

1. \_\_\_\_ Yes 2. \_\_\_\_ No

37. Have you ever smoked?

(Cigarettes, cigars, pipe. Record NO if subject has never smoked as much as one cigarette a day, or 1 oz. of tobacco a month, for as long as one year.)

If YES to (33) or (34); what have you smoked for how many years?  
(Write in specific number of years in the appropriate square)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Years	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
Cigarettes										(38)
Pipe										(39)
Cigars										(40)

41. If cigarettes, how many packs per day?

Write in number of cigarettes

\_\_\_\_\_

\_\_\_\_\_ Less than 1/2 pack

\_\_\_\_\_ 1/2 pack, but less than 1 pack

\_\_\_\_\_ 1 pack, but less than 1 1/2 packs

\_\_\_\_\_ 1-1/2 packs or more

42. Number of pack years:

\_\_\_\_\_

43. If an ex-smoker (Cigarettes, cigar or pipe), how long since you stopped? (Write in number of years.)

\_\_\_\_\_

\_\_\_\_\_ 0-1 year

\_\_\_\_\_ 1-4 years

\_\_\_\_\_ 5-9 years

\_\_\_\_\_ 10+ years