DATA SET NAME: HLTHHAB

ACT FOLLOW-UP HEALTH HABITS FORM

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The following quesitons are about cigarette smoking.

1. The following questions are about eigarette smoking.					
(a)	(a) Have you ever smoked cigarettes? EVERSMOK☐ Yes 2☐ No (Please skip to question 2.)				
(b)	(b) Do you currently smoke cigarettes? CURSMOKE				
. *	1□ Yes	On an average day, how many cigarettes do you smoke? AVGSMOKE			
1□ Yes (Please skip to		When did you quit smoking?			

Since your last visit, have you tried to lose weight? TRYLOSWT

	Did you try to lose this weight by: LOSWTBY 1□ dieting alone?
1□ Yes	2□ exercise alone?
2□ No	3□ diéting and exercise? 4□ other? (specify:)
	4LI Other? (Specify.

What is your current marital status?

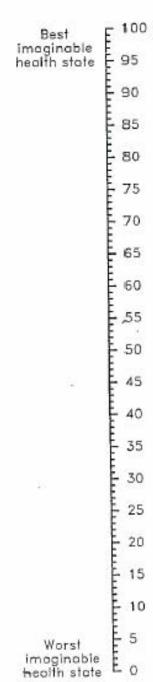
M_STATUS

- ₁☐ never married
- 2□ presently married
- ₃☐ living in a marriage-like relationship
- divorced or separated
- 5□ widowed



 To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0.

We would like for you to indicate on this scale how good or bad is your own health today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your current health state is.



Your own health state today



5.		EMPLOY
	(please indicate the one that best desc	ribes you now)

ı⊟Unemployed

2□Full-time homemaker

₃□Employed full-time or part-time

₄□Permanently disabled

5□Retired

e□Full-time or part-time student

¬□On temporary medical leave