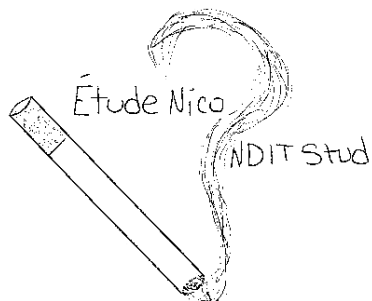


PLEASE PRINT YOUR NAME

First name

Last name



MCGILL UNIVERSITY STUDY ON NICOTINE DEPENDENCE IN TEENS

QUESTIONNAIRE VERSION

0	6
---	---

SCHOOL

--	--

DOSSIER NUMBER

--	--	--

SURVEY NUMBER

--	--

TODAY'S DATE

--	--

DAY

--	--

MONTH

--	--	--	--

YEAR

GRADE

--	--

RECALL MONTHS

0	2
---	---

1. In what month is your birthday?

- | | | | |
|---------------------------------------|----------|----------------------------------------|-----------|
| <input type="checkbox"/> ₁ | January | <input type="checkbox"/> ₇ | July |
| <input type="checkbox"/> ₂ | February | <input type="checkbox"/> ₈ | August |
| <input type="checkbox"/> ₃ | March | <input type="checkbox"/> ₉ | September |
| <input type="checkbox"/> ₄ | April | <input type="checkbox"/> ₁₀ | October |
| <input type="checkbox"/> ₅ | May | <input type="checkbox"/> ₁₁ | November |
| <input type="checkbox"/> ₆ | June | <input type="checkbox"/> ₁₂ | December |

2. On what day of the month is your birthday? Circle the correct day.

- | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

3. In what year were you born?

- 1984
- 1985
- 1986
- 1987
- 1988
- Other _____
Specify year

6. This chart asks about: (1) the adults with whom you live, and (2) whether or not the adults you live with currently smoke cigarettes.

First, check the box if you live with the person. Next, for the people you live with, check the box if he/she currently smokes cigarettes. If you live in more than one household (part-time with your Mom and part-time with your Dad), check ALL the boxes that apply...

Check the box if ...	You live with this person	He/she currently smokes cigarettes
Biologic mother	<input type="checkbox"/>	<input type="checkbox"/>
Biologic father	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother	<input type="checkbox"/>	<input type="checkbox"/>
Step-father	<input type="checkbox"/>	<input type="checkbox"/>
Aunt(s)	<input type="checkbox"/>	<input type="checkbox"/>
Uncle(s)	<input type="checkbox"/>	<input type="checkbox"/>
Grandmother(s)	<input type="checkbox"/>	<input type="checkbox"/>
Grandfather(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other(s) → Name them	<input type="checkbox"/>	<input type="checkbox"/>
a) _____	<input type="checkbox"/>	<input type="checkbox"/>
b) _____	<input type="checkbox"/>	<input type="checkbox"/>

7. Please write the correct numbers in the boxes. If an answer is zero, please write "0".

→ How many *brothers, step-brothers and half-brothers* do you have?

→ How many *sisters, step-sisters, and half-sisters* do you have?

→ How many of your *brothers, step-brothers, and half-brothers* smoke cigarettes?

→ How many of your *sisters, step-sisters, and half-sisters* smoke cigarettes?

8. Now, think about your friends. How many of the people whom you usually hang out with smoke cigarettes?

₁ None

₂ A few

₃ About half

₄ More than half

₅ Most or all

15. Now, think about the physical activities that you did last week from Monday to Sunday outside your regular school gym class. For each activity that you did for 5 minutes or more at one time, mark an "X" to show the day(s) on which you did that activity.

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Bicycling to school, bicycling to do errands, going for a bicycle ride							
Swimming/diving							
Basketball							
Baseball/softball							
Football							
Soccer							
Volleyball							
Racket Sports (badminton, tennis)							
Ice hockey/ball hockey							
Jump rope							
Downhill skiing, snowboarding							
Cross-country skiing							
Ice skating							
Rollerblading, skateboarding							
Gymnastics (bars, beams, tumbling, trampoline)							
Exercise / physical conditioning (push-ups, sit-ups, jumping jacks, weight-lifting, exercise machines)							
Ball-playing (dodge ball, kickball, wall-ball, catch)							
Track and field							
Games (chase, tag, hopscotch)							
Jazz/classical ballet							
Dancing (aerobic, folk, at a party)							
Outdoor play (climbing trees, hide and seek)							
Karate/ Judo/ Tai Chi/ Kung Fu							

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Bicycling to school, bicycling to do errands, going for a bicycle ride							
Boxing, wrestling							
Outdoor chores (mowing, raking, gardening)							
Indoor chores (mopping, vacuuming, sweeping)							
Mixed walking / running / jogging							
Walking							
Running/Jogging							
Other(s) → Name them							
a)							
b)							
c)							

16. Since September of this school year, did you belong to any of the following intramural or extramural school sports teams (teams that were not part of your regular gym class)...?

	Yes
School basketball team	<input type="checkbox"/>
School soccer team	<input type="checkbox"/>
School football team	<input type="checkbox"/>
School track and field team	<input type="checkbox"/>
School rugby team	<input type="checkbox"/>
School wrestling team	<input type="checkbox"/>
School swimming team	<input type="checkbox"/>
School softball team	<input type="checkbox"/>
School cross-country ski team	<input type="checkbox"/>
School volleyball team	<input type="checkbox"/>
School gymnastics team	<input type="checkbox"/>
School hockey team	<input type="checkbox"/>
Other(s) → Name them	
a)	_____
b)	_____

17. Now think about sports teams and lessons outside of school. In the past 3 months, did you belong to a...?

	Yes
Basketball team	<input type="checkbox"/>
Soccer team	<input type="checkbox"/>
Football team	<input type="checkbox"/>
Swimming team	<input type="checkbox"/>
Baseball team	<input type="checkbox"/>
Volleyball team	<input type="checkbox"/>
Hockey team	<input type="checkbox"/>
Ballet/dance classes	<input type="checkbox"/>
Aerobics classes	<input type="checkbox"/>
Ski lessons	<input type="checkbox"/>
Judo/Karate lessons	<input type="checkbox"/>
Other(s) → Name them	
a)	_____
b)	_____

18. How many hours of television (including video movies) do you usually watch in a single day? If the answer is zero, write "0" in the box. If the answer is less than $\frac{1}{2}$ hour, write "LT $\frac{1}{2}$ ".

On weekdays, I usually watch hour(s) of television a day

On weekends, I usually watch hour(s) of television a day

19. How many hours do you usually play video or computer games, or use the Internet in a single day? If the answer is zero, write "0" in the box. If the answer is less than $\frac{1}{2}$ hour, write "LT $\frac{1}{2}$ ".

On weekdays, I usually play video or computer games hour(s) a day

On weekends, I usually play video or computer games hour(s) a day

20. During the past 3 months, how often have you...?

	Never	Rarely	Sometimes	Often
Felt too tired to do things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Had trouble going to sleep or staying asleep	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Felt unhappy, sad, or depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Felt hopeless about the future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Felt nervous or tense	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Worried too much about things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

21. During the past 3 months, have you been worried or stressed by any of the following...?

	Not at all OR This does not apply to me	A little bit	Quite a bit	A whole lot
Your parents separating or divorcing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Loneliness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Breaking up with your boyfriend or girlfriend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Your relationship with your father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Your relationship with your mother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Your relationship with your brother(s)/sister(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Your relationship with your friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A health problem (such as acne or asthma)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Your weight	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Your new family (parents remarried)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Financial problems in your family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
School work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other(s) → Please describe				

	Not at all OR This does not apply to me	A little bit	Quite a bit	A whole lot
a) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

22. During the past 3 months, how often did you...?

	Never	A bit to try	Once or a couple of times a month	Once or a couple of times a week	Usually every day
Smoke a cigar or cigarillo	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Use chewing tobacco or snuff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Drink alcohol (beer, wine, hard liquor)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

23. The next questions are about smoking cigarettes. To begin, have you ever IN YOUR LIFE smoked a cigarette, even just a puff (drag, hit, haul)?

- ₁ No
- ₂ Yes, 1 or 2 times
- ₃ Yes, 3 or 4 times
- ₄ Yes 5 to 10 times
- ₅ Yes, more than 10 times

24. Check the one box that describes you best...

I have never smoked a cigarette, even just a puff ₁

→ Go to question 32

I have smoked cigarettes (even just a puff), but ₂

not at all in the past twelve months

I smoked cigarettes once or a couple of times ₃

in the past twelve months

I smoke cigarettes once or a couple of times each month ₄

I smoke cigarettes once or a couple of times each week ₅

I smoke cigarettes every day ₆

25. Have you ever smoked a whole cigarette (down to or close to the filter)?

₁ No → Go to question 28

₂ Yes

26. How old were you when you smoked a whole cigarette (down to or close to the filter) for the first time?

I was years old
write age

OR

I don't remember

27. Have you smoked 100 or more whole cigarettes in your life? (100 cigarettes = 4 packs of 25)

No

Yes

28. Have you ever taken cigarette smoke into your lungs for more than one puff?

No → Go to question 31

Yes

29. How old were you when you took cigarette smoke into your lungs for more than one puff?

I was years old
write age

OR

I don't remember

30. The FIRST FEW TIMES you took cigarette smoke into your lungs, did you experience any of the following...?

	Not at all	A bit	A lot
Coughing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Burning in your throat	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Upset stomach	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Heart racing/pounding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Dizziness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Nausea	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Headache	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other(s)→Describe			
a) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

31. Would you say that you are someone who has tried smoking cigarettes, but has now stopped smoking completely and (probably) forever...?

- ₁ No
- ₂ Yes
- ₇ I don't know

32. When you see other kids your age smoking cigarettes, how easy is it for you not to smoke?

- ₁ Very easy not to smoke
- ₂ Quite easy not to smoke
- ₃ A bit difficult not to smoke
- ₄ Very difficult not to smoke

33. How often have you felt like you really need a cigarette?

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Often

34. How physically addicted to smoking cigarettes are you?

- ₁ Not at all physically addicted
- ₂ A little physically addicted
- ₃ Quite physically addicted
- ₄ Very physically addicted

35. How mentally addicted to smoking cigarettes are you?

- ₁ Not at all mentally addicted
- ₂ A little mentally addicted
- ₃ Quite mentally addicted
- ₄ Very mentally addicted

36. How easy is it for you to get cigarettes?

- ₁ Very easy to get cigarettes
- ₂ Quite easy to get cigarettes
- ₃ A bit difficult to get cigarettes
- ₄ Very difficult to get cigarettes
- ₇ I don't know (I never tried to get cigarettes)
- ₈ I don't smoke

INSTRUCTIONS: Now, think carefully about your cigarette smoking experiences during the past 3 months, that is during August, September, and October. Let's begin with October.

37. During October, on how many days did you smoke cigarettes, even just a puff?

- ₁ None → *Go to question 40*
- ₂ 1 day
- ₃ 2-3 days
- ₄ 4-5 days
- ₅ 6-10 days
- ₆ 11-15 days
- ₇ 16-20 days
- ₈ 21-30 days
- ₉ Every day
- ₇₇ I don't know

38. On the days that you smoked during October, how many cigarettes did you usually smoke each day?

- ₁ Less than 1 cigarette (one or a few puffs)
- ₂ 1 cigarette
- ₃ 2-3 cigarettes
- ₄ 4-5 cigarettes
- ₅ 6-10 cigarettes
- ₆ 11-15 cigarettes
- ₇ 16-20 cigarettes
- ₈ 21-25 cigarettes
- ₉ More than 25 cigarettes
- ₇₇ I don't know

39. Write the correct number in the box. During October, the most I smoked in a single day was...

cigarettes

OR

- Less than one cigarette (one or a few puffs)

OR

- ₇₇ I don't know

40. Now think about this past September. During September, on how many days did you smoke cigarettes, even just a puff?

₁ None → *Go to question 43*

₂ 1 day

₃ 2-3 days

₄ 4-5 days

₅ 6-10 days

₆ 11-15 days

₇ 16-20 days

₈ 21-30 days

₉ Every day

₇₇ I don't know

41. On the days that you smoked during September, how many cigarettes did you usually smoke each day?

₁ Less than 1 cigarette (one or a few puffs)

₂ 1 cigarette

₃ 2-3 cigarettes

₄ 4-5 cigarettes

₅ 6-10 cigarettes

₆ 11-15 cigarettes

₇ 16-20 cigarettes

₈ 21-25 cigarettes

₉ More than 25 cigarettes

₇₇ I don't know

42. Write the correct number in the box. During September, the most I smoked in a single day was...

cigarettes

OR

Less than one cigarette (one or a few puffs)

OR

₇₇ I don't know

43. Now think about this past August. During August, on how many days did you smoke cigarettes, even just a puff?

₁ None → Go to question 46

₂ 1 day

₃ 2-3 days

₄ 4-5 days

₅ 6-10 days

₆ 11-15 days

₇ 16-20 days

₈ 21-30 days

₉ Every day

₇₇ I don't know

44. On the days that you smoked during August, how many cigarettes did you usually smoke each day?

- ₁ Less than 1 cigarette (one or a few puffs)
- ₂ 1 cigarette
- ₃ 2-3 cigarettes
- ₄ 4-5 cigarettes
- ₅ 6-10 cigarettes
- ₆ 11-15 cigarettes
- ₇ 16-20 cigarettes
- ₈ 21-25 cigarettes
- ₉ More than 25 cigarettes
- ₇₇ I don't know

45. Write the correct number in the box. During August, the most I smoked in a single day was...

cigarettes

OR

Less than one cigarette (one or a few puffs)

OR

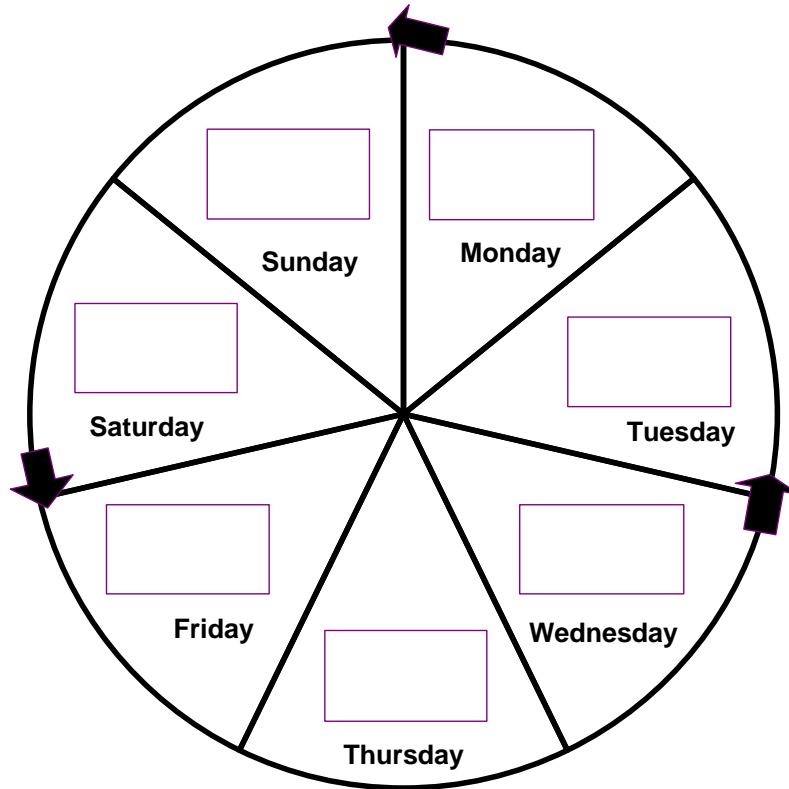
₇₇ I don't know

46. Now, think about the past 7 days. Did you smoke any cigarettes in the past 7 days, even just a puff?

₁ No → *Go to INSTRUCTIONS box at the bottom of the page*

₂ Yes

47. Starting with yesterday which was _____, follow the arrows and write in the box how many cigarettes you smoked on each day, even just a puff. If an answer is zero, write in "0".



INSTRUCTIONS

Did you smoke in August, September, or October (even just a puff)?

- YES → Please continue the questionnaire.
- NO → Please go to the end of the questionnaire and work quietly on the puzzles.

48. How often do you smoke cigarettes?

	Never	Sometimes	Often / Always
While waiting for a bus	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
After a meal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Going to school in the morning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Going home from school in the afternoon	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
When you are alone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
When you are with your friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
At home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
On the weekends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
At lunch or between classes at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
In the evenings, on school days	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

49. Do one or both of your parents know that you (have) smoke(d) cigarettes?

- ₁ No
- ₂ Yes
- ₇ I don't know

50. Are you allowed to smoke inside your home?

- ₁ No
- ₂ Yes

51. Do you smoke cigarettes now because it is really hard to quit?

- ₁ No
- ₂ Sometimes
- ₃ Often/always
- ₄ I don't know because I have never tried to quit
- ₅ Other → Please explain _____
- ₇ I don't know (I smoke so little) or this does not apply to me

52. How much of a cigarette do you usually smoke?

- ₁ One or a few puffs
- ₂ Less than half of it
- ₃ About half of it
- ₄ Most of the cigarette
- ₅ Right down to or near the filter
- ₇ I don't know (I smoke so little) or this does not apply to me

53. Now think about the times when you have cut down or stopped using cigarettes or when you haven't been able to smoke for a long period (like most of the day). How often did you experience the following...?

	Never	Rarely	Sometimes	Often
Feeling irritable or angry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Feeling restless	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Increased appetite or hunger	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Heart beat slowed down	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Feeling nervous, anxious or tense	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Feeling down, depressed, miserable or sad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Trouble concentrating	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Feeling drowsy or sleepy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Headaches	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Upset stomach	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Feeling a strong urge or need to smoke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Trouble sleeping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

54. On the days that you smoke, when do you usually smoke your first cigarette of the day?

- ₁ Right when you wake up
- ₂ In the morning
- ₃ In the afternoon
- ₄ In the evening
- ₅ Another time _____
When?
- ₇ I don't know (I smoke so little) or this does not apply to me

**55. Which cigarette would you most hate to give up?
Check ONE box.**

- ₁ Last one of the day
- ₂ First one of the morning
- ₃ After meals
- ₄ With alcohol
- ₅ When experiencing negative emotions like being upset
- ₆ After school
- ₇ When I'm at a party or hanging out with friends
- ₈ Other _____
Describe
- ₇₇ I don't know (I smoke so little) or this does not apply to me

56. Do you find it difficult not to smoke in places where it's not allowed (at a movie theatre, at home if your parents don't know you smoke)?

- ₁ Not at all difficult
- ₂ A bit difficult
- ₃ Very difficult
- ₇ I don't know (I smoke so little) or this does not apply to me

57. If you are sick with a bad cold or sore throat, do you smoke?

- ₁ No, I stop smoking when I'm sick
- ₂ Yes, but I cut down on the amount I smoke
- ₃ Yes, I smoke the same amount as when I'm not sick
- ₇ I don't know (I smoke so little) or this does not apply to me

58. How deeply do you usually inhale the smoke?

- ₁ Just into my mouth
- ₂ Back into my throat
- ₃ Into my lungs shallow
- ₄ Into my lungs deep
- ₇ I don't know (I smoke so little) or this does not apply to me

59. How true are each of the following statements for you?

	Not at all true	A bit true	Very true
When I am angry, smoking cigarettes calms me down.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Cigarettes are good for dealing with boredom.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
When I'm upset with someone, a cigarette helps me cope.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
When I'm feeling down, a cigarette makes me feel good.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
A cigarette gives me energy when I'm tired.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I enjoy the taste of a cigarette.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
When I'm alone, a cigarette helps me pass the time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoking cigarettes calms me down when I feel nervous.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoking cigarettes helps me control my weight.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
When I have a problem, a cigarette helps me feel better about it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoking cigarettes helps me concentrate on my homework.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Smoking cigarettes relieves tension when I am stressed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

60. How true are each of the following statements for you?

	Not at all true	A bit true	Very true
I feel a sense of control over my smoking. I can "take it or leave it" at any time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Sometimes even when I tell myself I'm not going to have a cigarette, I find myself smoking anyway.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I consider myself to be a social smoker.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I avoid going to a friend's house where you're not allowed to smoke even though I might enjoy hanging out with him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
In situations where I need to go outside to smoke, it's worth it even in cold or rainy weather.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I feel more comfortable with other smokers than with non-smokers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I go for hours or days without smoking and I don't even realise it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
If I wake up during the night, I feel I need a cigarette.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I can function much better in the morning after I've had a cigarette.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I have cut down or stopped physical activities or sports because of my smoking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

61. Do you ever have cravings to smoke cigarettes?

₁ No → Go to question 66

₂ Yes

62. How often do you have cravings to smoke cigarettes?

- ₁ Very rarely
- ₂ Sometimes
- ₃ Often
- ₄ Very often

63. How strong are your cravings to smoke cigarettes?.

- ₁ Not at all strong
- ₂ A bit strong
- ₃ Quite strong
- ₄ Very strong

64. When you crave a cigarette, how much of the cigarette can satisfy your urge to smoke?

- ₁ A few puffs
- ₂ Less than half of the cigarette
- ₃ About half of the cigarette
- ₄ The whole cigarette
- ₅ More than a whole cigarette

65. How much of the craving that you feel is ..?

	None	A little bit	Quite a bit	A whole lot
From your body	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
From your head	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

66. How true are each of the following statements for you?

	Not at all true	A bit true	Very true
Compared to when I first started smoking, I need to smoke a lot more now to be satisfied.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Compared to when I first started smoking, I can smoke much more now before I start to feel nauseated or ill.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
OR			
<input type="checkbox"/> ₅ I've never felt nauseated or ill from smoking.			
I get dizzy or nauseous when I smoke my usual amount of cigarettes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I often run out of cigarettes quicker than I thought I would	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I spend a lot of time getting cigarettes (going out of my way to a store where I know they will sell to me; trying to find someone who will buy them for me)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I spend a lot of time smoking cigarettes (chain smoking, smoking a lot throughout the day)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I've stopped hanging out with certain people because of my smoking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

67. Now to finish off, a few questions about quitting smoking. At this point in time, how much do you really want to quit smoking cigarettes completely and forever?

- ₁ Not at all
- ₂ A little bit
- ₃ Quite a bit
- ₄ A whole lot

68. In the past 3 months, did you seriously try to quit smoking completely and forever?

- ₁ No → *Go to question 70*
- ₂ Yes, once
- ₃ Yes, two or more times

69. Think about the last time you tried to quit smoking. Did you quit smoking completely (for a while)?

- ₁ No, but I cut down a lot
- ₂ No, but I cut down a little
- ₃ No, the amount I smoke didn't change at all
- ₄ Yes → I quit completely for days
write number of days
- ₅ Yes → I quit completely and have remained nonsmoking ever since

70. How confident are you right now that you can or you have quit smoking completely and forever ?

- ₁ Very confident
₂ Fairly confident
₃ Not very confident
₄ Not at all confident

71. What is the MAIN REASON that you don't quit smoking now. Check ONE box only.

- ₁ I don't want to, I enjoy smoking
₂ It's become a routine that would be really hard to break
₃ It's too hard because everyone around me smokes
₄ My cravings for cigarettes are too strong
₅ I have too much stress in my life
₆ I feel uncomfortable when I stop smoking
₇ I don't need to (because I smoke so little now)
₈ Something else → Describe _____

AQ26. Do you plan to quit smoking completely and forever (please answer each question)...

	NO	YES	I don't know
In the next month?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇
In the next 6 months?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇

THAT'S ALL! THANK YOU VERY MUCH.