw old that you which you man along chorning conducts.	Age 1 99⊡ DK	-
3.	Do you use chewing tobacco now?		9
3.	Do you use chewing tobacco flow?	1	
4.	Altogether, about how long [did you use/have you used]	l 1 000 ☐ Less than one month	10-12
• • · · · · · · · · · · · · · · · · · ·	chawing tobacco?	1	
		1	
		i Calla i eala	:
		999 DK	
F		00☐ Less than one day a month	13-14
əa.	On the average, how many days per month [did/do] you use chewing tobacco?	97 ☐ Never used regularly (6)	
	•	98 ☐ Everyday	
		Days per month	
		99 □ DK	
	A die June die deutsche met Debeuten de Leure Leure		15-16
b.	On the days that you use(d) chewing tobacco, how many times [did/do] you use it?	Times per day	<u> </u>
		99 DK	
68.	Have you ever used snuff, such as Skoal, Skoal Bandits,	1 □ Yes	17
"	or Copenhagen?	2 □ No (12)	
		9 ☐ DK Snuff (12)	
b.	Have you used snuff at least 20 times?	! 1 Yes	18
		2 No (12)	
		s□ DK } ''2'	19-20
7.	How old were you when you first used snuff?	Age	19-20
<u> </u>		99□ DK	
8.	Do you use snuff now?	1 Yes	21
		2 □ No	
9.	Altogether, about how long [did you use/have you used]	ooo□ Less than one month	22-24
	*nuff?	(c)	
		2 Years	
1		999□DK	
			25-26
7 Va.	On the average, how many days per month [did/do] you use snuff?	00 ☐ Less than one day a month 97 ☐ Never used regularly (12)	
	Initiation for use situati	98 Everyday	
l		Days per month	
		99 DK	
b.	On the days you use(d) snuff, how many times [did/do] you use it?	Times per day	27-28
	[citi/do] you use it!	99 □ DK	
11.	IDIA/Deliver are constituted in a burning		29
' ' '	[Did/Do] you use snuff by sniffing it or by placing it in your mouth?	1 ☐ Sniffing 1 ☐ Mouth	
}	•	3 ☐ Both	
12a.	Have you ever smoked a pipe?	- Πν	30
	nave you ever smoked a pipe:	1	
b.	Have you smoked a pipe at least 50 times?	ı∐Yes	31
1		2 □ No 9 □ DK } (17)	
		i and by	
13.	How old were you when you first smoked a pipe?	A	32-33
		Age 99□ DK	
i		1	

Section W — OTHER TOBACCO USE — Continued				
14. Do you smoke a pipe now?	1 □ Yes 2 □ No	34		
15. Altogether, about how long [did you smoke/have you smoked] a pipe?	ooo□ Less than one month	35-37		
16a. On the average, how many days per month [did/do] you smoke a pipe?	oo□ Less than one day a month a7□ Never smoked a pipe regularly (17) a8□ Everyday Days per month a9□ DK	38-39		
b. On the days you smoke(d) a pipe, how many pipefuls of tobacco [did/do] you smoke?	oo□ Less than one Pipefuls per day 99□ DK	40-41		
17a. Have you ever smoked cigars?	1 ☐ Yes 2 ☐ No <i>(22)</i>	42		
b. Have you smoked at least 50 clgars in your entire life?	1 ☐ Yes 2 ☐ No 9 ☐ DK} (22)	, 43		
18. How old were you when you first smoked cigars?	———Age ss□ DK	44-45		
19. Do you smoke cigars now?	1 ☐ Yes 2 ☐ No	46		
20. Altogether, about how long [did you smoke/have you smoked] cigars?	000 ☐ Less than one month 1 ☐ Months 2 ☐ Years	47-49		
21a. On the average, how many days per month [did/do] you smoke cigars?	00 Less than one day a month 97 Never smoked cigars regularly (22) 98 Everyday Days per month 99 DK	50-51		
b. On the days you smoke(d) cigars, how many [did/do] you smoke?	oo□ Less than one Cigars per day 99□ DK	52 -53		
Notes				

Section W — OTHER TOBACCO USE — Continued							
22a.	Do you	u believe cigarette smoking is related to —		HAND CA ASK 22b for e in 22 b. Do you think strong, mod slight relation	each "Yes" la. there is a erate, or enship	ASK 22c for each in 22a. c. Do you believe the person stops am completely, his completely his comp	nat if a oking chances
			 	between cig smoking and	arette 1 <u>(condition)</u> ?	of getting <u>(condit</u> reduced?	tion) are
	1) en	nphysema?	1 Yes 2 No 3 Maybe 9 DK	1 Strong 2 Moderate 3 Slight	(2)	1	56
,	2) gs	ilistones?	1	1 Strong 2 Moderate 3 Slight 9 DK	(3)	1	59
	3) Iu	ng cancer?	1 Yes 2 No 3 Maybe 9 DK (4)	1 Strong 2 Moderate 3 Slight 9 DK	(4)	1 ☐ Yes 2 ☐ No 9 ☐ DK	62
	4) ch	aronic bronchitis?	1	1 Strong 2 Moderate 3 Slight 8 DK	(5)	1	65
	5) di	abetes?	1 Yes 2 No 3 Maybe 9 DK 88	1 Strong 2 Moderate 3 Slight 9 DK	(6) 67	1	68
	6) ca	ncer of the mouth and throat?	1 Yes 2 No 3 Maybe 9 DK 69	1 Strong 2 Moderate 3 Slight 9 DK	(7) 70	1	71
	7) he	eart disease?	1 Yes 2 No 3 Maybe 9 DK 22b)	1 Strong 2 Moderate 3 Slight 9 DK	(22c)	1 Yes 2 No 9 DK	74
W	1	Mark appropriate box	1 Sample 8	371 <i>(23)</i> 372—874 <i>(W2)</i>			76
W:	2	Mark race. Refer to question 3; page 42 or 43 on HIS-1.	1 White (se				78
!	regula	u think that using chewing tobacco on a r basis can increase a person's chances ling mouth and throat cancer?			Ask 23 b. Do you model betwee cance	CARD W to for each "Yes" in a think there is a st rate or slight conne en mouth and thro r and (YES in 23a) about (YES in 23a)	rong, ection at
	1) U:	sing chewing tobacco?	1 ☐ Yes 2 ☐ No 9 ☐ DK (2)	77	2 [3 [] Strong] Moderate] Slight] DK	78
What about —		1 ☐ Yes 2 ☐ No } (3)		2 [3 [Strong Moderate Slight	1	
	2) U	sing snuff by mouth?	s □ dK	79] DK	80
3) Smoking a pipe?		1 ☐ Yes 2 ☐ No 9 ☐ DK (4)	81	2 [3 [Strong Moderate Slight DK	82	
	4) Sr	moking cigars?	1 ☐ Yes 2 ☐ No 9 ☐ DK (23b)	83	2 [3 [] Strong] Moderate] Slight] DK	84

	HAND CARD R2		85_
24. a.	Now I'm going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you strongly agree, agree, disagree, or strongly disagree, or if you have no opinion. Everything causes cancer anyway so it doesn't really matter if you smoke.	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Disagree 4 ☐ Strongly disagree 5 ☐ No opinion	
b.	Smoking by a pregnant woman may harm the baby.	1 □Strongly agree 2 □ Agree 3 □ Disagree 4 □ Strongly disagree 5 □ No opinion	86
c.	The smoke from someone else's cigarette is harmful to you.	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Disagree 4 ☐ Strongly disagree 5 ☐ No opinion	87_
đ.	Most deaths from lung cancer are caused by clgarette smoking.	1	88
₽.	People who smoke low tar and nicotine cigarettes are less likely to get cancer than people who smoke high tar and nicotine cigarettes.	1 □Strongly agree 2 □Agree 3 □Disagree 4 □Strongly disagree 5 □No opinion	89
f.	If people want to smoke, they should not do so inside public places where it might disturb others.	1	90
Note	S		

				RT 76
		Section X — OCCUP	ATIONAL EXPOSURE	3-4
X.	1	Refer to HIS-1, C1	1 ☐ Wa/Wb box marked (1) 8 ☐ All others (6)	5
tl	On your	current job, are you exposed to any substances uld be harmful if you breathed them or got them skin?	1 ☐ Yes 2 ☐ No 9 ☐ DK } (3a)	6
2a. D	Oo you	know how these substances could affect your health?	1 □ Yes 2 □ No <i>(3a)</i>	. 7
y ∘	our he	mentioned, do not probe.	1	8 9 10 11 12 13 14 15 16 17 18
b	puliding	spend at least half your work day in an office 3 or some other type of building or do you work outside?	1 ☐ Inside 2 ☐ Outside 9 ☐ DK (6)	19
	tre the	re at least five other people working in the 1?	1 □ Yes 2 □ No 9 □ DK} (6)	20
4a. I	s smok	ing allowed where you work?	1 □ Yes 2 □ No (4c) 9 □ DK (6)	21
b. D	Po you where y	have smoking and non-smoking areas ou work?	1 □ Yes 2 □ No 3 □ DK (5)	22
fe	or heal	our employer restrict smoking (to certain areas) th reasons and personal comfort, or for some easons?	1 Health/personal comfort 2 Other reasons 3 Both 9 DK	
5. Y	Vould v	in 4a, skip to 6; otherwise ask: you say your immediate work area is very from tobacco, somewhat smoky, or not smoky	1 ☐ Very smoky 2 ☐ Somewhat amoky 3 ☐ Not smoky at all 9 ☐ DK	24
C	igareti	ral, would you say the smoke from other people's les is very annoying to you, somewhat annoying or not at all annoying to you?	1 ☐ Very annoying 2 ☐ Somewhat annoying 3 ☐ Not at all annoying	25
Notes				

Vital and Health Statistics series descriptions

- SERIES 1. Programs and Collection Procedures—Reports describing the general programs of the National Center for Health Statistics and its offices and divisions and the data collection methods used. They also include definitions and other material necessary for understanding the data.
- SERIES 2. Data Evaluation and Methods Research—Studies of new statistical methodology including experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. Studies also include comparison of U.S. methodology with those of other countries.
- SERIES 3. Analytical and Epidemiological Studios—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.
- SERIES 4. Documents and Committee Reports—Final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.
- SERIES 5. Comparative International Vital and Health Statistics
 Reports—Analytical and descriptive reports comparing
 U.S. vital and health statistics with those of other countries.
- SERIES 6. Cognition and Survey Measurement—Reports from the National Laboratory for Collaborative Research in Cognition and Survey Measurement using methods of cognitive science to design, evaluate, and test survey instruments.
- SERIES 10. Data From the National Health Interview Survey—Statistics on illness, accidental injuries, disability, use of hospital, medical, dental, and other services, and other health-related topics, all based on data collected in the continuing national household interview survey.
- SERIES 11. Data From the National Health Examination Survey and the National Health and Nutrition Examination Survey—
 Data from direct examination, testing, and measurement of national samples of the civilian noninstitutionalized population provide the basis for (1) estimates of the medically defined prevalence of specific diseases in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics and (2) analysis of relationships among the various measurements without reference to an explicit finite universe of persons.
- SERIES 12. Data From the Institutionalized Population Surveys—Discontinued in 1975. Reports from these surveys are included in Series 13.
- SERIES 13. Data on Health Resources Utilization—Statistics on the utilization of health manpower and facilities providing long-term care, ambulatory care, hospital care, and family planning services.
- SERIES 14. Data on Health Resources: Manpower and Facilities—
 Statistics on the numbers, geographic distribution, and characteristics of health resources including physicians, dentists, nurses, other health occupations, hospitals, nursing homes, and outpatient facilities.

- SERIES 15. Data From Special Surveys—Statistics on health and health-related topics collected in special surveys that are not a part of the continuing data systems of the National Center for Health Statistics.
- SERIES 16. Compilations of Advance Data From Vital and Health
 Statistics—These reports provide early release of data
 from the National Center for Health Statistics' health and
 demographic surveys. Many of these releases are followed
 by detailed reports in the Vital and Health Statistics
 Series.
- SERIES 20. Data on Mortality—Various statistics on mortality other than as included in regular annual or monthly reports. Special analyses by cause of death, age, and other demographic variables; geographic and time series analyses; and statistics on characteristics of deaths not available from the vital records based on sample surveys of those records.
- SERIES 21. Data on Natality, Marriage, and Divorce—Various statistics on natality, marriage, and divorce other than as included in regular annual or monthly reports. Special analyses by demographic variables; geographic and time series analyses; studies of fertility; and statistics on characteristics of births not available from the vital records based on sample surveys of those records.
- SERIES 22. Data From the National Mortality and Natality Surveys—
 Discontinued in 1975. Reports from these sample surveys based on vital records are included in Series 20 and 21, respectively.
- SERIES 23. Data From the National Survey of Family Growth—
 Statistics on fertility, family formation and dissolution, family planning, and related maternal and infant health topics derived from a periodic survey of a nationwide probability sample of women 15–44 years of age.
- SERIES 24. Compilations of Data on Natality, Mortality, Marriage,
 Divorce, and Induced Terminations of Pregnancy—Advance reports of births, deaths, marriages, and divorces are based on final data from the National Vital Statistics System and are published annually as supplements to the Monthly Vital Statistics Report (MVSR). These reports are followed by the publication of detailed data in Vital Statistics of the United States annual volumes. Other reports including induced terminations of pregnancy issued periodically as supplements to the MVSR provide selected findings based on data from the National Vital Statistics System and may be followed by detailed reports in Vital and Health Statistics Series.

For answers to questions about this report or for a list of titles of reports published in these series, contact:

Scientific and Technical Information Branch National Center for Health Statistics Centers for Disease Control Public Health Service Hyattsville, Md. 20782

301-436-8500

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Health Statistics
3700 East-West Highway
Hyattsville, Maryland 20782

OFFICIAL BUSINESS PENALTY FOR PRIVATE USE, \$300 BULK RATE POSTAGE & FEES PAID PHS/NCHS PERMIT No. G-281