C. How old were you when you first started regular cigarette smoking?

Age in years ___
Does not apply ___

D. If you have stopped smoking cigarettes completely, how old were you when you stopped?

Age stopped ___
Check if still smoking ___
Does not apply ___

E. How many cigarettes do you smoke per day now?

Cigarettes per day ___
Does not apply ___

F. On the average of the entire time you smoked, how many cigarettes did you smoke per day?

Cigarettes per day ___
Does not apply ___

G. Do or did you inhale the cigarette smoke?

1. Does not apply ___
2. Not at all ___
3. Slightly ___
4. Moderately ___
5. Deeply ___

39A. Have you ever smoked a pipe regularly?
(Yes means more than 12 oz. of tobacco in a lifetime.)

1. Yes ___ 2. No ___

IF YES TO 39A

<u>FOR PERSONS WHO HAVE EVER SMOKED A PIPE</u>

B. 1. How old were you when you started to smoke a pipe regularly?

Age ___

2. If you have stopped smoking a pipe completely, how old were you when you stopped?

Age stopped ___
Check if still smoking pipe ___
Does not apply ___