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

FOR PERSONS WHO HAVE EVER SMOKED A PIPE

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 ___