# Vital and Health Statistics <br> <br> Smoking and Other <br> <br> Smoking and Other Tobacco Use: Tobacco Use: United States, 1987 

 United States, 1987}

Series 10:<br>Data From the National Health Survey No. 169

This report shows statistics for the U.S. adult population on use of cigarettes, chewing tobacco, snuff, pipes, and cigars; knowledge of health risks associated with use of these products; methods used in aitempts to quit smoking; and relationships between cigarette smoking and selected other health-related behaviors.

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## Cooperation of the U.S. Bureau of the Census

Under the legislation establishing the National Health Interview Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the Division of Health Interview Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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## Symbols

-     -         - Data not available
. . . Category not applicable
- Quantity zero
0.0 Quantity more than zero but less than 0.05

Z Quantity more than zero but less than 500 where numbers are rounded to thousands

* Figure does not meet standard of reliability or precision (more than 30 -percent relative standard error in numerator of percent or rate)
\# Figure suppressed to comply with confidentiality requirements


# Smoking and Other Tobacco Use 

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## Introduction

The Surgeon General has identified cigarette smoking as "the chief, single, avoidable cause of death in our society and the most important public health issue of our time" (DHHS, 1986a). Approximately 390,000 lives are lost each year from smoking, primarily from lung cancer, cardiovascular disease, and chronic obstructive lung disease (DHHS, 1989). Since the first Surgeon General's Report on Smoking and Health in 1964 (DHEW, 1964), evidence linking tobacco use to illness, injury, and death has continued to mount. Tens of thousands of studies have documented the adverse health consequences of tobacco use, and this evergrowing literature has been reviewed in succeeding reports of the Surgeon General. The following are selected summary statements taken from some of these reports:
"Cigarette smoking is the major cause of lung cancer in the United States ... the majority of lung cancer mortality in the United States is due to cigarette smoking" (DHHS, 1982). This same report identified cigarette smoking as a major cause of cancers of the larynx, oral cavity, and esophagus and as a contributory factor in the development of cancers of the bladder, kidney, and pancreas.
"Cigarette smoking should be considered the most important of the known modifiable risk factors for coronary heart disease in the United States" (DHHS, 1984a).
"Cigarette smoking is the major cause of chronic obstructive lung disease in the United States for both men and women. The contribution of cigarette smoking to chronic obstructive lung disease morbidity and mortality far outweighs all other factors" (DHHS, 1984b).
"Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers" (DHHS, 1986a).
"The risk of spontaneous abortion, fetal death, and neonatal death increases directly with increasing levels of maternal smoking during pregnancy..." (DHHS, 1985).
"The children of parents who smoke compared with the children of nonsmoking parents have an increased frequency of respiratory infections, increased respiratory symptoms, and slightly smaller rates of increase in lung function as the lung matures" (DHHS, 1985).
"Cigarettes and other forms of tobacco are addicting.... The pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine" (DHHS, 1988).
The available literature on health risks associated with smokeless tobacco was recently reviewed by an AdvisoryCommittee of the Surgeon General. Its findings were released in a special report, The Health Consequences of Using Smokeless Tobacco (DHHS, 1986b). The committee concluded that use of smokeless tobacco can cause cancer in humans, can lead to nicotine dependence or addiction, and can lead to a number of noncancerous oral pathologies. Similar conclusions have been reached by a National Institutes of Health Consensus Development Conference on "Health Implications of Smokeless Tobacco" (DHHS, 1986c) and by the International Agency for Research on Cancer (1984).

Pipe and cigar smokers have been found to be at increased risk for cancers of the oral cavity, larynx, pharynx, and esophagus. Pipe smoking is causally related to cancer of the lip. Pipe and cigar smokers are also more likely than nonsmokers to die from cancer, coronary heart disease, chronic bronchitis, emphysema, and peptic ulcer (DHEW, 1979).

The 1990 Health Promotion Objectives for the Nation, published by the U.S. Public Health Service in 1980, identified smoking as one major area deserving public policy attention (Office of Disease Prevention and Health Promotion, 1980). In 1986, the Office of Disease Prevention and Health Promotion published a midcourse review of progress made toward achieving these objectives (Office of Disease Prevention and Health Promotion, 1986). This review, based in part on data from the 1985 National Health Interview Survey of Health Promotion and Disease Prevention (NCHS, 1986, 1988b), suggested that substantial progress had already been made in the area of smoking. Although the 1987 National Health Interview Survey of Cancer Epidemiology and Control was not designed specifically to monitor progress toward the 1990 Objectives, to some extent it serves this purpose.

The Health Promotion Objectives for the Nation, which included 226 objectives in 15 priority areas, provide a backdrop against which tobacco use may be examined in a broader context. Cigarette smoking and other tobacco use often occur in combination with other behaviors known to
increase risk of disease and disability. To understand why people engage in harmful behaviors, such as smoking, it may be helpful to examine other behaviors that contribute to the perpetuation of general health risk-taking behavior. It may be that modifications in other aspects of smokers' lives will enhance the probability of success in their efforts to stop smoking.

This report presents selected findings from the 1987 National Health Interview Survey of Cancer Epidemiology and Control. Prevalence of use of cigarettes, chewing tobacco, snuff, pipes, and cigars is shown by sex, age, education, family income, race, Hispanic origin, geographic region, and marital status. Knowledge and opinions related to the health consequences of smoking and the health
benefits of quitting smoking are shown by cigarette smoking status. Reasons for trying to quit smoking and methods used in attempts to quit are shown separately for current and former smokers. Knowledge of the risks of mouth and throat cancer associated with use of noncigarette tobacco products is shown by cigarette smoking status. The relationship between cigarette smoking and selected other healthrelated behaviors, knowledge, and social conditions such as alcohol consumption, eating habits, vitamin use, health beliefs, social support, and use of preventive care, are also discussed. Finally, the proportion of persons reporting a cancer diagnosis in themselves or in a family member is shown by smoking status.

- About 33 percent of U.S. adults used some form of tobacco on a regular basis in 1987: 38.9 percent of men and 27.2 percent of women.
- Approximately 29 percent of U.S. adults-49 million individuals-currently smoked cigarettes.
- Prevalence of heavy smoking was greater among males than females: Only 5 percent of the female population smoked 25 cigarettes or more per day compared with 10 percent of males.
- Overall, smokers knew less about specific health consequences of smoking than nonsmokers.
- Among persons who knew that smoking was related to emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease, smokers were less likely to think that quitting smoking would reduce the risks of getting these diseases.
- Health concerns were the most common reasons given by current smokers and former smokers for quitting or trying to quit smoking. Pressure from family and friends was the next most common reason.
- Quitting "cold turkey" was the most popular method of smoking cessation: 88.7 percent of former smokers and 84 percent of current smokers who had tried to quit at least once reported quitting "cold turkey."
- Prevalence of use of chewing tobacco was 4.0 percent for males and 0.3 percent for females.
- Prevalence of use of snuff was 3.1 percent for males and 0.5 percent for females overall; among males, the highest prevalence, 6.4 percent, was found in the age group 18-24 years of age.
- Among males, 6.1 percent, representing 4.9 million individuals, were using some form of smokeless to-bacco-either chewing tobacco or snuff or both. An estimated 8.9 percent, or 1.1 million males, between the ages of 18 and 24 years were using some form of smokeless tobacco.
- Among males, 3.4 percent were current pipe smokers and 5.3 percent smoked cigars. Use of either product by women was negligible: only 0.1 percent of women smoked cigars and fewer than 0.1 percent smoked pipes.
- Smokers were more than three times as likely as never smokers to drink beer five times or more per week: 10.7 compared with 3.0 percent.
- Among persons who drank beer, the most prevalent beverage consumed, smokers were much more likely to drink three beers or more at a time ( 44.6 percent) than were former smokers ( 26.4 percent) or persons who had never smoked ( 28.3 percent).
- Current smokers were less likely to eat three meals a day than were former smokers or persons who had never smoked; female current smokers were the least likely of any of the groups shown to eat regular meals, with less than 30 percent reporting this behavior.
- More than one-third of U.S. adults had made some changes to their diet for health reasons. Current smokers were the least likely ( 30.3 percent) and former smokers were the most likely ( 46.5 percent) to have made dietary changes.
- Current smokers were less likely to be overweight (22.1 percent) than former smokers ( 30.5 percent) or never smokers (24.5 percent).
- About one-half of U.S. adults reported taking some type of vitamin or mineral supplement in the past year. Of any of the groups shown in this report, male smokers were the least likely ( 38.7 percent) and female former smokers the most likely ( 55.1 percent) to have taken some type of supplement.
- Smokers were significantly less likely to participate in social or religious activities than were nonsmokers.
- Former smokers were more likely than the other smoking groups to have had preventive care examinations such as a digital rectal examination, a blood stool test, a proctoscopic examination, a Pap smear, or a breast examination by a health professional.
- Former smokers were almost twice as likely to have ever been diagnosed with cancer ( 8.2 percent) as were current smokers ( 4.8 percent) or persons who had never smoked ( 4.4 percent).
- Female current smokers were about twice as likely as male current smokers to have been diagnosed with cancer ( 6.5 percent and 3.1 percent, respectively).
- Having a parent or sibling who had been diagnosed with cancer was more common among former smokers: 41.2 percent of former smokers reported having a blood relative who had had cancer, compared with 33.1 percent of current smokers and 30.3 percent of persons who had never smoked.


## Source and limitations of the data

The data presented in this report are based on the Cancer Epidemiology and Control section of the 1987 National Health Interview Survey (NHIS). The NHIS of Cancer Epidemiology and Control (NHIS-CEC) was a collaborative effort of the National Center for Health Statistics (NCHS) and the National Cancer Institute. Both agencies provided funding and participated in the planning and development of the questionnaires. The staffs of NCHS and the National Cancer Institute are performing analyses and preparing reports based on the NHIS-CEC data. Some of these, including the present report, are collaborative projects of two agencies.

The NHIS is a continuous, nationwide, household interview survey of the civilian noninstitutionalized population of the United States conducted by NCHS. Interviews are conducted for NCHS by the interviewing staff of the U.S. Bureau of the Census. The sample is selected so that a national probability sample of households is interviewed each week throughout the year, permitting production of annual estimates without seasonal bias. Information is obtained about the health and sociodemographic characteristics of each household member.

The NHIS consists of two parts: (a) the basic health and sociodemographic section, which remains the same every year; and (b) the special topics section, which changes from year to year. Cancer Epidemiology and Control (CEC) was the special topic in 1987. Two questionnaires were employed for this topic, one covering cancer epidemiology and the other covering cancer control. Each questionnaire was administered to a randomly selected one-half of the total CEC sample.

The interviewed sample for 1987 for the basic health questionnaire was composed of 47,240 households containing 122,859 persons. The total noninterview rate was about 4.7 percent; 2.9 percent was the result of respondent refusal, and the remainder was primarily due to failure to locate an eligible respondent at home after repeated calls. For the section on Cancer Epidemiology and Control, one adult 18 years of age or over per family was randomly selected to respond and self-response was required. A total of 22,080 questionnaires were completed with the Cancer Epidemiology questionnaire and 22,043 with the Cancer Control questionnaire, for a total of 44,123 completed interviews. This represents an estimated 86 percent of
identified eligible respondents. The combined overall response rate for the CEC can be estimated as the product of the response rate for the basic questionnaire ( 95 percent) and the CEC questionnaire ( 86 percent) or 82 percent.

A description of the survey design, the methods used in estimation, and general qualifications of the data obtained from the survey are in appendix I. Because the estimates shown in this report are based on a sample of the population, they are subject to sampling errors. Therefore, particular attention should be paid to the section entitled "Reliability of estimates." Sampling errors are generally low. However, for some statistics in which the subgroup is particularly small or the percents very low, sampling errors may be quite high. Formulas for computing estimated sampling errors are shown in appendix I.

Many of the terms used in this report are defined in appendix II. Questionnaire items pertaining to data presented are shown in appendix III. The entire NHITS-CEC questionnaire is provided in the 1987 edition of the annual NHIS report entitled Current Estimates From the National Health Interview Survey: United States, 1987 (NCHS, 1988c).

The NHIS-CEC covers a wide variety of topics including acculturation, medical care, food knowledge, cancer knowledge and attitudes, cancer screening knowledge and practice, smoking and other tobacco use, occupational exposures, height and weight, food intake frequency, vitamin and mineral intake, reproduction and hormone use, family history of cancer, cancer survival, and social relationships and activities.

In this report, persons from whom valid responses were not obtained are excluded from the analysis. For most questions, "don't know" was not a valid response; exceptions were questions of knowledge in which "don't know" was a valid response.

In this report, terms such as "similar" and "no difference" mean that there is no statistically significant difference between the measures being compared. Terms relating to difference (for example, "greater than" or "less than") indicate that differences are statistically significant. The $t$ test, with a critical value of 1.96 ( 0.05 level of significance), was used to test all comparisons. Lack of comment regarding the difference between any two statistics does not mean the difference was tested and found to be not significant.

## Findings

## Prevalence of cigarette smoking

Respondents were classified according to smoking status. Cigarette smoking status was determined using a standard classification system consistent with past National Health Interview Surveys (NHIIS). Respondents who had not smoked at least 100 cigarettes in their lifetimes were classified as "never smokers." Those who reported smoking 100 or more cigarettes, but who were not smokers at the time of interview, were classified as "former smokers." Those who had smoked at least 100 cigarettes and reported current use of cigarettes were classified as "current smokers."

Approximately 29 percent of U.S. noninstitutionalized adults aged 18 years and over- 49 million individualscurrently smoked cigarettes in 1987 (table 1). As in past surveys (NCHS, 1988a), smoking prevalence was higher among males ( 31.2 percent) than among females ( 26.5 percent); this occurred in all age groups except ages 18-24 years for which the male-female difference was not statistically significant. The difference in smoking prevalence between males and females ( 4.7 percent) corresponds to the difference in prevalence of heavy smoking. Among the general population, only 5 percent of females smoked 25 cigarettes or more per day, compared with 10 percent of males.

Populations can be compared on their history of smoking cessation by calculating quit ratios-the number of former smokers divided by the number of ever smokers (current plus former) (DHHS, 1989). The resulting ratio is the proportion of ever smokers who have quit at an unspecified time in the past. For males this ratio is 0.48 and for females it is 0.40 . Thus, although males were more likely to smoke and to smoke heavily, relatively more males than females had quit smoking at the time of interview.

Prevalence was lower in the 18-24 year age group (27.1 percent) than in the $25-64$ year age groups (33.2-30.9 percent). This may, in part, represent a cohort effect because smoking rates have declined among adolescents in recent years (National Institute on Drug Abuse, 1986). As these adolescents have matured into young adults, they have maintained lower smoking rates, which distinguish them from older cohorts. Although most smokers begin smoking by age 20 years, some initiation does take place during the early twenties (Escobedo and Remington, 1989),
and this further contributes to the difference in prevalence between persons age 18-24 years and older persons.

Prevalence was lowest in the oldest age groups. Prevalence among those 65-74 years of age was approximately two-thirds that of the younger age groups, and dropped by another 50 percent among those age 75 years and over. Cigarette smokers experience higher morbidity and mortality than nonsmokers, and this pattern becomes increasingly apparent with age (DHEW, 1979). The differential mortality among smokers decreases the prevalence of smoking, and many older smokers are motivated to quit by the development of smoking-related illnesses (Ockene, 1987). Analyses of past national surveys indicate that reduced prevalence among older persons cannot be attributed to a cohort effect (McGinnis, Shopland, and Brown, 1987).

Table 2 displays smoking status according to sex, education, family income, race, Hispanic origin, geographic region, and marital status. Two measures of socioeconomic status (SES) were used-education and income; smoking prevalence was found to be higher among lower SES persons. Within both sexes prevalence decreased regularly with increased years of education. Similarly, prevalence decreased with increased income for households earning more than $\$ 10,000-19,999$ annually. The fact that persons in the lowest income group (less than $\$ 10,000$ per year) were no more likely to smoke than persons in the next higher income group ( $\$ 10,000-19,999$ ) may reflect economic constraints in purchasing tobacco products experienced by those in poverty.

Consistent with past surveys (NCHS, 1988a) smoking prevalence was highest among black males while there was little difference between black and white females. Black females had a quit ratio similar to that of black males ( 0.29 and 0.33 , respectively) and considerably below those of white females and males ( 0.41 and 0.50 , respectively). Hispanic males did not differ from non-Hispanic males, but Hispanic females had the lowest smoking rate of any racial or ethnic group in table 2. The quit ratios for Hispanic females and males ( 0.40 and 0.41 , respectively) did not differ from non-Hispanic females ( 0.40 ), but were lower than non-Hispanic males ( 0.49 ). It should be noted that the Hispanic and non-Hispanic categories include black and white persons. Because many minority persons are also poor and poorly educated, multivariate techniques are necessary to evaluate the relative influences of race, ethni-
city, and SES. Regardless of the determinant variables, it is clear that the public health campaigns of the past 25 years have been less effective in promoting smoking cessation among minority persons and women than among white males (Fiore, Novotny, and Pierce, 1989).

Smoking prevalence was highest in the southern United States and lowest in the West. Geographic variation was more pronounced among males than females.

Smoking prevalence varied with marital status. Within both sexes, prevalence was highest among divorced and separated persons and lowest among the widowed. This effect may be partially attributed to age because persons usually are widowed in their later years, while divorces and separations occur during middle adult years. However, the observed prevalence for those divorced or separated, 43.9 percent, is higher by at least 10 percentage points than that within any age category used. Again, multivariate techniques will be necessary to determine the relative importance of marital status in the presence of other sociodemographic variables.

In 1965, one year following the first Surgeon General's Report on Smoking and Health, 52.1 percent of adult males and 34.2 percent of females were smokers (NCHS, 1988a). After age adjustment for comparability, the current estimates represent a 40 -percent decrease in smoking prevalence among males and a 21 -percent decrease among females. This decrease in prevalence is a credit to the good sense of the American people and the combined efforts of biomedical scientists, public health experts, and organizations within the private sector. But given the enormity of the health risks associated with cigarette smoking and the burden to society from smoking-related morbidity and mortality, the current level of smoking remains unacceptably high.

## Knowledge and beliefs about the health consequences of smoking

Knowledge of the health consequences of smoking is generally believed to be an important tool in motivating smokers to try to quit smoking. A Surgeon General's warning is displayed on each package of cigarettes in the belief that knowledge of the potential for disease and disability caused by cigarette smoking will deter at least some people from smoking and may reduce cigarette consumption in those who continue to smoke. Increasing knowledge of the risks associated with cigarette smoking is among the smoking-related health objectives for the Nation. Tables $3-5$ show variations in knowledge and beliefs related to the health consequences of smoking, according to cigarette smoking status. The 1985 NHIS of Health Promotion and Disease Prevention also contained data on knowledge of the health consequences of smoking (NCHS, 1986, 1988b). The data shown in the present report, however, are not strictly comparable to those from the 1985 survey due to differences in questionnaire wording.

Overall, smokers knew less about specific health consequences of smoking than nonsmokers (table 3). Among persons who believed that specific diseases were related to smoking, smokers were less likely to think that quitting would reduce their risks of the disease (table 4). Smokers also were less likely to view their habit as generally detrimental to themselves or others (table 5).

Table 3 shows the percent of current, former, and never smokers who believed that smoking is related to emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease. Because smoking is a risk factor for each of these diseases, persons who believe there is a relationship can be considered better informed or more knowledgeable than those who do not. Overall, 82.5 percent of the adult population was aware that smoking is related to emphysema. Another 5 percent thought it might be related. Among current smokers, 76.8 percent believed that smoking was related to emphysema, compared with 87.9 percent of former smokers and 83.2 percent of persons who had never smoked. Women were only slightly more knowledgeable ( 83.4 percent) than men ( 81.5 percent), the difference being greatest among former smokers: 90.2 percent of female former smokers knew of the relationship between smoking and emphysema, compared with 86.4 percent of male former smokers.

The association between smoking and lung cancer was the most widely known of those investigated. Eighty-nine percent of adults believed that smoking was related to lung cancer, with another 5 percent saying it may be related. Although knowledge was greatest among never smokers ( 92.0 percent) and former smokers ( 91.8 percent), 82.8 percent of current smokers also knew of this risk. Knowledge levels were about the same for men and women, except among former smokers where women were slightly more knowledgeable than men.

The relationship of smoking to chronic bronchitis was the least well known of the smoking-related diseases listed. About 76 percent of persons knew that smoking and chronic bronchitis were related. As with the first two diseases, knowledge was lowest among current smokers (70.1 percent) and highest among former smokers ( 80.9 percent). Female current and former smokers were more knowledgeable ( 72.3 and 84.1 percent, respectively) than their male counterparts ( 68.0 percent of male current smokers and 78.7 percent of male former smokers knew of the association between smoking and chronic bronchitis).

The association between smoking and cancer of the mouth and throat was recognized by about 81 percent of adults, although only 73.5 percent of current smokers reported knowing of this risk. Knowledge levels were about the same for men and women, with female former smokers again being the most knowledgeable ( 87.4 percent) of any of the groups shown.

The final health risk shown in table 3 is heart disease. Knowledge of the relationship between smoking and heart disease was comparable to knowledge levels for chronic
bronchitis. Seventy-six and one-half percent of respondents knew of the heart disease risk associated with smoking. A 10 -percentage-point difference separated current and former smokers: 72.5 percent of current smokers compared with 82.0 percent of former smokers believed that smoking increased one's risk of heart disease.

Table 4 shows the percent of persons 18 years of age and over who believed that stopping cigarette smoking reduces the chances of getting emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease. This question was limited to persons who believed that smoking was related to these diseases.

Among persons who believed that emphysema was related to smoking, 89.7 percent thought that stopping smoking would reduce the risks of getting the disease. This belief was most prevalent among former smokers ( 92.2 percent) and least prevalent among current smokers ( 86.6 percent). Men were slightly more likely to believe that stopping smoking would reduce the chances of getting emphysema ( 90.7 percent) than were women ( 88.8 percent), with male former smokers most likely to believe in the benefits of smoking cessation of any of the groups shown ( 92.8 percent).

The beliefs that stopping smoking reduces risks of lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease were similar in prevalence to that of emphysema. Between 90 and 92 percent of respondents who thought that these diseases were related to smoking believed that stopping smoking would reduce the risks of getting the disease. In each case, the belief was most common among former smokers and least common among current smokers. Despite the fact that a relatively smaller proportion of smokers believes in the efficacy of smoking cessation for prevention of these serious chronic diseases, it is noteworthy that between 87 and 89 percent of smokers who believed that smoking increased their chances of getting these diseases also believed that stopping could reduce these chances.

Table 5 suggests that smokers have somewhat different perceptions of their habit than former smokers or persons who have never smoked. For example, 25.0 percent of smokers agreed with the statement that "everything causes cancer anyway, so it does not really matter if you smoke," compared with 9.6 percent of former smokers and 8.6 percent of persons who had never smoked. The findings were similar for men and women. Similarly, whereas 93.5 percent of never smokers believed that smoking in pregnancy could harm the baby, 83.7 percent of smokers held this belief-a difference of 10 percentage points. The difference of opinion between smokers and nonsmokers was even greater on the question of the effect of passive smoking. About 67 percent of current smokers believed that smoke from someone else's cigarette was harmful to the nonsmoker, whereas 88.9 percent of never smokers and 83.4 percent of former smokers held this belief. Men were somewhat less likely than women to think that cigarette smoke was harmful to the nonsmoker (79.7 and 82.9 percent, respectively), with male current smokers the least
likely to hold this belief ( 65.3 percent). When asked whether they agreed or disagreed with the statement that most deaths from lung cancer are caused by cigarette smoking, 70.2 percent of all persons agreed; only 55.0 percent of smokers agreed. Agreement was highest among persons who had never smoked (77.8 percent) followed by persons who had smoked and quit ( 72.8 percent).

About 30 percent of U.S. adults believed that smoking low tar and nicotine cigarettes reduces one's risk of cancer. This belief was more common among men ( 34.2 percent) than among women ( 27.2 percent). Female former smokers were least likely to hold this belief ( 24.0 percent) of any of the groups shown.

Smoking in public places has become a subject of considerable discussion and regulation in recent years. Overall, 80.9 percent of U.S. adults believed that smokers should not smoke in public places where it might disturb others. The opinions of never smokers and current smokers were widely divided: 89.1 percent of never smokers agreed that smokers should not smoke in public places compared with 67.4 percent of current smokers. Women were slightly more likely to hold this belief ( 82.5 percent) than men ( 79.1 percent), and this pattern held true across all smoking status categories.

## Attempts to quit smoking

Table 6 shows the proportion of current and former smokers who have ever been advised by a doctor to quit smoking. About one-half of current smokers had received such advice, compared with one-third of former smokers. The reasons for this are unclear. It may be that many former smokers quit a long time ago, before physicians began strongly encouraging patients to quit. It may be that former smokers have forgotten that they received such advice. It also could be explained by duration of exposure. That is, on average, duration of smoking would be greater for current smokers than for former smokers, and this longer duration would provide more opportunities for getting a doctor's advice.

Current and former smokers' reasons for quitting or trying to quit are compared in table 6. For each, respondents were asked whether it had been a reason they had quit or tried to quit. Multiple reasons were allowed. The most common reasons given for trying to quit were concern for future health ( 22.7 percent of current smokers and 22.1 percent of former smokers) and a current health symptom or problem ( 16.5 percent of current smokers and 20.4 percent of former smokers). Twelve to fifteen percent of both groups reported a general concern for present health (in contrast to concern related to a specific health problem) or a concern about both present and future health. About 10 percent of current smokers and 9 percent of former smokers said that pressure from family and friends was among their reasons for trying to quit smoking.

Table 6 also compares current and former smokers in terms of the methods they have used in trying to quit. The statistics for current smokers include any quit attempts they
may have made, whereas the data for former smokers are limited to the most recent quit attempt. Due to this procedure, the statistics on the proportion of smokers using a given method generally are higher than those for former smokers. However, a clear pattern emerges in the relative ranking of the quitting methods. In both groups, quitting "cold turkey" was the most commonly used method: 84.0 percent of current smokers and 88.7 percent of former smokers reported quitting "cold turkey." The next most common method used was gradually decreasing the number of cigarettes smoked: 34.6 percent of current smokers had used this method; 7.7 percent of former smokers employed this method in their most recent quit attempt. The third most commonly used quitting method was switching to low tar and nicotine cigarettes, with 21.8 percent of smokers trying to quit this way. Only 3.5 percent of former smokers used this method in their last quit attempt, but this still ranked third among the quitting methods used by former smokers.

## Reactions to cigarette smoking in public places

Table A presents data on actions taken by nonsmokers when a smoker lights a cigarette. Former smokers and persons who have never smoked differed somewhat in their reactions. Neither group was likely to ask the smoker not to smoke (about 4 percent). Persons who have never smoked were more likely than former smokers to move away from the smoke ( 55.4 versus 45.7 percent, respectively), whereas former smokers more often reported that they did nothing (47.2 percent, compared with 36.6 percent of never smokers). Among former smokers, women were more likely to move away from the smoke ( 49.7 percent) than were men ( 42.9 percent). Male former smokers were more likely to do nothing ( 49.8 percent) when faced with cigarette smoke than were their female counterparts ( 43.3 percent).

Table A also shows the extent to which smokers and nonsmokers were annoyed by others' cigarette smoke.

Although smokers were the least likely of the three groups to find other people's smoke annoying, it is noteworthy that about one-third of them were at least somewhat annoyed by others' smoke. This tended to be the case more often for female smokers ( 39.1 percent) than male smokers (29.2 percent). As would be expected, persons who had never smoked were the most likely to find cigarette smoke very annoying ( 53.8 percent). Only about 12 percent of never smokers said they were not at all annoyed by other people's smoke, compared with about 25 percent of former smokers and 66 percent of current smokers. Overall, women were more likely to be annoyed by smoke than were men.

## Relationship between cigarette smoking and other tobacco use

Table 7 shows the relationship between cigarette smoking and use of chewing tobacco, snuff, pipes, and cigars. Overall, there was not a great deal of overlap in use of the various forms of tobacco. Among male current cigarette smokers, only 4.1 percent also used chewing tobacco, 3.1 percent used snuff, 4.4 percent smoked pipes, and 7.8 percent smoked cigars.

With attention focused on the harmful effects of cigarette smoke and the increasing number of smoking bans in public places, the question arises as to whether cigarette smokers may switch to smokeless tobacco products that have not been banned and upon which less media attention has been focused. This does not appear to be the case. Among male former cigarette smokers, only 4.6 percent currently use chewing tobacco and 3.0 percent use snuff.

Smoking pipes and cigars also was not common among male cigarette smokers ( 4.4 and 7.8 percent, respectively). Furthermore, a substantial proportion of men who have given up cigarettes have also given up pipes ( 30.4 percent) and cigars ( 26.9 percent).

Use of noncigarette tobacco among women was very limited. The numbers of women using these products are so

Table A. Percent distribution of persons 18 years of age and over by action taken in public places when another lights a cigarette and annoyance from others' cigarette smoke, according to cigarette smoking status and sex: United States, 1987

| Action and annoyance level | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Action taken on smoking in public |  |  |  |  |  |  |  |  |  |  |  |  |
| Ask person not to smoke | 4.4 | 4.5 | 4.1 | $\ldots$ | 5.0 | 5.5 | 4.2 | $\ldots$ | 3.9 | 3.9 | 3.8 | $\cdots$ |
| Move away | 52.3 | 55.4 | 45.7 | ... | 48.9 | 53.3 | 42.9 | . . . | 55.1 | 56.7 | 49.7 | ... |
| Do nothing | 40.0 | 36.6 | 47.2 | . . . | 42.6 | 37.4 | 49.8 | $\cdots$ | 37.8 | 36.1 | 43.3 |  |
| Something else | 3.4 | 3.5 | 3.1 | . . . | 3.5 | 3.9 | 3.0 | . . | 3.2 | 3.3 | 3.2 | $\ldots$ |
| Annoyance from others' cigarette smoke |  |  |  |  |  |  |  |  |  |  |  |  |
| Very annoying. | 36.3 | 53.8 | 36.2 | 6.9 | 31.2 | 48.9 | 33.4 | 6.0 | 41.0 | 56.9 | 40.5 | 7.8 |
| Somewhat annoying | 33.0 | 33.9 | 38.5 | 27.1 | 33.0 | 36.9 | 38.3 | 23.2 | 33.0 | 32.0 | 38.9 | 31.3 |
| Not at all annoying | 30.6 | 12.3 | 25.2 | 66.0 | 35.8 | 14.2 | 28.3 | 70.8 | 25.9 | 11.1 | 20.6 | 60.9 |

small that differences in use by cigarette smoking status are not significant.

## Prevalence of use of chewing tobacco, snuff, pipes, and cigars <br> Smokeless tobacco

The two primary forms of smokeless tobacco are chewing tobacco and snuff. Both are used orally, although dry snuff may be taken nasally (DHHS, 1986b). Prior to this century smokeless tobacco was the most commonly used form of tobacco. But with the advent of antispitting laws and the development of the manufactured cigarette, prevalence declined (Christen, Swason, Glover, and Henderson, 1982). As recently as the early 1970's use was confined primarily to older males (Hartge, Hoover, and Kantor, 1985); occupational groups prohibiting smoking, such as mining, textile, and lumber workers (Blot and Fraumeni, 1977; Maxwell, 1980; and Shelton, 1982); and older women in the rural southeastern United States (Rosenfeld and Calloway, 1963). In the past 10 years numerous reports from schools, some national surveys, and manufacturing data have indicated an increase in use of smokeless tobacco, especially among young males (Boyd and Associates, 1987; DHHS 1986b).

Status for use of chewing tobacco and snuff was assessed in the 1987 NHIS-CEC in a manner similar to that used for smoking status. Persons who had used either product at least 20 times were considered to be "ever users," as opposed to "never users." Ever users who continued to use smokeless tobacco at the time of interview were classified as "current users," and those who were not using smokeless tobacco were classified as "former users."

Chewing tobacco use status is shown according to age and sex in table 8. Prevalence among women is low, 0.3 percent. Due to the very low prevalence, estimates are not sufficiently stable to comment on the age distribution. Among males, the overall prevalence of use, 4.0 percent, has increased little since 1970. An NHIS survey in that year estimated 3.8 percent of males were users of chewing tobacco (DHHS, 1986b). However, the age distribution of chewing tobacco users has changed radically. In 1970 prevalence increased regularly with increasing age. In 1987, however, the prevalence of chewing tobacco use among those 18-24 years of age was as high as that of men 65 years and over.

Similar data for use of snuff are reported in table 10. Again, prevalence was negligible among females, 0.5 percent. Among males the highest prevalence, 6.4 percent, was found in the age category 18-24 years. Unlike chewing tobacco, the overall prevalence of use among males has doubled since the 1970 NHIS, 3.1 percent compared with 1.4 percent.

Some individuals use chewing tobacco and snuff, so prevalence of any smokeless tobacco use cannot be computed just by adding the individual prevalence for each product. A new variable was constructed that reflects status for use of chewing tobacco or snuff. "Current users" are

Table B. Percent distribution of persons 18 years of age and over by combined use of chewing tobacco and snuff, according to sex and age: United States, 1987

| Sex and age | Combined chewing tobacco and snuff use ${ }^{1}$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Total | Never user | Former user | Current user |
| Both sexes | Percent distribution |  |  |  |
| All ages | 100.0 | 91.9 | 4.9 | 3.2 |
| 18-24 years | 100.0 | 89.8 | 5.7 | 4.5 |
| 25-44 years. | 100.0 | 92.9 | 4.3 | 2.8 |
| 45-64 years. | 100.0 | 92.7 | 4.6 | 2.6 |
| 65-74 years. | 100.0 | 90.1 | 6.1 | 3.8 |
| 75 years and over | 100.0 | 88.9 | 6.6 | 4.5 |
| Male |  |  |  |  |
| All ages | 100.0 | 84.1 | 9.8 | 6.1 |
| 18-24 years. | 100.0 | 79.8 | 11.3 | 8.9 |
| 25-44 years. | 100.0 | 86.1 | 8.5 | 5.4 |
| 45-64 years. | 100.0 | 85.9 | 9.1 | 5.0 |
| 65-74 years. | 100.0 | 81.0 | 12.6 | 6.4 |
| 75 years and over | 100.0 | 76.7 | 15.5 | 7.9 |
| Female |  |  |  |  |
| All ages | 100.0 | 98.8 | 0.5 | 0.6 |
| 18-24 years. | 100.0 | 99.2 | *0.4 | *0.3 |
| 25-44 years | 100.0 | 99.5 | 0.3 | 0.2 |
| 45-64 years. | 100.0 | 98.8 | 0.7 | 0.6 |
| 65-74 years. | 100.0 | 97.7 | 0.7 | 1.6 |
| 75 years and over | 100.0 | 96.3 | 1.3 | 2.4 |

${ }^{1}$ People who use chewing tobacco or stuff or both.
current users of either or both smokeless products. "Former users" do not currently use any smokeless tobacco but can be classified as former users of at least one type. "Never users" have never used any form of smokeless tobacco. Table B presents status on this combined smokeless tobacco variable according to age and sex. The overall prevalence among males was 6.1 percent, representing approximately 4.9 million individuals. Prevalence was greatest in the youngest and oldest age groups. An estimated 8.9 percent, or 1.1 million males, between the ages of 18 and 24 years were using some form of smokeless tobacco. Another 11.3 percent in this age group have at least experimented with smokeless tobacco sufficiently to be classified as former users. Prevalence among females was 0.6 percent, and was highest among those age 65 years and over. Fortunately, young women do not appear at this time to be taking up the use of smokeless tobacco.

Tables 8 and 10 present data on the frequency of use of chewing tobacco and snuff. Most users of these products did so on a daily basis, and for chewing tobacco the likelihood of being a daily user increased with age. This suggests increasing dependence over time, although age of initiation should be considered in an analysis of this nature.

Tables 9 and 11 present chewing tobacco and snuff use status according to various sociodemographic variables. Use of smokeless tobacco follows a pattern similar to cigarette smoking with respect to the measures of socioeconomic status (SES), education, and income. Prevalence for both products is higher among those with less education and with lower income. Unlike cigarettes, those in households with an income less than $\$ 10,000$ were more likely to use chewing tobacco than those earning between $\$ 10,000$
and $\$ 19,999$. Because it is relatively inexpensive compared with cigarettes, poverty may be less likely to be a barrier to use.

Prevalence of snuff use was lower among black males than among white and non-Hispanic males. Chewing tobacco use was low among Hispanic males, but the estimate, 0.9 percent, was unreliable. Black females, however, had higher prevalences for use of chewing tobacco and snuff than white females. There is a cultural tradition of use among older black women, particularly in rural areas, and this is reflected in the age distribution of smokeless tobacco use by women (tables 8 and 10) (Christen, Swason, Glover, and Henderson, 1982). In the absence of any unforeseen shift in product types and marketing strategies, it is likely that this racial difference in use by females will disappear over time and the overall prevalence of smokeless tobacco use by women will decline even further.

Use of smokeless tobacco was more common in the South and Midwest regions and least common in the Northeast region. That same pattern of regional differences was found for use of chewing tobacco and snuff, but the size of the regional differences was greater for chewing tobacco than for snuff. Whatever were the factors that caused regional variation in the long-established chewing tobacco market, they seem to be less influential in the more recently developed snuff market. Compared with chewing tobacco, the appeal of snuff use appears to be more general across different demographic groups.

Although the health risks associated with smokeless tobacco use have received extensive publicity over the past several years, these data suggest that the level of use remains relatively high. Recent data from the U.S. Department of the Treasury indicate an 8 -percent increase in U.S. manufacture of snuff between 1987 and 1988 (Department of the Treasury, 1988). The prevalence of use, especially among young males, remains a cause for concern with implications for the future health of the U.S. population.

## Pipes and cigars

Pipe and cigar smoking status was determined in a manner analogous to those used for cigarette smoking and smokeless tobacco use. Respondents first were asked whether they had smoked pipes (or cigars) at least 50 times. If they answered affirmatively they were subsequently asked whether they currently smoked a pipe (or cigars). Tables 12 and 14 present pipe and cigar smoking status according to age and sex. Use of either product by women was negligible; only 0.1 percent of women smoke cigars and fewer than 0.1 percent smoke pipes. Among males, 3.4 percent were current pipe smokers and 5.3 percent smoked cigars. This represents a marked decline in prevalence since the early 1970's. An estimated 17.9 percent of males smoked pipes in 1970 and 21.2 percent smoked cigars (DHEW, 1979). Differences in survey methodology and age categories cannot account for a difference of this magnitude.

Use of pipes and cigars increased with age and was most common among males 45 to 64 years. Use of both
products was less common among younger men, but among men less than 45 years of age use of cigars was twice as common as use of pipes.

There was a clear pattern of heavy use of pipes and cigars increasing with age. Daily use by current users, the mean number of days per month on which pipes or cigars were smoked, and the number of times they were smoked per day all increased with age. These relationships with age are primarily a cohort effect: That is, older persons are more likely than younger persons to smoke pipes and cigars because at the time they began smoking, those forms of tobacco use were more common than they have been recently.

Pipe and cigar smoking, in tables 13 and 15, were not as clearly related to measures of SES as was cigarette smoking. Black and white males did not differ in prevalence of pipe smoking, but black persons were less likely than white persons to smoke cigars. Hispanic persons were less likely than non-Hispanic persons to smoke either product. Pipes and cigars were less prevalent in the West than in the other three regions of the country. The pattern of use according to marital status corresponded to the age distribution of use; that is, marital status groups with a young age composition (for example, never married) were less likely to use pipes and cigars than marital status groups with an older age composition (for example, separated and divorced).

## Combinations of tobacco use habits

About 39 percent of U.S. men and about 27 percent of U.S. women used some form of tobacco on a regular basis (table C). Women's use was limited almost entirely to cigarette smoking: 26.4 percent of women smoked only cigarettes and used no other tobacco product. Among men, cigarette smoking was, by far, the most common smoking habit as well: 26.5 percent of men smoked cigarettes only. However, use of other tobacco products, either alone or in combination with cigarettes, was reported by a substantial number of men. About 1.8 percent of men smoked only

Table C. Percent of persons 18 years of age and over by sex and selected combinations of tobacco use habits: United States, 1987

| Tobacco use | Both sexes | Male | Female |
| :---: | :---: | :---: | :---: |
|  | Percent |  |  |
| Any tobacco use | 32.7 | 38.9 | 27.2 |
| Cligarettes only. | 26.5 | 26.5 | 26.4 |
| Pipes only. . | 0.5 | 1.2 | *- |
| Cigars only. | 0.9 | 1.8 | *- |
| Chewing tobacco only | 0.9 | 1.8 | 0.1 |
| Snuff only. | 0.7 | 1.2 | 0.3 |
| Chewing and snuff only | 0.3 | 0.6 | 0.1 |
| Any combination of cigarettes and other smoking tobacco (only) . . . | 1.4 | 2.9 | - |
| Any combination of cigarettes and smokeless tobacco (only) | 0.7 | 1.5 | - |
| Any combination of cigarettes and any other tobacco or combination of tobaccos. | 2.2 | 4.7 | - |

cigars; another 1.8 percent used only chewing tobacco; and 1.2 percent used only snuff. Almost 5 percent of mensmoked cigarettes in combination with at least one other tobacco product.

## Oral cancer risks associated with noncigarette tobacco use

Table 16 shows the proportion of U.S. adults who believed that use of chewing tobacco, snuff, pipes, and cigars increases one's risk of developing oral cancer. The data are shown by smoking status to assess the extent to which current or former smokers may view noncigarette tobacco products as a "safe" alternative to cigarettes. The message that chewing tobacco increases the risk of oral cancer has reached about 84 percent of the adult population. Risks associated with snuff, pipes, and cigars were somewhat less well known. Still, over three-fourths of U.S. adults understand that these products increase the chances of developing cancer of the mouth and throat.

Current cigarette smokers were somewhat less likely to believe that cancer risks are increased by using any of these noncigarette tobacco products than are former or never smokers. Except in the case of chewing tobacco, male cigarette smokers tended to be more aware of the oral cancer risk associated with use of other tobacco products than were female cigarette smokers. In all cases, however, at least two-thirds of smokers recognized that use of noncigarette tobacco products was not risk free.

## Relationship between cigarette smoking and selected health behaviors, beliefs, knowledge, and social conditions

Smoking has been shown to be related to other unhealthy behaviors (Hendershot and Bloom, 1987; NCHS, 1988d). Understanding the relationship between smoking and other health behaviors will assist policymakers and health educators in tailoring educational programs that will improve the success rate for general health risk reduction, especially smoking cessation.

Table 17 presents data on the extent to which smokers were more or less likely than former smokers and never smokers to engage in other health-related behaviors, hold particular health-related beliefs, maintain social ties conducive to health, seek preventive care, or have a family history of cancer. Each of these factors is known or suspected to be associated with health status. In some cases, the association with health lacks conclusive scientific evidence. Even in these cases, engaging in such behaviors may be suggestive of a general concern for one's health and a predisposition to take actions to increase the chances of favorable health outcomes. Overall, table 17 suggests that smokers were less likely to take health-protective action in their daily lives than were nonsmokers.

## Alcohol consumption

The first set of behaviors shown in table 17 concerns consumption of beer, wine, and liquor. The NHIS-CEC contained separate questions on each type of alcoholic beverage. Beer was clearly the most popular alcoholic beverage among smokers and nonsmokers. Table 17 shows the percent of each group that reported drinking beer five times or more each week. Overall, 6.5 percent of the adult population drank beer this often. Smokers were more than three times as likely as never smokers to consume beer this frequently ( 10.7 compared with 3.0 percent). Men and women differed substantially in their beer consumption, with men more than five times as likely to be frequent beer drinkers ( 11.6 percent) as women ( 2.0 percent), regardless of smoking status. Among male current smokers, 17.1 percent drank beer five times or more per week compared with 4.0 percent of female current smokers.

Among people who drank beer, one-third said they consumed three beers or more at a time. Current smokers were the most likely to drink this heavily ( 44.6 percent) compared with former smokers ( 26.4 percent) and persons who have never smoked ( 28.3 percent).

Frequent consumption (five times or more per week) of wine or liquor was found to be uncommon. Only about 2 percent of respondents said they drank either of these beverages five times or more per week on the average. Wine consumption appeared to be slightly more popular among former smokers while consumption of liquor was about the same among current and former smokers and somewhat above that of persons who have never smoked. Among persons who drank these beverages, however, smokers still were the most likely to consume three drinks or more at a time when compared with nonsmokers.

## Eating habits

Current smokers were less likely to eat three meals a day on weekdays and on weekends than were former or never smokers. Only about one-third of smokers reported eating three meals a day during the week or on weekends. Female current smokers were the least likely of any of the groups shown to eat regular meals, with less than 30 percent reporting this behavior. In contrast, about one-half of nonsmokers (both former and never) ate three meals a day during the week. Among these groups, the percents dropped somewhat on weekends to about 43-44 percent, still well above that of smokers.

Like breakfast, snacking habits may be an indicator of a general predisposition to taking care of one's health, although the findings in table 17 are unremarkable. Among women, snacking habits did not vary by smoking status. Overall, about one-fourth of women avoided eating snacks either during the week or on weekends. Among men, former smokers were somewhat more likely to avoid snacks than were either current smokers or men who had never smoked. Like women, about one in four men, overall, avoided snacks.

Respondents to the NHIS-CEC were asked directly if they had made any changes to their diet for health reasons and, if so, what those changes were. Table 17 shows the proportion who said they had made some changes but does not elaborate on the nature of those changes. A little more than one-third of respondents said they had made some changes to their diet. As might be expected, current smokers were the least likely ( 30.3 percent) and former smokers were the most likely ( 46.5 percent) to have made dietary changes. In each smoking status category, women were more likely than men to have made these changes.

Overweight is a reflection of a combination of health behaviors (eating habits, exercise levels) and genetics. About one-fourth of U.S. adults were 20 percent or more above their desirable body weight in 1987. Other research has shown smokers to be more likely to maintain desirable weight than nonsmokers, especially former smokers (NCHS, 1988d). The findings in table 17 substantiate this but the results vary somewhat by sex. Overall, current smokers were less likely to be overweight ( 22.1 percent) than were former smokers ( 30.5 percent) or never smokers ( 24.5 percent). Among women, 20.3 percent of current smokers were 20 percent or more above desirable body weight compared with 24.8 percent of former smokers and 24.3 percent of never smokers. Among men, 23.8 percent of current smokers were overweight, compared with 34.2 percent of former smokers and 24.9 percent of never smokers.

## Vitamin use

Use of vitamins is included in table 17 as an indicator of concern for health. Taking vitamins is one action people can take to protect their health. The extent to which current smokers, former smokers, and never smokers engage in this behavior may be a reflection of a more global health orientation. The types of vitamins included were not selected for any particular known effect on health outcomes.

About one-half of U.S. adults took some type of vitamin or mineral supplement in 1987. About 4 in 10 took a multivitamin and about 1 in 4 took vitamin C. Use of vitamins $A$ and $E$ was much less common (4.2 and 10.0 percent, respectively). Among men, use of any vitamin or mineral supplement was substantially lower for smokers ( 38.7 percent) than for former smokers ( 47.3 percent) or men who had never smoked ( 46.5 percent). Among women, former smokers were the most likely to have used a supplement ( 65.2 percent) while current smokers and never smokers did not differ significantly in their rates of use (55.1 versus 56.7 percent, respectively).

## Knowledge and beliefs

About 83 percent of U.S. adults believed that one's diet affects the risk of disease. Male smokers were the least likely ( 78.1 percent) and female former smokers were the most likely to hold this belief ( 88.6 percent). About 83-84 percent of the other groups held this belief.

The importance of fiber in the diet has received much attention in recent years. Table 17 suggests that the public has gotten the message. Ninety-six percent of NHIS-CEC respondents had heard of food fiber. Knowledge levels of men and women did not differ and were universally high across smoking status categories.

## Social support

Social support systems have been suggested as having an important influence on mental and physical well-being. Social support can influence health in a number of ways. One of these is by encouraging people to engage in healthful behaviors. The social support characteristics shown in table 17 are suggestive of the extent to which current smokers, former smokers, and never smokers are "connected" to others around them and, therefore, are likely to be influenced to engage in healthful behaviors.

Male smokers and former smokers were less likely ( 82.5 percent) than men who had never smoked ( 87.0 percent) to have at least one friend they could call on for help. Male smokers also were less likely to have at least one relative they could call on ( 86.1 percent) compared with never smokers (89.5 percent). Like male smokers, female smokers were the least likely to have a relative they could call for help ( 89.9 percent), compared with former smokers ( 92.5 percent) and never smokers ( 93.0 percent), but the availability of a friend did not vary by smoking status for women.

Participation in social and religious activities is another indicator of social connectedness. NHIS-CEC respondents were asked the frequency with which they participated in group activities. Smokers were significantly less likely to report participation in group activities at least once a year (53.8 percent) compared with former smokers (64.1 percent) and persons who had never smoked ( 67.4 percent). Participation levels were about the same for men and women who were either current smokers or former smokers. Among never smokers, however, men were much more likely to have participated in group activities than were women.

Religious attendance was lowest among smokers: 55.5 percent attended a religious service at least once in the past year, compared with 68 percent of former smokers and 75.1 percent of never smokers. Women were more likely to have attended a religious service than men, across all smoking status categories, but the relationship to smoking was the same for both sexes: Current smokers were the least likely and never smokers were the most likely to report religious attendance.

## Preventive care

Seeking preventive care is another important aspect of health promoting behavior. Table 17 highlights the extent to which current, former, and never smokers differ in their use of selected preventive care services: ever having had a digital rectal examination, a blood stool test, or a procto-
scopic examination; having had a Pap smear or breast examination in the past year; or ever having had a mammogram (women only). Except for Pap smear testing, table 17 shows that former smokers are much more likely to have obtained these tests than either current smokers or never smokers. This does not necessarily indicate that smoking cessation occurs as part of a constellation of health conscious behaviors. It may be that former smokers discovered a health problem through these tests and gave up smoking for this reason. It also could be, however, that people who are health conscious enough to quit smoking are prone to take care of their health in other ways.

Breast self-examination is somewhat different from the other behaviors shown in table 17 because it does not involve a health professional. It is, nonetheless, a preventive health behavior. This question was asked only of women over the age of 40 years. About 52 percent of this group reported that they did breast self-examination at least 12 times a year with no differences observed between smoking and nonsmoking women.

## Cancer history

The final section of table 17 highlights differences in the personal and family histories of cancer of smokers and nonsmokers. Former smokers were almost twice as likely to
have ever been diagnosed with cancer ( 8.2 percent) as were current smokers ( 4.8 percent) or persons who had never smoked ( 4.4 percent). Across all smoking status categories, women were more likely than men to have received a cancer diagnosis, with female current smokers about twice as likely as male current smokers to have been diagnosed with cancer ( 6.5 and 3.1 percent, respectively).

Having a parent or sibling who had been diagnosed with cancer was also more common among former smokers: 41.2 percent of former smokers reported having a blood relative who had had cancer, in contrast to 33.1 percent of current smokers and 30.3 percent of persons who had never smoked. Among men, having a family history of cancer was most common among former smokers, followed by current smokers. For women this same pattern is observed, but it was not statistically significant. Persons who had never smoked were least likely to have a relative with cancer. These differences may be explained, in part, by the inclination of smokers to quit smoking when they are faced with a cancer diagnosis either in themselves or in a family member. The low cancer prevalence among never smokers is consistent with a lower risk associated with abstinence from smoking. The lower prevalence of cancer in family members suggests that perhaps abstinence from smoking and practice of healthy behaviors in general may cluster in families.

## References

Blot, W. S., and J. F. Fraumeni. 1977. Geographic patterns of oral cancer in the United States: Etiological implications. J. Chronic Dis. 30:745-57.
Boyd, G., and Associates. 1987. Use of smokeless tobacco among children and adolescents in the United States. Prev. Med. 6:402-21.
Christen, A. G., B. Z. Swason, E. D. Glover, and A. H. Henderson. 1982. Smokeless tobacco: The folklore and social history of snuffing, sneezing, dipping and chewing. J. Am. Dental Assoc. 105:821-9.

Department of Health and Human Services. 1982. The Health Consequences of Smoking-Cancer, A Report of the Surgeon General. DHHS Pub. No. (PHS) 82-50179. Washington: U.S. Government Printing Office.
Department of Health and Human Services. 1984a. The Health Consequences of Smoking-Cardiovascular Disease, A Report of the Surgeon General. DHHS Pub. No. (PHS) 84-50204. Washington: U.S. Government Printing Office.
Department of Health and Human Services. 1984b. The Health Consequences of Smoking-Chronic Obstructive Lung Disease, A Report of the Surgeon General. DHHS Pub. No. (PHS) 84-50205. Public Health Service. Washington: U.S. Government Printing Office.
Department of Health and Human Services. 1985. The Health Consequences of Smoking for Women, A Report of the Surgeon General. Washington: U.S. Government Printing Office.
Department of Health and Human Services. 1986a. The Health Consequences of Involuntary Smoking, A Report of the Surgeon General. DHHS Pub No. (CDC) 87-8398. Washington: U.S. Government Printing Office.
Department of Health and Human Services. 1986b. The Health Consequences of Using Smokeless Tobacco, A Report of the Advisory Committee to the Surgeon General. NIH Pub. No. 86-2874. Washington: U.S. Government Printing Office.
Department of Health and Human Services, U.S. Public Health Service, Office of Medical Applications of Research. 1986c. Health applications of smokeless tobacco use. JAMA 255:1045-8.
Department of Health and Human Services. 1988. The Health Consequences of Smoking-Nicotine Addiction, A Report of the Surgeon General. DHHS Pub. No. (CDC) 88-8406. Washington: U.S. Government Printing Office.

Department of Health and Human Services. 1989. Reducing the Health Consequences of Smoking-25 Years of Progress, Report to the Surgeon General. DHHS Pub. No. (CDC) 89-8411. Washington: U.S. Government Printing Office.
Department of Health, Education, and Welfare. 1964. Smoking and Health. Report of the Advisory Committee to the Surgeon

General of the Public Health Service. PHS Pub. No. 1103. Public Health Service, Centers for Disease Control.

Department of Health, Education, and Welfare. 1979. Smoking and Health, A Report of the Surgeon General. DHEW Pub. No. (PHS) 79-50066. Washington: U.S. Government Printing Office.
Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms. 1988. Monthly statistical release, tobacco products. November 9.

Escobedo, L. G., and P. L. Remington. 1989 Birth cohort analysis of prevalence of cigarette smoking among Hispanics in the United States. JAMA 261:66-9.
Fiore, M. C., T. E. Novotny, J. E. Pierce, et al. 1989. Trends in cigarette smoking in the United States: The changing influence of gender and race. JAMA 261:49-55.
Hartge, P., R. Hoover, and A. Kantor. 1985. Bladder cancer risk and pipes, cigars, and smokeless tobacco. Cancer 55:901-6.
Hendershot, G. E., and B. Bloom. 1987. Health habits of smokers. Data from the National Health Interview Survey. Unpublished document.
International Agency for Research on Cancer. 1984. Monographs on the evaluation of the carcinogenic risk of chemicals to humans. LARC Monogr. 37.
Maxwell, J. C., Jr. 1980. Chewing, snuff is growth segment. Tobacco Rep. September: 13.
McGinnis, J. M., D. Shopland, and C. Brown. 1987. Tobacco and health: Trends in smoking and smokeless tobacco consumption in the United States. In Annual Review of Public Health, Vol. 8, edited by L. Breslow, J. E. Fielding, and L. B. Lave.
Metropolitan Life Insurance Company. 1960. Overweight, its prevention and significance. Statistical Bulletin. New York: Metropolitan Life Insurance Company.
Metropolitan Life Insurance Company. 1983. 1983 Metropolitan height and weight tables. Statistical Bulletin. Vol. 64. No. 1.
National Center for Health Statistics, E. Balamuth and S. Shapiro. 1965a. Health interview responses compared with medical records. Vital and Health Statistics Series 2, No. 7. PHS Pub. No. 1000. Public Health Service. Washington: U.S. Government Printing Office.
National Center for Health Statistics, C. F. Cannell and F. J. Fowler, Jr. 1965b. Comparison of hospitalization reporting in three survey procedures. Vital and Health Statistics. Series 2, No. 8. PHS Pub. No. 1000. Public Health Service. Washington: U.S. Government Printing Office.
National Center for Health Statistics, W. G. Madow. 1967. Interview data on chronic conditions compared with information derived from medical records Vital and Health Statistics. Series 1,

No. 23. PHS Pub. No. 1000. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, C. F. Cannell, F. J. Fowler, Jr., and K. H. Marquis. 1968. The influence of interviewer and respondent psychological and behavioral variables on the reporting in household interviews. Vital and Health Statistics. Series 2, No. 26. PHS Pub. No. 1000. Public Health Service. Washington: U.S. Government Printing Office.

National Center for Health Statistics, D. A. Koons. 1973. Quality control and measurement of nonsampling error in the Health Interview Survey. Vital and Health Statistics. Series 2, No. 54. DHEW Pub. No. (HSM) 73-1328. Health Services and Mental Health Administration. Washington: U.S. Government Printing Office.

National Center for Health Statistics, M. G. Kovar and G. S. Poe. 1985. The National Health Interview Survey design, 1973-84, and procedures, 1975-83. Vital and Health Statistics. Series 1, No. 18. DHHS Pub. No. (PHS) 85-1320. Public Health Service. Washington: U.S. Government Printing Office.
National Center for Health Statistics, O. T. Thornberry, R. W. Wilson, and P. M. Golden. 1986. Health promotion data for the 1990 objectives: Estimates from the National Health Interview Survey of Health Promotion and Disease Prevention, United States, 1985. Advance Data From Vital and Health Statistics. No. 126. DHHS Pub. No. (PHS) 86-1250. Public Health Service. Hyattsville, Md.
National Center for Health Statistics. 1988a. Health: United States, 1987. DHHS Pub. No. (PHS) 88-1232. Public Health Service. Washington: U.S. Government Printing Office.
National Center for Health Statistics, C. A. Schoenborn. 1988b. Health promotion and disease prevention: United States, 1985. Vital and Health Statistics. Series 10, No. 163. DHHS Pub. No. (PHS) 88-1591. Public Health Service. Washington: U.S. Government Printing Office.
National Center for Health Statistics, C. A. Schoenborn and M. Marano. 1988c. Current estimates from the National Health Interview Survey: United States, 1987. Vital and Health Statistics. Series 10, No. 166. DHHS Pub. No. (PHS) 88-1594. Public Health Service. Washington: U.S. Government Printing Office.
National Center for Health Statistics, C. A. Schoenborn. 1988d. Relationships between smoking and other unhealthy habits:

United States, 1985. Advance Data From Vital and Health Statistics. No. 154. DHHS Pub. No. (PHS) 88-1250. Public Health Service. Hyattsville, Md.
National Center for Health Statistics, 1988e. Public Use Tape Documentation-Part III. Medical Coding Manual and Short Index. National Health Interview Survey, 1987. Centers for Disease Control. Hyattsville, Md.
National Institute on Drug Abuse, L. D. Johnston, P. M. O'Malley, and J. G. Bachman. 1986. Drug Use Among American High School Students, College Students, and Other Young Adults, National Trends Through 1985. DHHS Pub. No. (ADM) 86-1450. Department of Health and Human Services. Washington: U.S. Government Printing Office.
National Institutes of Health. 1985. Health implications of obesity. National Institutes of Health Consensus Conference Development Statement, Vol. 5, No. 9. Public Health Service, Office of Medical Applications of Research. Bethesda, Md.
Ockene, J. K., D. W. Hosmer, J. W. Williams, et al. 1987. Factors related to patient smoking status. $A J P H$ 77(3):356-7.
Office of Disease Prevention and Health Promotion. 1980. Promoting Health, Preventing Disease: Objectives for the Nation. Public Health Service.
Office of Disease Prevention and Health Promotion. 1986. The 1990 Health Objectives for the Nation: A Midcourse Review. Public Health Service.
Rosenfeld, L., and J. Calloway. 1963. Snuff dipper's cancer. Am. J. Surg. 106:840-4.
Shelton, A. 1982. Smokeless sales continue to climb. Tobacco Rep. September: 42.
U.S. Bureau of the Census, T. F. Moore. 1985. Redesign of the National Health Interview Survey. Statistical Methods Division Methodological Memorandum Series. Report Number CB/SMD/MM/85/02. Unpublished technical paper.
U.S. Bureau of the Census. 1987a. Spanish Translation Guide. National Health Interview Survey. Cancer Control Form HIS-1A.
U.S. Bureau of the Census. 1987b. Spanish Translation Guide. National Health Interview Survey, Epidemiology Study Form HIS-1B.

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Table 1. Percent distribution of persons 18 years of age and over by cigarette smoking status and amount smoked, according to sex and age: United States, 1987

| Sex and age | Total | Clgarette smoking status |  |  | Amount smoked |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Never smoker | Former smoker | Current smoker | $\begin{gathered} \text { Less than } \\ 15 \end{gathered}$ | 15-24 | 25-34 | 35 and more |
| Both sexes | Percent distribution |  |  |  |  |  |  |  |
| All ages | 100.0 | 48.4 | 22.8 | 28.8 | 31.8 | 41.0 | 13.5 | 12.8 |
| 18-24 years | 100.0 | 64.9 | 8.0 | 27.1 | 44.7 | 42.3 | 8.8 | 3.7 |
| 25-44 years | 100.0 | 47.2 | 19.6 | 33.2 | 30.5 | 40.6 | 14.4 | 13.6 |
| 45-64 years | 100.0 | 39.3 | 29.8 | 30.9 | 25.7 | 41.3 | 15.0 | 17.2 |
| 65-74 years | 100.0 | 44.2 | 36.8 | 19.0 | 34.1 | 43.4 | 11.4 | 10.0 |
| 75 years and over. | 100.0 | 61.5 | 29.6 | 8.9 | 50.1 | 33.2 | 9.7 | *6.1 |
| Male |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 39.9 | 28.9 | 31.2 | 27.6 | 39.0 | 15.7 | 16.9 |
| 18-24 years | 100.0 | 65.1 | 6.7 | 28.1 | 40.8 | 45.0 | 9.5 | 4.5 |
| 25-44 years | 100.0 | 42.3 | 22.1 | 35.6 | 26.9 | 37.9 | 16.5 | 17.6 |
| 45-64 years | 100.0 | 26.4 | 40.1 | 33.5 | 20.8 | 37.5 | 18.3 | 22.9 |
| 65-74 years | 100.0 | 25.4 | 54.4 | 20.2 | 27.8 | 43.3 | 13.7 | 14.3 |
| 75 years and over. | 100.0 | 37.4 | 51.4 | 11.3 | 50.2 | 31.7 | *7.1 | *9.4 |
| Female |  |  |  |  |  |  |  |  |
| All ages . | 100.0 | 56.0 | 17.4 | 26.5 | 36.2 | 43.2 | 11.2 | 8.6 |
| 18-24 years | 100.0 | 64.7 | 9.2 | 26.1 | 48.7 | 39.7 | 8.0 | 3.0 |
| 25-44 years | 100.0 | 51.9 | 17.3 | 30.8 | 34.4 | 43.5 | 12.1 | 9.2 |
| 45-64 years | 100.0 | 50.7 | 20.7 | 28.6 | 30.9 | 45.1 | 11.6 | 11.4 |
| 65-74 years | 100.0 | 60.0 | 22.0 | 18.0 | 40.0 | 43.4 | 9.3 | 5.9 |
| 75 years and over. | 100.0 | 76.0 | 16.5 | 7.5 | 50.0 | 34.6 | *12.1 | *3.1 |

Table 2. Percent distribution of persons 18 years of age and over by sex and cigarette smoking status, according to selected sociodemographic characteristics: United States, 1987

| Sociodemographic characteristic | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| All persons | 100.0 | 48.4 | 22.8 | 28.8 | 100.0 | 39.9 | 28.9 | 31.2 | 100.0 | 56.0 | 17.4 | 26.5 |
| Education level |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than 12 years | 100.0 | 42.2 | 22.5 | 35.3 | 100.0 | 27.1 | 32.3 | 40.5 | 100.0 | 55.5 | 13.9 | 30.7 |
| 12 years. . . . . . | 100.0 | 45.7 | 21.9 | 32.4 | 100.0 | 36.6 | 27.6 | 35.9 | 100.0 | 53.0 | 17.4 | 29.6 |
| More than 12 years. | 100.0 | 54.8 | 24.1 | 21.1 | 100.0 | 49.9 | 28.2 | 22.0 | 100.0 | 60.0 | 19.8 | 20.3 |
| 13-15 years | 100.0 | 52.2 | 22.3 | 25.6 | 100.0 | 46.7 | 26.5 | 26.8 | 100.0 | 57.2 | 18.4 | 24.4 |
| 16 years or more. | 100.0 | 57.7 | 26.0 | 16.3 | 100.0 | 52.9 | 29.7 | 17.4 | 100.0 | 63.5 | 21.5 | 15.1 |
| Family Income |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than \$10,000. | 100.0 | 51.8 | 16.7 | 31.5 | 100.0 | 40.9 | 23.2 | 35.9 | 100.0 | 58.2 | 12.9 | 29.0 |
| \$10,000-\$19,999 | 100.0 | 44.6 | 22.6 | 32.8 | 100.0 | 33.6 | 30.1 | 36.3 | 100.0 | 53.8 | 16.3 | 29.8 |
| \$20,000-\$34,999 | 100.0 | 46.9 | 22.3 | 30.8 | 100.0 | 39.3 | 27.1 | 33.7 | 100.0 | 54.6 | 17.5 | 27.9 |
| \$35,000-\$49,999 | 100.0 | 48.7 | 25.3 | 26.0 | 100.0 | 42.5 | 31.0 | 26.5 | 100.0 | 55.2 | 19.4 | 25.3 |
| \$50,000 or more. | 100.0 | 50.5 | 28.0 | 21.5 | 100.0 | 45.4 | 31.4 | 23.2 | 100.0 | 56.2 | 24.3 | 19.5 |
| Race |  |  |  |  |  |  |  |  |  |  |  |  |
| White. | 100.0 | 47.3 | 24.1 | 28.5 | 100.0 | 39.1 | 30.4 | 30.5 | 100.0 | 54.8 | 18.4 | 26.7 |
| Black. | 100.0 | 52.3 | 14.8 | 32.9 | 100.0 | 42.3 | 18.8 | 39.0 | 100.0 | 60.3 | 11.6 | 28.0 |
| Hispanic origin |  |  |  |  |  |  |  |  |  |  |  |  |
| Hispanic. . | 100.0 | 60.3 | 16.1 | 23.6 | 100.0 | 49.3 | 20.7 | 30.0 | 100.0 | 70.0 | 12.1 | 18.0 |
| Non-Hispanic. | 100.0 | 47.5 | 23.4 | 29.2 | 100.0 | 39.2 | 29.5 | 31.3 | 100.0 | 54.9 | 17.9 | 27.2 |
| Geographic region |  |  |  |  |  |  |  |  |  |  |  |  |
| Northeast . | 100.0 | 48.0 | 24.8 | 27.2 | 100.0 | 40.8 | 30.7 | 28.5 | 100.0 | 54.4 | 19.6 | 26.0 |
| Midwest | 100.0 | 47.9 | 23.2 | 28.9 | 100.0 | 39.4 | 29.7 | 30.9 | 100.0 | 55.8 | 17.1 | 27.1 |
| South | 100.0 | 48.1 | 20.9 | 31.0 | 100.0 | 37.4 | 27.5 | 35.0 | 100.0 | 57.4 | 15.1 | 27.5 |
| West . | 100.0 | 49.8 | 23.6 | 26.6 | 100.0 | 43.4 | 28.2 | 28.4 | 100.0 | 55.9 | 19.3 | 24.8 |
| Marital status |  |  |  |  |  |  |  |  |  |  |  |  |
| Currently marrled. . | 100.0 | 44.9 | 26.9 | 28.1 | 100.0 | 35.1 | 34.3 | 30.5 | 100.0 | 54.7 | 19.6 | 25.8 |
| Separated and divorced | 100.0 | 36.6 | 19.4 | 43.9 | 100.0 | 27.4 | 24.5 | 48.0 | 100.0 | 42.3 | 16.3 | 41.4 |
| Widowed | 100.0 | 56.9 | 22.4 | 20.7 | 100.0 | 29.5 | 44.9 | 25.6 | 100.0 | 62.3 | 17.9 | 19.7 |
| Never married | 100.0 | 62.8 | 10.6 | 26.5 | 100.0 | 60.1 | 11.6 | 28.4 | 100.0 | 66.3 | 9.4 | 24.2 |

Table 3. Percent distribution of persons 18 years of age and over by knowledge of the health consequences of smoking, according to sex and cigarette smoking status: United States, 1987

| Believe clgarette smoking is related to- | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| Total ${ }^{1}$ | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Emphysema |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, related. | 82.5 | 83.2 | 87.9 | 76.8 | 81.5 | 82.5 | 86.4 | 75.5 | 83.4 | 83.7 | 90.2 | 78.1 |
| Strongly | 68.8 | 70.6 | 76.4 | 59.4 | 66.8 | 69.5 | 74.0 | 56.3 | 70.5 | 71.2 | 79.9 | 62.8 |
| Moderately. | 9.9 | 9.3 | 7.9 | 12.5 | 10.4 | 9.4 | 8.1 | 13.9 | 9.4 | 9.2 | 7.5 | 11.0 |
| Slightly | 1.7 | 1.4 | 1.5 | 2.4 | 2.0 | 1.7 | 1.8 | 2.6 | 1.5 | 1.3 | 1.0 | 2.2 |
| Maybe | 4.7 | 4.5 | 3.4 | 6.3 | 5.1 | 2.4 | 3.8 | 6.5 | 3.1 | 4.0 | 1.4 | 6.1 |
| No, not related. | 3.4 | 2.3 | 2.0 | 6.3 | 3.7 | 5.1 | 2.4 | 6.5 | 4.3 | 2.3 | 2.8 | 6.1 |
| Don't know if related | 9.4 | 10.0 | 6.7 | 10.7 | 9.7 | 10.0 | 7.4 | 11.6 | 9.1 | 10.0 | 5.6 | 9.7 |
| Lung cancer |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, related. | 89.4 | 92.0 | 91.8 | 82.8 | 89.3 | 92.9 | 90.8 | 83.2 | 89.4 | 91.5 | 93.4 | 82.5 |
| Strongly | 80.1 | 85.2 | 83.6 | 68.7 | 79.4 | 86.6 | 81.9 | 67.7 | 80.7 | 84.3 | 86.1 | 69.6 |
| Moderately. | 6.5 | 4.4 | 5.6 | 10.7 | 6.9 | 4.2 | 5.9 | 11.2 | 6.2 | 4.6 | 5.3 | 10.1 |
| Slightly . | 1.0 | 0.6 | 0.9 | 1.7 | 1.3 | 0.7 | 1.1 | 2.3 | 0.7 | 0.5 | *0.6 | 1.1 |
| Maybe | 5.0 | 3.6 | 3.5 | 8.6 | 5.2 | 3.7 | 3.7 | 8.7 | 4.1 | 3.5 | 3.2 | 8.4 |
| No, not related. | 1.9 | 0.8 | 1.4 | 4.4 | 1.9 | 0.7 | 1.5 | 3.7 | 2.0 | 0.8 | 1.2 | 5.1 |
| Don't know if related | 3.7 | 3.6 | 3.3 | 4.2 | 3.6 | 2.7 | 4.0 | 4.3 | 3.8 | 4.2 | 2.2 | 4.0 |
| Chronic bronchitls |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, related. | 75.9 | 76.9 | 80.9 | 70.1 | 75.0 | 77.7 | 78.7 | 68.0 | 76.7 | 76.4 | 84.1 | 72.3 |
| Strongly | 55.5 | 56.9 | 63.0 | 47.1 | 54.2 | 56.5 | 60.5 | 45.1 | 56.8 | 57.2 | 66.7 | 49.3 |
| Moderately. | 15.2 | 15.5 | 13.4 | 16.3 | 15.3 | 16.4 | 13.4 | 15.8 | 15.2 | 14.9 | 13.4 | 16.9 |
| Slightly | 2.8 | 2.4 | 2.3 | 3.6 | 3.1 | 2.9 | 2.6 | 3.8 | 2.5 | 2.2 | 1.9 | 3.5 |
| Maybe | 8.4 | 8.1 | 7.9 | 9.5 | 8.7 | 8.3 | 8.3 | 9.5 | 8.2 | 8.0 | 7.2 | 9.5 |
| No, not related. | 6.2 | 4.7 | 3.7 | 10.7 | 6.3 | 4.9 | 3.8 | 10.6 | 6.0 | 4.6 | 3.4 | 10.8 |
| Don't know if related | 9.5 | 10.3 | 7.6 | 9.7 | 10.0 | 9.1 | 9.1 | 11.9 | 9.1 | 11.1 | 5.3 | 7.5 |
| Cancer of the mouth and throat |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, related. | 80.9 | 83.3 | 84.8 | 73.5 | 80.5 | 84.8 | 83.0 | 72.5 | 81.2 | 82.3 | 87.4 | 74.6 |
| Strongly | 62.8 | 67.3 | 67.9 | 51.2 | 59.9 | 66.0 | 63.8 | 48.1 | 65.5 | 68.1 | 73.9 | 54.4 |
| Moderately. | 13.6 | 12.7 | 12.3 | 16.3 | 15.4 | 15.0 | 13.5 | 17.6 | 12.1 | 11.2 | 10.6 | 14.9 |
| Slightly | 2.7 | 1.8 | 2.7 | 4.0 | 3.5 | 2.3 | 3.5 | 4.9 | 1.9 | 1.6 | 1.4 | 3.1 |
| Maybe | 8.4 | 7.5 | 6.9 | 11.1 | 8.2 | 6.1 | 7.3 | 11.7 | 8.5 | 8.3 | 6.2 | 10.5 |
| No, not related. | 4.9 | 3.3 | 3.2 | 9.1 | 5.4 | 3.7 | 3.8 | 9.2 | 4.4 | 3.0 | 2.3 | 9.0 |
| Don't know if related | 5.8 | 6.0 | 5.2 | 6.2 | 5.9 | 5.5 | 5.9 | 6.5 | 5.8 | 6.3 | 4.1 | 5.9 |
| Heart disease |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, related. | 76.5 | 76.2 | 82.0 | 72.5 | 78.0 | 79.3 | 81.1 | 73.3 | 75.2 | 74.2 | 83.4 | 71.6 |
| Strongly | 57.4 | 57.3 | 64.0 | 52.1 | 58.1 | 59.5 | 62.5 | 52.0 | 56.8 | 56.0 | 66.1 | 52.1 |
| Moderately. | 15.2 | 15.2 | 13.9 | 16.2 | 15.5 | 16.1 | 13.8 | 16.4 | 14.9 | 14.7 | 14.0 | 15.9 |
| Slightly . | 1.8 | 1.6 | 1.7 | 2.2 | 2.1 | 1.8 | 2.3 | 2.5 | 1.5 | 1.4 | 1.0 | 1.8 |
| Maybe | 8.0 | 7.6 | 6.7 | 9.9 | 7.6 | 6.6 | 6.8 | 9.5 | 8.4 | 8.2 | 6.4 | 10.3 |
| No, not related. | 7.5 | 7.0 | 4.9 | 10.5 | 7.0 | 6.5 | 4.7 | 9.8 | 7.9 | 7.2 | 5.0 | 11.3 |
| Don't know if related | 8.0 | 9.3 | 6.5 | 7.2 | 7.5 | 7.6 | 7.4 | 7.4 | 8.5 | 10.4 | 5.1 | 6.9 |

${ }^{1}$ Does not add to 100 percent because "Don't know strength of relationship" is not shown separately.

Table 4. Percent distribution of persons 18 years of age and over who believed specific diseases were related to smoking by knowledge of the health benefits of stopping smoking, according to sex and cigarette smoking status: United States, 1987

| Stopping cigarette smoking reduces risk of- | Both sexes |  |  |  | Mate |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never smoker | Former smoker | Current smoker | Total | Never <br> smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| Total . | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Emphysema |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes. | 89.7 | 90.1 | 92.2 | 86.6 | 90.7 | 91.3 | 92.8 | 87.5 | 88.8 | 89.3 | 91.4 | 85.7 |
| No | 4.5 | 3.9 | 2.9 | 7.2 | 4.1 | 3.4 | 2.9 | 6.4 | 4.9 | 4.2 | 3.0 | 8.0 |
| Don't know | 5.8 | 6.0 | 4.9 | 6.2 | 5.2 | 5.3 | 4.4 | 6.1 | 6.2 | 6.5 | 5.6 | 6.2 |
| Lung cancer |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes. | 89.9 | 90.4 | 92.4 | 86.7 | 91.2 | 92.3 | 93.0 | 88.0 | 88.7 | 89.1 | 91.7 | 85.4 |
| No | 4.4 | 3.8 | 2.6 | 7.1 | 3.9 | 3.3 | 2.6 | 6.4 | 4.8 | 4.2 | 2.7 | 7.9 |
| Don't know | 5.7 | 5.8 | 4.9 | 6.2 | 4.8 | 4.5 | 4.5 | 5.7 | 6.5 | 6.7 | 5.6 | 6.7 |
| Chronic bronchills |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes. | 89.9 | 90.3 | 92.4 | 86.8 | 90.4 | 90.6 | 93.1 | 87.3 | 89.4 | 90.2 | 71.4 | 86.3 |
| No | 4.3 | 3.5 | 3.1 | 6.9 | 4.0 | 3.7 | 2.4 | 6.4 | 4.5 | 3.3 | 4.0 | 7.4 |
| Don't know | 5.8 | 6.2 | 4.5 | 6.3 | 5.5 | 5.7 | 4.4 | 6.4 | 6.1 | 6.5 | 4.6 | 6.3 |
| Cancer of mouth and throat |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes. | 91.5 | 91.7 | 93.8 | 89.0 | 92.2 | 92.3 | 95.0 | 89.2 | 90.9 | 91.3 | 92.2 | 88.7 |
| No | 3.4 | 3.1 | 1.8 | 5.5 | 3.2 | 2.9 | 1.4 | 5.8 | 3.5 | 3.2 | 2.4 | 5.3 |
| Don't know | 5.1 | 5.2 | 4.4 | 5.5 | 4.5 | 4.8 | 3.6 | 5.0 | 5.6 | 5.5 | 5.4 | 6.0 |
| Heart disease |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes. | 90.3 | 90.9 | 92.4 | 87.3 | 91.5 | 92.2 | 93.3 | 88.6 | 89.2 | 90.0 | 91.0 | 86.0 |
| No | 4.2 | 3.6 | 2.6 | 6.8 | 3.6 | 3.2 | 2.0 | 6.0 | 4.8 | 3.9 | 3.4 | 73.7 |
| Don't know . | 5.5 | 5.5 | 5.0 | 5.9 | 4.9 | 4.6 | 4.7 | 5.4 | 6.0 | 6.0 | 5.5 | 6.7 |

Table 5. Percent distribution of persons 18 years of age and over by knowledge and opinions about cigarette smoking, according to sex and cigarette smoking status: United States, 1987

| Knowledge and opinions | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Everything causes cancer anyway so it doesn't really matter if you smoke |  |  |  |  |  |  |  |  |  |  |  |  |
| Strongly agree. | 2.2 | 1.6 | 1.8 | 3.6 | 2.3 | 1.7 | 2.0 | 3.5 | 2.1 | 1.6 | 1.5 | 3.9 |
| Agree | 11.3 | 7.0 | 7.8 | 21.4 | 11.9 | 7.2 | 8.9 | 20.9 | 10.7 | 6.9 | 6.0 | 22.0 |
| Disagree. | 53.9 | 53.1 | 56.5 | 53.1 | 53.4 | 50.6 | 57.2 | 53.5 | 54.3 | 54.3 | 55.5 | 52.7 |
| Strongly disagree | 25.3 | 31.7 | 27.3 | 12.8 | 24.9 | 34.6 | 24.7 | 12.6 | 25.6 | 29.9 | 31.1 | 13.0 |
| No opinion | 6.2 | 5.5 | 5.5 | 7.9 | 6.2 | 4.6 | 5.9 | 8.4 | 6.2 | 6.1 | 4.8 | 7.4 |
| Smoking by a pregnant woman may harm the baby |  |  |  |  |  |  |  |  |  |  |  |  |
| Strongly agree. | 39.7 | 46.1 | 39.2 | 29.1 | 37.3 | 45.3 | 35.1 | 28.9 | 41.8 | 46.6 | 45.3 | 29.3 |
| Agree . . . . . | 50.3 | 47.4 | 51.0 | 54.6 | 52.3 | 47.6 | 54.3 | 56.4 | 48.5 | 47.2 | 46.1 | 52.8 |
| Disagree. | 3.0 | 1.3 | 2.3 | 6.4 | 2.3 | 1.2 | 1.8 | 4.3 | 3.6 | 1.4 | 3.0 | 8.6 |
| Strongly disagree | 0.5 | 0.4 | 0.4 | 0.7 | 0.4 | *0.3 | *0.2 | 0.7 | 0.6 | 0.5 | *0.6 | 0.8 |
| No opinion | 5.5 | 3.8 | 5.8 | 8.1 | 6.4 | 4.3 | 6.9 | 8.5 | 4.7 | 3.4 | 4.0 | 7.6 |
| Smoke from someone else's cigarette is harmful to you |  |  |  |  |  |  |  |  |  |  |  |  |
| Strongly agree . | 25.6 | 34.3 | 25.8 | 10.6 | 23.1 | 33.0 | 22.9 | 10.4 | 27.8 | 35.1 | 30.1 | 10.7 |
| Agree | 55.8 | 54.6 | 57.6 | 56.3 | 56.6 | 55.9 | 59.2 | 54.9 | 55.1 | 53.8 | 55.2 | 57.7 |
| Disagree. | 10.0 | 4.7 | 8.1 | 20.5 | 11.0 | 4.8 | 8.6 | 21.4 | 9.1 | 4.7 | 7.4 | 19.5 |
| Strongly disagree | 0.9 | 0.4 | 0.9 | 1.9 | 1.2 | 0.4 | 1.0 | 2.4 | 0.7 | 0.4 | *0.7 | 1.4 |
| No opinion . . . | 6.6 | 4.9 | 5.8 | 9.7 | 6.8 | 4.6 | 6.8 | 9.6 | 6.5 | 5.2 | 5.6 | 9.8 |
| Most deaths from lung cancer are caused by cigarette smoking |  |  |  |  |  |  |  |  |  |  |  |  |
| Strongly agree. | 19.6 | 23.5 | 21.7 | 11.3 | 19.1 | 24.5 | 20.5 | 10.7 | 20.1 | 22.8 | 23.5 | 11.9 |
| Agree | 50.6 | 54.3 | 51.1 | 43.7 | 51.0 | 54.9 | 50.9 | 46.0 | 50.2 | 54.0 | 51.5 | 41.3 |
| Disagree. | 14.8 | 8.8 | 12.6 | 26.7 | 14.8 | 8.2 | 12.9 | 25.2 | 14.7 | 9.2 | 12.1 | 28.4 |
| Strongly disagree | 1.0 | 0.4 | 0.6 | 2.1 | 1.0 | 0.5 | 0.6 | 2.1 | 0.9 | 0.4 | 0.7 | 2.1 |
| No opinion . . . | 13.0 | 11.9 | 12.6 | 15.0 | 12.7 | 10.4 | 13.6 | 14.8 | 13.2 | 12.8 | 11.1 | 15.3 |
| People who smoke low tar and nicotine cigarettes are less llkely to get cancer than people who smoke high tar and nicotine cigarettes |  |  |  |  |  |  |  |  |  |  |  |  |
| Strongly agree. | 2.0 | 2.2 | 1.9 | 1.9 | 2.5 | 2.8 | 2.1 | 2.4 | 1.7 | 1.8 | 1.6 | 1.5 |
| Agree . . | 28.4 | 28.0 | 27.2 | 30.3 | 31.7 | 32.4 | 30.3 | 31.9 | 25.5 | 25.1 | 22.4 | 28.5 |
| Disagree. | 43.6 | 39.8 | 46.2 | 47.7 | 42.7 | 39.3 | 43.3 | 46.3 | 44.4 | 40.1 | 50.6 | 49.2 |
| Strongly disagree | 6.6 | 7.1 | 8.0 | 4.7 | 6.2 | 7.4 | 6.6 | 4.4 | 7.0 | 7.0 | 10.2 | 5.0 |
| No opinion. | 18.1 | 21.7 | 15.3 | 14.3 | 15.6 | 16.6 | 16.1 | 13.7 | 20.4 | 25.0 | 14.1 | 14.9 |
| If people want to smoke, they should not do so inside public places where it might disturb others |  |  |  |  |  |  |  |  |  |  |  |  |
| Strongly agree. | 28.6 | 40.8 | 26.7 | 9.3 | 26.4 | 41.0 | 24.5 | 9.3 | 30.5 | 40.6 | 30.1 | 9.3 |
| Agree | 52.3 | 48.3 | 53.4 | 58.1 | 52.7 | 47.6 | 55.1 | 57.0 | 52.0 | 48.8 | 50.9 | 59.3 |
| Disagree. | 9.6 | 4.2 | 9.4 | 18.9 | 10.7 | 4.7 | 9.6 | 19.4 | 8.7 | 3.9 | 9.2 | 18.4 |
| Strongly disagree | 1.4 | 0.5 | 1.1 | 3.4 | 1.9 | 0.6 | 1.3 | 4.1 | 1.1 | 0.4 | 0.7 | 2.7 |
| No oplnion . . | 7.0 | 5.3 | 8.1 | 9.2 | 7.1 | 4.8 | 8.1 | 9.0 | 7.0 | 5.6 | 8.1 | 9.3 |

Table 6. Percent distribution of formerly and currently smoking persons 18 years of age and over by experience in quitting cigarette smoking, according to sex: United States, 1987

| Characteristic | Former smokers |  |  | Current smokers |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Male | Female | Total | Male | Female |
|  | Percent distribution |  |  |  |  |  |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Doctor ever advised quiting |  |  |  |  |  |  |
| Yes. | 33.6 | 34.0 | 33.0 | 49.5 | 45.9 | 53.3 |
| No | 66.4 | 66.0 | 67.0 | 50.5 | 54.1 | 46.7 |
| Reasons (tried to) quit ${ }^{1}$ |  |  |  |  |  |  |
| Health symptom/problem | 20.4 | 22.2 | 17.6 | 16.5 | 18.0 | 14.8 |
| Present health . . . . . . | 13.4 | 14.2 | 12.2 | 12.3 | 12.1 | 12.5 |
| Future health. | 22.1 | 23.0 | 20.7 | 22.7 | 21.7 | 23.8 |
| Both present and future health. | 15.1 | 16.1 | 13.6 | 14.1 | 15.3 | 12.9 |
| Cost of cigarettes | 6.3 | 6.7 | 5.7 | 9.2 | 9.3 | 9.1 |
| Pressure from family and/or friends | 9.3 | 7.3 | 12.3 | 10.3 | 9.9 | 10.7 |
| Advice from doctor | 3.5 | 3.7 | 3.2 | 3.0 | 2.9 | 3.1 |
| Setting a good example for children. | 3.3 | 2.8 | 4.0 | 2.4 | 1.8 | 3.1 |
| Effect on others . . . . . . . . . . . . | 3.3 | 2.4 | 4.5 | 2.8 | 1.9 | 3.6 |
| Pregnancy. | 4.1 | *0.1 | 9.9 | 6.9 | *0.3 | 13.7 |
| Lost desire | 8.5 | 8.8 | 8.1 | 3.7 | 4.3 | 3.1 |
| Dirty habit. | 6.9 | 6.0 | 8.1 | 4.6 | 4.1 | 5.1 |
| Other . | 20.0 | 20.7 | 19.0 | 23.3 | 24.8 | 21.8 |
| Methods used in quit attempts ${ }^{2}$ |  |  |  |  |  |  |
| Switch to lower tar and nicotine | 3.5 | 3.0 | 4.1 | 21.8 | 19.5 | 24.2 |
| Use special filters or holders | 1.9 | 1.6 | 2.2 | 8.5 | 6.9 | 10.2 |
| Gradually decrease number of cigarettes | 7.7 | 6.4 | 9.5 | 34.6 | 30.7 | 38.5 |
| Use Nicorette ${ }^{3}$. . . . . . . . . . . . . . . . . | 1.5 | 1.2 | 2.0 | 10.1 | 10.0 | 10.3 |
| Participate in Great American Smokeout | 1.1 | 0.9 | 1.3 | 9.1 | 8.3 | 9.9 |
| Stop with friends or relatives | 3.0 | 2.3 | 4.1 | 16.5 | 14.3 | 18.7 |
| Followed instructions in a book. | 1.2 | 1.2 | 1.0 | 7.9 | 6.4 | 9.4 |
| Stopped "cold turkey" | 88.7 | 89.6 | 87.4 | 84.0 | 86.2 | 81.7 |
| Other. | 6.4 | 6.6 | 6.1 | 12.4 | 12.4 | 12.4 |
| Total number of quitting methods ever used |  |  |  |  |  |  |
| None reported | 1.2 | 1.2 | 1.0 | ... | $\ldots$ | . $\cdot$ |
| 1 method . . | 69.1 | 70.7 | 66.6 | ... | ... | ... |
| 2-4 methods | 27.1 | 26.0 | 28.7 | ... |  | ... |
| 5 methods or more | 3.8 | 3.3 | 4.7 | ... | . . |  |

${ }^{1}$ For current smokers, denominator includes only smokers with at least 1 quit attempt.
${ }^{2}$ For former smokers, percent includes only the last attempt to quit.


Table 7. Percent distribution of persons 18 years of age and over by tobacco product and use status, according to sex and cigarette smoking status: United States, 1987

|  | Tobacco product and use status | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker |
|  |  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| Total |  | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Chewing tobacco |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Never. |  | 93.8 | 96.7 | 89.8 | 92.0 | 87.6 | 92.5 | 83.5 | 85.3 | 99.3 | 99.3 | 99.2 | 99.2 |
| Former. |  | 4.2 | 1.8 | 7.3 | 5.8 | 8.4 | 4.1 | 11.9 | 10.6 | 0.4 | 0.3 | 0.6 | 0.6 |
| Current. |  | 2.0 | 1.5 | 2.9 | 2.2 | 4.0 | 3.4 | 4.6 | 4.1 | 0.3 | 0.4 | *0.2 | *0.2 |
| Snuff |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Never. |  | 95.9 | 93.3 | 94.3 | 94.8 | 92.3 | 94.6 | 90.9 | 90.5 | 99.2 | 99.0 | 99.2 | 99.4 |
| Former. |  | 2.4 | 1.1 | 3.8 | 3.5 | 4.7 | 2.4 | 6.1 | 6.4 | 0.4 | 0.3 | 0.5 | 0.5 |
| Current. |  | 1.7 | 1.6 | 1.9 | 1.6 | 3.0 | 3.0 | 3.0 | 3.1 | 0.5 | 0.7 | *0.3 | *0.1 |
| Pipe |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Never. |  | 91.1 | 97.4 | 79.3 | 89.7 | 81.5 | 93.5 | 65.9 | 80.5 | 99.7 | 100.0 | 99.2 | 99.5 |
| Former . |  | 7.3 | 1.7 | 18.5 | 7.9 | 15.2 | 4.4 | 30.4 | 15.1 | 0.3 | *0.0 | 0.8 | 0.4 |
| Current. |  | 1.6 | 0.8 | 2.2 | 2.3 | 3.3 | 2.2 | 3.7 | 4.4 | *0.0 | *- | *0.0 | *0.2 |
| Cigars |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Never. |  | 91.1 | 97.0 | 80.5 | 89.7 | 81.7 | 92.5 | 67.8 | 80.8 | 99.6 | 99.8 | 99.4 | 99.2 |
| Former. |  | 6.4 | 1.8 | 16.3 | 6.2 | 13.1 | 4.4 | 26.9 | 11.5 | 0.3 | *0.1 | 0.6 | 0.6 |
| Current. |  | 2.5 | 1.2 | 3.2 | 4.1 | 5.2 | 3.1 | 5.3 | 7.8 | *0.1 | *0.0 | *0.0 | *0.1 |

Table 8. Percent distribution of persons 18 years of age and over by tobacco chewing status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987

| Sex and age | Total | Chewing tobacco status |  |  | Average number of days used per month |  |  | Average number of times used on days used |  |  | $\begin{gathered} \text { Mean } \\ \text { use } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Never user | Former user | Current user | Daily | 15-29 | $\begin{gathered} \text { Less than } \\ 15 \end{gathered}$ | $\begin{aligned} & 2 \text { or } \\ & \text { less } \end{aligned}$ | 3-5 | $\begin{aligned} & 6 \text { or } \\ & \text { more } \end{aligned}$ |  |
| All ages . . . . . . . . . . | Percent distribution |  |  |  |  |  |  |  |  |  | Days per month |
|  | 100.0 | 93.7 | 4.2 | 2.1 | 50.4 | 10.8 | 27.1 | 31.5 | 30.5 | 19.9 | 21.2 |
| 18-24 years | 100.0 | 92.8 | 4.5 | 2.8 | 42.8 | 14.2 | 34.0 | 35.9 | 31.5 | 18.6 | 19.2 |
| 25-44 years | 100.0 | 94.8 | 3.5 | 1.7 | 40.2 | 13.9 | 33.8 | 32.4 | 29.5 | 20.4 | 18.6 |
| 45-64 years | 100.0 | 93.9 | 4.2 | 1.9 | 52.4 | *7.1 | 24.4 | 32.4 | 26.9 | 18.9 | 22.1 |
| 65-74 years | 100.0 | 91.6 | 5.8 | 2.6 | 72.4 | *9.6 | *8.3 | 22.8 | 36.1 | 24.7 | 27.3 |
| 75 years and over. | 100.0 | 90.8 | 6.4 | 2.9 | 71.5 | *2.6 | *18.9 | 28.1 | 33.4 | *16.6 | 25.3 |
| Male |  |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 87.5 | 8.4 | 4.0 | 50.5 | 11.1 | 27.4 | 30.2 | 30.8 | 21.0 | 21.2 |
| 18-24 years | 100.0 | 85.6 | 8.8 | 5.5 | 41.9 | 14.5 | 34.4 | 35.9 | 31.1 | 18.7 | 19.0 |
| 25-44 years | 100.0 | 89.9 | 6.9 | 3.2 | 40.4 | 14.5 | 34.0 | 31.9 | 29.7 | 21.3 | 18.7 |
| 45-64 years | 100.0 | 87.9 | 8.2 | 3.9 | 52.5 | *7.2 | 24.1 | 31.2 | 26.9 | 20.1 | 22.1 |
| 65-74 years | 100.0 | 83.0 | 11.9 | 5.0 | 73.8 | *9. 7 | *8.5 | 19.7 | 36.4 | 27.2 | 27.3 |
| 75 years and over. | 100.0 | 78.7 | 15.2 | 6.1 | 79.1 | *- | *18.0 | *19.7 | 38.9 | *19.7 | 26.2 |
| Female |  |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 99.3 | 0.4 | 0.3 | 49.8 | *6.7 | *22.7 | 49.0 | *26.3 | *5.1 | 22.0 |
| 18-24 years | 100.0 | 99.5 | *0.4 | *0.1 | *85.7 | *- | *14.3 | 28.6 | *50.0 | *14.3 | 28.4 |
| 25-44 years | 100.0 | 99.6 | 0.2 | 0.2 | *38.0 | *2.8 | *31.0 | *40.8 | *28.2 | *5.6 | 17.3 |
| 45-64 years | 100.0 | 99.2 | 0.6 | *0.2 | *53.6 | *5.4 | *28.6 | *51.8 | *26.8 | *1.8 | 21.9 |
| 65-74 years | 100.0 | 98.7 | *0.7 | *0.6 | *62.5 | *8.9 | *7.1 | *44.6 | *35.7 | *7.1 | 26.7 |
| 75 years and over. | 100.0 | 98.1 | *1.0 | *0.9 | *39.7 | 13.8 | *24.1 | *63.8 | *10.3 | *3.4 | 21.3 |

Table 9. Percent distribution of persons 18 years of age and over by sex and tobacco chewing status, according to selected sociodemographic characteristics: United States, 1987

| Soctodemographic characteristic | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never user | Former user | current user | Total | Never user | Former user | Current user | Total | Never user | Former user | Current user |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| All persons | 100.0 | 93.7 | 4.2 | 2.1 | 100.0 | 87.5 | 8.4 | 4.0 | 100.0 | 99.3 | 0.4 | 0.3 |
| Education level |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than 12 years. | 100.0 | 89.8 | 6.5 | 3.7 | 100.0 | 80.9 | 12.4 | 6.7 | 100.0 | 99.7 | 1.4 | 1.0 |
| 12 years | 100.0 | 93.8 | 4.2 | 2.0 | 100.0 | 86.2 | 9.3 | 4.4 | 100.0 | 99.7 | *0.2 | *0.1 |
| More than 12 years | 100.0 | 96.0 | 2.9 | 1.1 | 100.0 | 92.3 | 5.5 | 2.2 | 100.0 | 99.8 | *0.1 | *0.0 |
| 13-15 years | 100.0 | 95.3 | 3.3 | 1.4 | 100.0 | 90.2 | 6.9 | 2.9 | 100.0 | 99.8 | *0.2 | *0.0 |
| 16 years or more | 100.0 | 96.8 | 2.3 | 0.9 | 100.0 | 94.3 | 4.2 | 1.6 | 100.0 | 99.9 | *0.1 | *0.0 |
| Family income |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than \$10,000 | 100.0 | 92.3 | 4.7 | 2.9 | 100.0 | 82.8 | 10.7 | 6.6 | 100.0 | 98.0 | 1.2 | 0.8 |
| \$10,000-\$19,999. | 100.0 | 92.0 | 5.6 | 2.4 | 100.0 | 83.4 | 11.6 | 5.0 | 100.0 | 99.1 | 0.5 | *0.3 |
| \$20,000-\$34,999. | 100.0 | 93.6 | 4.4 | 2.0 | 100.0 | 87.5 | 8.5 | 4.0 | 100.0 | 99.7 | *0.2 | *0.1 |
| \$35,000-\$49,999. | 100.0 | 94.4 | 3.8 | 1.7 | 100.0 | 89.4 | 7.3 | 3.3 | 100.0 | 99.7 | *0.2 | *0.1 |
| \$50,000 or more | 100.0 | 95.9 | 3.1 | 1.0 | 100.0 | 92.3 | 5.8 | 1.8 | 100.0 | 99.9 | *0.1 | *0.0 |
| Race |  |  |  |  |  |  |  |  |  |  |  |  |
| White | 100.0 | 93.5 | 4.4 | 2.1 | 100.0 | 86.8 | 9.0 | 4.2 | 100.0 | 99.7 | 0.2 | 0.1 |
| Black | 100.0 | 94.2 | 3.4 | 2.4 | 100.0 | 91.4 | 5.3 | 3.4 | 100.0 | 96.4 | 1.9 | 1.7 |
| Hispanic origin |  |  |  |  |  |  |  |  |  |  |  |  |
| Hispanic | 100.0 | 98.2 | 1.4 | *0.4 | 100.0 | 96.3 | 2.8 | *0.9 | 100.0 | 99.8 | *0.2 | *- |
| Non-Hispanic | 100.0 | 93.4 | 4.4 | 2.2 | 100.0 | 86.8 | 8.8 | 4.3 | 100.0 | 99.3 | 0.4 | 0.3 |
| Geographic reglon |  |  |  |  |  |  |  |  |  |  |  |  |
| Northeast | 100.0 | 97.1 | 2.2 | 0.8 | 100.0 | 93.8 | 4.5 | 1.7 | 100.0 | 99.9 | *0.1 | *- |
| Midwest | 100.0 | 93.3 | 4.8 | 1.9 | 100.0 | 86.4 | 9.8 | 3.9 | 100.0 | 99.6 | *0.3 | *0.1 |
| South. | 100.0 | 91.1 | 5.2 | 3.7 | 100.0 | 82.8 | 10.1 | 7.1 | 100.0 | 98.4 | 0.8 | *0.7 |
| West | 100.0 | 95.1 | 4.0 | 0.9 | 100.0 | 90.1 | 8.1 | 1.8 | 100.0 | 99.7 | 0.2 | *0.1 |
| Marital status |  |  |  |  |  |  |  |  |  |  |  |  |
| Currently married | 100.0 | 93.4 | 4.5 | 2.1 | 100.0 | 87.3 | 8.7 | 4.1 | 100.0 | 99.5 | 0.3 | 0.2 |
| Separated and dvorced | 100.0 | 94.3 | 3.9 | 1.8 | 100.0 | 86.6 | 9.3 | 4.2 | 100.0 | 99.0 | *0.6 | *0.4 |
| Widowed. | 100.0 | 95.4 | 3.0 | 1.6 | 100.0 | 80.8 | 13.5 | 5.7 | 100.0 | 98.2 | 1.0 | 0.8 |
| Never married. | 100.0 | 93.8 | 3.9 | 2.2 | 100.0 | 89.5 | 6.8 | 3.8 | 100.0 | 99.3 | *0.4 | *0.3 |

Table 10. Percent distribution of persons 18 years of age and over by snuff use status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987

| Sex and age | Total | Snuff status |  |  | Average number of days used per month |  |  | Average number of times used on days used |  |  | Mean use |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Never user | Former user | Current <br> user | Dally | 15-29 | $\begin{gathered} \text { Less than } \\ 15 \end{gathered}$ | $\begin{aligned} & 2 \text { or } \\ & \text { less } \end{aligned}$ | 3-5 | $\begin{aligned} & 6 \text { or } \\ & \text { more } \end{aligned}$ |  |
| Both sexes |  |  |  |  | Percent distribution |  |  |  |  |  | $\begin{aligned} & \text { Days } \\ & \text { per } \\ & \text { month } \end{aligned}$ |
| All ages | 100.0 | 95.9 | 2.4 | 1.7 | 59.9 | 12.1 | 21.3 | 20.7 | 35.6 | 30.1 | 13.5 |
| 18-24 years | 100.0 | 93.3 | 3.5 | 3.3 | 51.7 | 19.0 | 20.9 | 23.5 | 32.5 | 34.8 | 13.5 |
| 25-44 years | 100.0 | 96.0 | 2.4 | 1.6 | 55.5 | 11.3 | 29.5 | 17.9 | 35.5 | 34.5 | 12.2 |
| 45-64 years | 100.0 | 97.3 | 1.7 | 1.0 | 61.1 | *8.8 | 16.1 | 23.2 | 32.2 | 23.5 | 16.3 |
| 65-74 years | 100.0 | 95.8 | 2.6 | 1.5 | 85.4 | *3.7 | *3.0 | *16.9 | 49.4 | *17.2 | 14.1 |
| 75 years and over. | 100.0 | 95.1 | 2.8 | 2.2 | 80.3 | *6.1 | *11.4 | *25.0 | 37.3 | *17.1 | 14.8 |
| Male |  |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 92.2 | 4.7 | 3.1 | 57.8 | 13.8 | 21.9 | 19.0 | 34.3 | 34.0 | 13.5 |
| 18-24 years | 100.0 | 86.6 | 6.9 | 6.4 | 53.8 | 20.0 | 17.4 | 21.0 | 32.9 | 36.5 | 13.9 |
| 25-44 years | 100.0 | 92.2 | 4.8 | 3.1 | 54.7 | 11.9 | 29.8 | 17.7 | 34.0 | 35.8 | 12.1 |
| 45-64 years | 100.0 | 95.3 | 3.1 | 1.6 | 57.8 | 11.4 | *18.8 | 21.8 | 29.5 | 29.5 | 15.5 |
| 65-74 years | 100.0 | 93.1 | 5.0 | 1.9 | 85.4 | *5.3 | *2.6 | *13.2 | 46.4 | *25.2 | 15.2 |
| 75 years and over. | 100.0 | 92.1 | 5.3 | 2.7 | 80.0 | *6.7 | *8.6 | *15.2 | *47.6 | *21.9 | 16.2 |
| Fernale |  |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 99.2 | 0.4 | 0.5 | *71.8 | *2.1 | 17.7 | 30.8 | 42.9 | *7.2 | 13.7 |
| 18-24 years | 100.0 | 99.5 | 0.2 | *0.3 | *5.0 | *- | *92.5 | *72.5 | *25.0 | *- | 5.8 |
| 25-44 years | 100.0 | 99.7 | *0.2 | *0.1 | *72.2 | *- | *22.2 | *20.4 | *64.8 | *5.6 | 13.1 |
| 45-64 years | 100.0 | 99.1 | 0.5 | 0.4 | 71.1 | *- | *7.2 | *26.8 | *41.2 | *4.1 | 19.6 |
| 65-74 years | 100.0 | 98.1 | *0.6 | 1.2 | 85.3 | *1.7 | *3.4 | *21.6 | *53.4 | *6.9 | 12.7 |
| 75 years and over. | 100.0 | 96.9 | 1.2 | 1.9 | 79.7 | *5.7 | *13.0 | *33.3 | *28.5 | *12.2 | 13.6 |

Table 11. Percent distribution of persons 18 years of age and over by sex and snuff use status, according to selected sociodemographic characteristics: United States, 1987

| Soclodemographic characteristic | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never user | Former user | Current user | Total | Never user | Former user | Current user | Total | Never user | Former user | Current user |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| All persons | 100.0 | 95.9 | 2.4 | 1.7 | 100.0 | 92.2 | 4.7 | 3.1 | 100.0 | 99.2 | 0.4 | 0.5 |
| Education level |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than 12 years. | 100.0 | 94.1 | 3.3 | 2.5 | 100.0 | 90.8 | 5.7 | 3.5 | 100.0 | 97.1 | 1.2 | 1.7 |
| 12 years. | 100.0 | 95.5 | 2.6 | 1.9 | 100.0 | 90.3 | 5.7 | 4.0 | 100.0 | 99.7 | *0.1 | 0.2 |
| More than 12 years | 100.0 | 97.2 | 1.8 | 1.0 | 100.0 | 94.6 | 3.4 | 2.0 | 100.0 | 99.9 | *0.1 | *0.0 |
| 13-15 years . . | 100.0 | 96.4 | 2.1 | 1.5 | 100.0 | 92.5 | 4.4 | 3.1 | 100.0 | 99.9 | *0.1 | *- |
| 16 years or more | 100.0 | 98.1 | 1.3 | 0.6 | 100.0 | 96.5 | 2.4 | 1.1 | 100.0 | 100.0 | *0.0 | *0.0 |
| Family income |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than \$10,000 | 100.0 | 94.2 | 3.2 | 2.7 | 100.0 | 88.7 | 6.5 | 4.8 | 100.0 | 97.4 | 1.2 | 1.4 |
| \$10,000-\$19,999. | 100.0 | 95.2 | 2.8 | 2.0 | 100.0 | 90.4 | 5.7 | 3.9 | 100.0 | 99.1 | 0.4 | 0.5 |
| \$20,000-\$34,999. | 100.0 | 95.7 | 2.7 | 1.6 | 100.0 | 91.6 | 5.3 | 3.1 | 100.0 | 99.9 | *0.1 | *0.1 |
| \$35,000-\$49,999. | 100.0 | 96.3 | 2.3 | 1.4 | 100.0 | 93.1 | 4.4 | 2.6 | 100.0 | 99.7 | *0.0 | *0.3 |
| \$50,000 or more | 100.0 | 97.4 | 1.7 | 0.9 | 100.0 | 95.2 | 3.2 | 1.7 | 100.0 | 99.9 | *0.1 | *0.0 |
| Race |  |  |  |  |  |  |  |  |  |  |  |  |
| White | 100.0 | 95.7 | 2.6 | 1.7 | 100.0 | 91.4 | 5.2 | 3.3 | 100.0 | 99.5 | 0.2 | 0.3 |
| Black | 100.0 | 96.8 | 1.5 | 1.7 | 100.0 | 97.6 | 1.3 | 1.1 | 100.0 | 96.2 | 1.6 | 2.2 |
| Hispanlc origln |  |  |  |  |  |  |  |  |  |  |  |  |
| Hispanic | 100.0 | 98.5 | 1.0 | *0.5 | 100.0 | 97.2 | 1.9 | *0.9 | 100.0 | 99.8 | *0.1 | *0.1 |
| Non-Hispanic | 100.0 | 95.6 | 2.6 | 1.8 | 100.0 | 91.8 | 5.0 | 3.2 | 100.0 | 99.1 | 0.4 | 0.5 |
| Geographic region |  |  |  |  |  |  |  |  |  |  |  |  |
| Northeast | 100.0 | 98.2 | 1.2 | 0.6 | 100.0 | 96.1 | 2.6 | 1.2 | 100.0 | 99.9 | *0.1 | *- |
| Mldwest | 100.0 | 95.1 | 3.0 | 1.9 | 100.0 | 90.2 | 6.0 | 3.8 | 100.0 | 99.6 | *0.2 | *0.1 |
| South. | 100.0 | 94.9 | 2.8 | 2.4 | 100.0 | 91.2 | 5.0 | 3.8 | 100.0 | 98.1 | 0.8 | 1.1 |
| West | 100.0 | 95.9 | 2.5 | 1.6 | 100.0 | 92.0 | 5.0 | 3.0 | 100.0 | 99.6 | *0.2 | *0.3 |
| Marital status |  |  |  |  |  |  |  |  |  |  |  |  |
| Currently married | 100.0 | 96.1 | 2.4 | 1.5 | 100.0 | 92.7 | 4.6 | 2.7 | 100.0 | 99.5 | 0.2 | 0.3 |
| Separated and divorced | 100.0 | 96.3 | 2.3 | 1.4 | 100.0 | 91.6 | 5.5 | 2.9 | 100.0 | 99.2 | *0.4 | *0.5 |
| Widowed. | 100.0 | 96.8 | 1.6 | 1.6 | 100.0 | 94.3 | 3.8 | *1.9 | 100.0 | 97.3 | 1.1 | 1.6 |
| Never married. | 100.0 | 94.4 | 3.0 | 2.6 | 100.0 | 90.6 | 5.1 | 4.3 | 100.0 | 99.3 | *0.3 | *0.4 |

Table 12. Percent distribution of persons 18 years of age and over by pipe smoking status, average days of use per month, number of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987

| Sex and age | Total | Plpe smoking status |  |  | Average number of days used per month |  |  | Average number of times used on days used |  |  | Mean use |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Never user | Former user | Current user | Daily | 15-29 | Less than 15 | $\begin{aligned} & 2 \text { or } \\ & \text { less } \end{aligned}$ | 3-5 | $\begin{aligned} & 6 \text { or } \\ & \text { more } \end{aligned}$ |  |
| Both sexes |  |  |  |  | Percent distribution |  |  |  |  |  | $\begin{aligned} & \text { Days } \\ & \text { per } \\ & \text { month } \end{aligned}$ |
| All ages | 100.0 | 91.0 | 7.4 | 1.6 | 43.6 | 8.2 | 35.1 | 37.7 | 25.4 | 25.0 | 19.1 |
| 18-24 years | 100.0 | 98.8 | 0.9 | 0.4 | *11.8 | * | 76.5 | 76.5 | *13.7 | *- | 7.5 |
| 25-44 years | 100.0 | 93.9 | 4.7 | 1.5 | 26.6 | 8.5 | 51.4 | 45.9 | 25.9 | 13.9 | 14.3 |
| 45-64 years | 100.0 | 86.2 | 11.5 | 2.4 | 47.5 | 10.0 | 27.2 | 26.9 | 24.5 | 31.0 | 20.9 |
| 65-74 years | 100.0 | 82.6 | 15.1 | 2.3 | 71.5 | *6.5 | *12.6 | 17.4 | 31.5 | 38.0 | 26.3 |
| 75 years and over. | 100.0 | 86.1 | 12.4 | 1.5 | 84.6 | *2.5 | *5.6 | *25.9 | *20.4 | 43.8 | 28.9 |
| Male |  |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 81.4 | 15.2 | 3.4 | 44.3 | 8.0 | 35.0 | 34.7 | 25.6 | 25.1 | 19.3 |
| 18-24 years | 100.0 | 97.6 | 1.6 | 0.8 | *11.8 | *- | 76.5 | 76.5 | *13.7 | *- | 7.5 |
| 25-44 years | 100.0 | 87.8 | 9.3 | 2.9 | 27.7 | 7.9 | 51.7 | 46.3 | 26.4 | 13.8 | 14.5 |
| 45-64 years | 100.0 | 71.0 | 23.9 | 5.1 | 47.6 | 10.1 | 27.3 | 27.0 | 24.6 | 31.1 | 20.9 |
| 65-74 years | 100.0 | 62.1 | 32.9 | 5.0 | 71.5 | *6.5 | *12.6 | 17.4 | 31.5 | 38.0 | 26.3 |
| 75 years and over. | 100.0 | 63.2 | 32.8 | 4.1 | 84.6 | *2.5 | *5.6 | *25.9 | *20.4 | 43.8 | 28.9 |
| Female |  |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 99.7 | 0.3 | *0.0 | *- | *23.3 | *41.9 | *37.2 | *14.0 | *14.0 | 6.8 |
| 18-24 years | 100.0 | 99.9 | *0.1 | *- | *- | *- | *- | *- | * | *- | * |
| 25-44 years | 100.0 | 99.7 | 0.2 | *0.1 | *- | *24.4 | *43.9 | *39.0 | *14.6 | *14.6 | 6.8 |
| 45-64 years | 100.0 | 99.6 | 0.4 | *0.0 | *- | *- | *- | *- | *- | *- | *- |
| 65-74 years | 100.0 | 99.7 | *0.3 | *- | *- | *- | *- | *- | *- | *- | *- |
| 75 years and over. | 100.0 | 99.9 | *0.1 | *- | *- | *- | *- | *- | *- | *- | *- |

Table 13. Percent distribution of persons 18 years of age and over by sex and pipe smoking status, according to selected sociodemographic characteristics: United States, 1987

| Sociodemographic characteristic | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never user | Former user | Current user | Total | Never user | Former user | Current user | Total | Never user | Former user | Current <br> user |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| All persons | 100.0 | 91.0 | 7.4 | 1.6 | 100.0 | 81.4 | 15.3 | 3.4 | 100.0 | 99.7 | 0.3 | *0.0 |
| Education level |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than 12 years. | 100.0 | 90.5 | 8.0 | 1.6 | 100.0 | 80.0 | 16.7 | 3.3 | 100.0 | 99.7 | *0.3 | *0.1 |
| 12 years . . | 100.0 | 92.3 | 6.5 | 1.2 | 100.0 | 82.9 | 14.4 | 2.7 | 100.0 | 99.8 | 0.2 | *0.0 |
| More than 12 years | 100.0 | 90.0 | 7.9 | 2.1 | 100.0 | 80.8 | 15.2 | 4.0 | 100.0 | 99.6 | 0.3 | *0.1 |
| 13-15 years | 100.0 | 91.9 | 6.4 | 1.7 | 100.0 | 83.3 | 13.2 | 3.4 | 100.0 | 99.7 | *0.2 | *0.1 |
| 16 years or more | 100.0 | 87.9 | 9.6 | 2.6 | 100.0 | 78.4 | 17.0 | 4.6 | 100.0 | 99.5 | *0.4 | *0.1 |
| Family income |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than \$10,000. | 100.0 | 94.0 | 4.7 | 1.3 | 100.0 | 84.3 | 12.3 | 3.5 | 100.0 | 99.8 | *0.2 | *0.0 |
| \$10,000-\$19,999. | 100.0 | 91.1 | 7.4 | 1.5 | 100.0 | 80.7 | 16.0 | 3.2 | 100.0 | 99.7 | *0.3 | *0.1 |
| \$20,000-\$34,999. | 100.0 | 90.7 | 7.7 | 1.6 | 100.0 | 81.7 | 15.2 | 3.1 | 100.0 | 99.7 | *0.3 | *0.0 |
| \$35,000-\$49,999. | 100.0 | 89.9 | 8.6 | 1.6 | 100.0 | 80.7 | 16.3 | 3.0 | 100.0 | 99.5 | *0.4 | *0.1 |
| \$50,000 or more . | 100.0 | 88.9 | 9.0 | 2.1 | 100.0 | 79.2 | 16.9 | 3.9 | 100.0 | 99.8 | *0.2 | *0.0 |
| Race |  |  |  |  |  |  |  |  |  |  |  |  |
| White | 100.0 | 90.3 | 8.1 | 1.6 | 100.0 | 80.0 | 16.7 | 3.4 | 100.0 | 99.7 | 0.3 | *0.1 |
| Black | 100.0 | 95.5 | 3.0 | 1.5 | 100.0 | 90.0 | 6.6 | 3.4 | 100.0 | 99.9 | *0.1 | *- |
| Hispanic origin |  |  |  |  |  |  |  |  |  |  |  |  |
| Hispanic . . . | 100.0 | 96.7 | 2.7 | 0.5 | 100.0 | 93.1 | 5.7 | 1.2 | 100.0 | 99.9 | *0.1 | *- |
| Non-Hispanic | 100.0 | 90.6 | 7.7 | 1.7 | 100.0 | 80.5 | 16.0 | 3.5 | 100.0 | 99.7 | 0.3 | *0.0 |
| Geographic region |  |  |  |  |  |  |  |  |  |  |  |  |
| Northeast | 100.0 | 91.6 | 6.6 | 1.7 | 100.0 | 82.4 | 13.9 | 3.7 | 100.0 | 99.8 | *0.2 | *0.0 |
| Midwest | 100.0 | 88.9 | 9.4 | 1.7 | 100.0 | 77.2 | 19.3 | 3.5 | 100.0 | 99.7 | *0.2 | *0.1 |
| South. | 100.0 | 91.6 | 6.7 | 1.7 | 100.0 | 82.2 | 14.2 | 3.6 | 100.0 | 99.8 | *0.2 | *0.0 |
| West | 100.0 | 92.0 | 6.7 | 1.3 | 100.0 | 84.1 | 13.4 | 2.5 | 100.0 | 99.4 | 0.5 | *0.1 |
| Marital status |  |  |  |  |  |  |  |  |  |  |  |  |
| Currently married | 100.0 | 88.8 | 9.3 | 1.9 | 100.0 | 77.8 | 18.4 | 3.8 | 100.0 | 99.7 | 0.2 | *0.0 |
| Separated and divorced | 100.0 | 91.9 | 6.4 | 1.7 | 100.0 | 79.3 | 16.3 | 4.4 | 100.0 | 99.6 | *0.3 | *0.1 |
| Widowed. . . | 100.0 | 94.3 | 4.9 | 0.9 | 100.0 | 66.8 | 27.8 | 5.3 | 100.0 | 99.6 | *0.4 | *- |
| Never married. | 100.0 | 97.0 | 2.2 | 0.9 | 100.0 | 94.7 | 3.8 | 1.5 | 100.0 | 99.8 | *0.1 | *0.1 |

Table 14. Percent distribution of persons 18 years of age and over by cigar smoking status, average days of use per month, nulmber of times used on days of use, and mean number of days used per month, according to sex and age: United States, 1987

| Sex and age | Total | Cigar use status |  |  | Average number of days used per month |  |  | Average number of times used on days used |  |  | Mean use |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Never user | Former user | Current user | Daily | 15-29 | $\begin{gathered} \text { Less than } \\ 15 \end{gathered}$ | $\begin{aligned} & 2 \text { or } \\ & \text { less } \end{aligned}$ | 3-5 | $\begin{aligned} & 6 \text { or } \\ & \text { more } \end{aligned}$ |  |
| Both sexes | Percent distribution |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 91.0 | 6.5 | 2.6 | 22.9 | 6.8 | 49.3 | 54.8 | 17.5 | 7.2 | 12.2 |
| 18-24 years | 100.0 | 98.2 | 1.1 | 0.8 | *1.5 | *2.5 | 73.8 | 60.4 | *17.8 | *4.5 | 3.8 |
| 25-44 years | 100.0 | 92.8 | 4.3 | 2.9 | 12.4 | 5.5 | 59.7 | 57.6 | 14.1 | 5.4 | 8.0 |
| 45-64 years | 100.0 | 86.4 | 10.3 | 3.3 | 30.8 | 9.3 | 38.8 | 52.1 | 19.4 | 8.8 | 15.6 |
| 65-74 years | 100.0 | 85.7 | 11.9 | 2.4 | 48.0 | *7.0 | 28.1 | 50.1 | 21.6 | *11.8 | 21.2 |
| 75 years and over. | 100.0 | 87.7 | 10.7 | 1.5 | 54.8 | *7.6 | *28.0 | 45.2 | *36.9 | *9.6 | 22.2 |
| Male |  |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 81.4 | 13.3 | 5.3 | 23.0 | 6.8 | 49.5 | 55.3 | 17.5 | 7.2 | 12.2 |
| 18-24 years | 100.0 | 96.4 | 2.0 | 1.6 | *1.5 | *2.5 | 72.9 | 60.3 | *18.1 | *4.0 | 3.8 |
| 25-44 years | 100.0 | 85.9 | 8.3 | 5.8 | 12.4 | 5.6 | 60.2 | 58.0 | 14.3 | 5.4 | 7.9 |
| 45-64 years | 100.0 | 71.6 | 21.4 | 7.0 | 30.9 | 9.2 | 38.8 | 52.8 | 18.8 | 8.2 | 15.5 |
| 65-74 years | 100.0 | 69.0 | 25.9 | 5.2 | 48.7 | *7.1 | 28.5 | 50.9 | 21.9 | *11.9 | 21.2 |
| 75 years and over. | 100.0 | 67.9 | 28.1 | 3.9 | 55.5 | *7.7 | *26.5 | 44.5 | *37.4 | *9.7 | 22.3 |
| Female |  |  |  |  |  |  |  |  |  |  |  |
| All ages | 100.0 | 99.6 | 0.3 | *0.1 | *15.3 | *6.8 | *32.2 | *18.6 | *20.3 | *8.5 | 15.1 |
| 18-24 years | 100.0 | 99.8 | *0.2 | *0.0 | *- | *- | *100.0 | *66.7 | *- | *33.3 | 0.7 |
| 25-44 years | 100.0 | 99.5 | 0.4 | *0.1 | *8.3 | *- | *20.8 | *16.7 | *- | *- | 9.7 |
| 45-64 years | 100.0 | 99.5 | 0.4 | *0.1 | *30.4 | *17.4 | *39.1 | *13.0 | *52.2 | *17.4 | 20.1 |
| 65-74 years | 100.0 | 99.7 | *0.2 | *0.1 | *- | *- | *- | *- | *- | *- | *- |
| 75 years and over. | 100.0 | 99.7 | *0.3 | *0.0 | *- | *- | *100.0 | *100.0 | *- | *- | 15.5 |

Table 15. Percent distribution of persons 18 years of age and over by sex and cigar smoking status, according to selected sociodemographic characteristics: United States, 1987

| Sociodemographic characteristic | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never user | Former user | Current <br> user | Total | Never user | Former user | Current user | Total | Never user | Former user | Current user |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| All persons | 100.0 | 91.0 | 6.5 | 2.6 | 100.0 | 81.4 | 13.3 | 5.3 | 100.0 | 99.6 | 0.3 | *0.1 |
| Education level |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than 12 years. | 100.0 | 89.5 | 8.0 | 2.5 | 100.0 | 78.3 | 16.5 | 5.2 | 100.0 | 99.5 | 0.4 | *0.1 |
| 12 years . . . . . | 100.0 | 91.4 | 6.1 | 2.5 | 100.0 | 80.9 | 13.5 | 5.6 | 100.0 | 99.6 | 0.4 | *0.0 |
| More than 12 years | 100.0 | 91.4 | 6.0 | 2.7 | 100.0 | 83.4 | 11.4 | 5.2 | 100.0 | 99.6 | 0.3 | *0.1 |
| 13-15 years . | 100.0 | 92.4 | 5.4 | 2.2 | 100.0 | 84.4 | 11.0 | 4.6 | 100.0 | 99.6 | *0.3 | *0.1 |
| 16 years or more | 100.0 | 90.3 | 6.6 | 3.2 | 100.0 | 82.5 | 11.8 | 5.7 | 100.0 | 99.7 | *0. 2 | *0.1 |
| Family income |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than \$10,000 | 100.0 | 93.6 | 4.6 | 1.8 | 100.0 | 83.6 | 11.8 | 4.6 | 100.0 | 99.5 | *0.4 | *0.1 |
| \$10,000-\$19,999. | 100.0 | 91.2 | 6.6 | 2.3 | 100.0 | 81.0 | 14.0 | 4.9 | 100.0 | 99.6 | *0.4 | *0.1 |
| \$20,000-\$34,999. | 100.0 | 90.4 | 7.0 | 2.6 | 100.0 | 81.3 | 13.6 | 5.1 | 100.0 | 99.5 | 0.4 | *0.0 |
| \$35,000-\$49,999. | 100.0 | 89.8 | 7.0 | 3.2 | 100.0 | 80.4 | 13.5 | 6.1 | 100.0 | 99.6 | *0.3 | *0.1 |
| \$50,000 or more | 100.0 | 89.4 | 7.4 | 3.2 | 100.0 | 80.1 | 13.9 | 6.0 | 100.0 | 99.8 | *0.2 | *- |
| Race |  |  |  |  |  |  |  |  |  |  |  |  |
| White | 100.0 | 90.3 | 7.0 | 2.7 | 100.0 | 80.1 | 14.4 | 5.6 | 100.0 | 99.6 | 0.4 | *0.1 |
| Black | 100.0 | 95.0 | 3.2 | 1.8 | 100.0 | 89.2 | 6.8 | 4.0 | 100.0 | 99.7 | *0.2 | *0.1 |
| Hispanic origin |  |  |  |  |  |  |  |  |  |  |  |  |
| Hispanic | 100.0 | 95.9 | 2.6 | 1.5 | 100.0 | 91.6 | 5.4 | 3.0 | 100.0 | 99.7 | *0.2 | *0.1 |
| Non-Hispanic | 100.0 | 90.6 | 6.8 | 2.6 | 100.0 | 80.6 | 13.9 | 5.5 | 100.0 | 99.6 | 0.4 | *0.1 |
| Geographle region |  |  |  |  |  |  |  |  |  |  |  |  |
| Northeast | 100.0 | 91.9 | 5.5 | 2.6 | 100.0 | 83.2 | 11.3 | 5.5 | 100.0 | 99.6 | *0.3 | *0.1 |
| Midwest | 100.0 | 88.8 | 8.1 | 3.1 | 100.0 | 77.0 | 16.6 | 6.4 | 100.0 | 99.7 | *0.2 | *0.0 |
| South. | 100.0 | 91.2 | 6.3 | 2.5 | 100.0 | 81.6 | 13.2 | 5.2 | 100.0 | 99.6 | 0.3 | *0.1 |
| West | 100.0 | 92.2 | 5.8 | 2.0 | 100.0 | 84.5 | 11.5 | 4.0 | 100.0 | 99.4 | 0.6 | *0.0 |
| Marital status |  |  |  |  |  |  |  |  |  |  |  |  |
| Currently married | 100.0 | 88.8 | 8.1 | 3.1 | 100.0 | 77.8 | 16.0 | 6.1 | 100.0 | 99.6 | 0.3 | *0.1 |
| Separated and divorced | 100.0 | 91.7 | 5.8 | 2.5 | 100.0 | 79.5 | 14.2 | 6.3 | 100.0 | 99.3 | *0.6 | *0.1 |
| Widowed. | 100.0 | 94.8 | 4.3 | 0.9 | 100.0 | 69.5 | 25.4 | 5.0 | 100.0 | 99.7 | *0.2 | *0.1 |
| Never married. | 100.0 | 96.7 | 1.9 | 1.4 | 100.0 | 94.5 | 3.1 | 2.5 | 100.0 | 99.6 | *0.3 | *0.1 |

Table 16. Percent distribution of persons 18 years of age and over by knowledge of relationship between noncigarette tobacco use and risk of mouth and throat cancer, according to sex and cigarette smoking status: United States, 1987

| Belleve chances of getting mouth and throat cancer are increased by use of - | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker |
|  | Percent distribution |  |  |  |  |  |  |  |  |  |  |  |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Chewing tobacco |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, increased: . | 83.9 | 85.5 | 86.0 | 79.5 | 84.5 | 87.7 | 85.0 | 79.8 | 83.4 | 84.1 | 87.6 | 79.1 |
| Strongly. | 67.8 | 70.9 | 70.6 | 60.2 | 67.8 | 72.7 | 68.3 | 60.9 | 67.8 | 69.7 | 73.9 | 59.5 |
| Moderately | 11.5 | 10.4 | 11.3 | 13.6 | 11.9 | 10.9 | 12.0 | 13.0 | 11.2 | 10.1 | 10.4 | 14.2 |
| Slightly | 1.9 | 1.6 | 1.8 | 2.7 | 2.3 | 1.9 | 2.2 | 2.9 | 1.6 | 1.3 | 1.3 | 2.5 |
| Don't know | 2.7 | 2.6 | 2.3 | 3.0 | 2.5 | 2.1 | 2.4 | 3.0 | 2.8 | 3.0 | 2.1 | 3.0 |
| No, not increased | 3.7 | 2.9 | 2.7 | 6.1 | 4.3 | 3.2 | 3.2 | 6.7 | 3.3 | 2.7 | 1.9 | 5.5 |
| Don't know | 12.3 | 11.6 | 11.3 | 14.5 | 11.3 | 9.1 | 11.8 | 13.6 | 13.1 | 13.2 | 10.5 | 15.4 |
| Snuff |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, increased: . | 78.9 | 80.9 | 80.8 | 73.9 | 80.5 | 84.0 | 80.8 | 75.6 | 77.4 | 78.9 | 80.7 | 72.1 |
| Strongly. | 62.8 | 65.7 | 65.7 | 55.6 | 63.6 | 67.9 | 64.8 | 56.8 | 62.2 | 64.3 | 67.0 | 54.4 |
| Moderately | 11.5 | 10.9 | 10.9 | 13.0 | 12.2 | 11.8 | 11.4 | 13.4 | 10.9 | 10.3 | 10.2 | 12.5 |
| Slightly | 2.0 | 1.9 | 1.8 | 2.5 | 2.4 | 2.2 | 2.2 | 2.8 | 1.7 | 1.7 | 1.3 | 2.1 |
| Don't know. | 2.5 | 2.4 | 2.4 | 2.8 | 2.4 | 2.0 | 2.5 | 2.7 | 2.7 | 2.7 | 2.2 | 3.0 |
| No, not increased | 3.9 | 3.0 | 3.0 | 6.3 | 4.3 | 3.1 | 3.4 | 6.7 | 3.6 | 2.9 | 2.3 | 5.9 |
| Don't know | 17.2 | 16.1 | 16.2 | 19.8 | 15.2 | 12.8 | 15.7 | 17.8 | 19.0 | 18.2 | 17.0 | 21.9 |
| Smoking a pipe |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, increased: . | 75.2 | 78.1 | 78.7 | 67.4 | 76.7 | 81.0 | 78.5 | 69.6 | 73.9 | 76.4 | 79.0 | 65.1 |
| Strongly. | 49.3 | 53.1 | 52.6 | 40.3 | 49.8 | 54.8 | 50.9 | 42.2 | 48.9 | 52.0 | 55.1 | 38.3 |
| Moderately | 20.4 | 20.0 | 20.4 | 21.0 | 21.0 | 21.1 | 21.2 | 20.6 | 19.8 | 19.2 | 19.1 | 21.5 |
| Slightly | 3.4 | 3.0 | 3.5 | 3.9 | 4.0 | 3.4 | 3.9 | 4.8 | 2.9 | 2.7 | 3.0 | 3.1 |
| Don't know. | 2.2 | 2.1 | 2.2 | 2.2 | 2.0 | 1.6 | 2.5 | 2.1 | 2.3 | 2.4 | 1.9 | 2.3 |
| No, not increased | 8.6 | 6.6 | 6.6 | 13.6 | 8.5 | 6.4 | 6.8 | 13.0 | 8.6 | 6.7 | 6.4 | 14.3 |
| Don't know | 16.2 | 15.3 | 14.7 | 18.9 | 14.7 | 12.7 | 14.7 | 17.4 | 17.5 | 16.9 | 14.6 | 20.6 |
| Smoking cigars |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes, increased: . | 77.6 | 80.6 | 80.4 | 70.4 | 78.4 | 82.9 | 79.4 | 71.8 | 76.9 | 79.1 | 81.8 | 68.9 |
| Strongly. | 53.8 | 57.8 | 56.2 | 44.9 | 53.3 | 58.5 | 53.7 | 46.2 | 54.2 | 57.4 | 60.0 | 43.6 |
| Moderately | 18.6 | 18.0 | 18.8 | 19.3 | 19.3 | 19.5 | 19.7 | 18.5 | 17.9 | 17.0 | 17.4 | 20.1 |
| Slightly | 3.0 | 2.5 | 3.1 | 3.7 | 3.7 | 3.1 | 3.7 | 4.6 | 2.3 | 2.2 | 2.1 | 2.8 |
| Don't know | 2.3 | 2.2 | 2.3 | 2.4 | 2.1 | 1.7 | 2.4 | 2.4 | 2.4 | 2.5 | 2.3 | 2.3 |
| No, not increased | 7.2 | 5.1 | 6.0 | 11.9 | 7.8 | 5.3 | 6.7 | 12.1 | 6.7 | 5.0 | 4.9 | 11.6 |
| Don't know | 15.1 | 14.3 | 13.7 | 17.7 | 13.8 | 11.8 | 13.9 | 16.1 | 16.3 | 15.8 | 13.3 | 19.4 |

Table 17. Percent of persons 18 years of age and over by selected health-related behaviors and characteristics, sex, and cigarette smoking status: United States, 1987

| Health-related behavior, knowledge, or bellef | Both sexes |  |  |  | Male |  |  |  | Female |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker | Total | Never smoker | Former smoker | Current smoker |
| Alcohol consumption | Percent |  |  |  |  |  |  |  |  |  |  |  |
| Drinks beer 5 times or more per week. | 6.5 | 3.0 | 8.5 | 10.7 | 11.6 | 6.4 | 12.6 | 17.1 | 2.0 | 0.9 | 2.3 | 4.0 |
| Usually drinks 3 beers or more at a time | 33.6 | 28.3 | 26.4 | 44.6 | 40.3 | 36.3 | 30.5 | 52.1 | 22.6 | 17.1 | 17.2 | 32.7 |
| Drinks wine 5 times or more per week. | 2.0 | 1.2 | 3.6 | 1.8 | 1.9 | 1.2 | 3.1 | 1.7 | 2.0 | 1.3 | 4.3 | 1.9 |
| Usually drinks 3 glasses or more of wine at a time | 12.6 | 9.4 | 11.3 | 18.9 | 14.6 | 12.9 | 11.6 | 20.2 | 10.8 | 7.0 | 10.9 | 17.8 |
| Drinks liquor 5 times or more per week. | 2.4 | 1.1 | 4.0 | 3.4 | 3.4 | 1.7 | 4.8 | 4.1 | 1.6 | 0.7 | 2.7 | 2.7 |
| Usually drinks 3 cirinks or more at a time. | 27.3 | 21.6 | 21.2 | 39.0 | 34.0 | 30.4 | 25.8 | 45.1 | 19.8 | 13.7 | 14.1 | 32.0 |
| Eating habits |  |  |  |  |  |  |  |  |  |  |  |  |
| Eats 3 meals a day on weekdays. | 44.4 | 49.5 | 50.3 | 31.2 | 44.2 | 48.6 | 50.9 | 32.8 | 44.6 | 50.1 | 49.5 | 29.5 |
| Eats 3 meals a day on weekends. | 40.5 | 44.2 | 43.1 | 32.3 | 41.3 | 44.3 | 44.0 | 35.0 | 39.8 | 44.2 | 41.8 | 29.4 |
| Avoids snacks on weekdays. | 26.8 | 25.8 | 29.1 | 26.7 | 26.8 | 24.5 | 30.5 | 26.5 | 26.8 | 26.6 | 26.9 | 26.8 |
| Avoids snacks on weekends. | 23.5 | 22.6 | 25.3 | 23.6 | 23.1 | 21.0 | 25.9 | 23.6 | 23.8 | 23.6 | 24.4 | 23.6 |
| Has changed diel for health reasons | 37.4 | 37.3 | 46.5 | 30.3 | 35.2 | 35.0 | 44.8 | 26.4 | 39.5 | 38.7 | 49.0 | 34.5 |
| is 20 percent or more above desirable weight | 25.1 | 24.5 | 30.5 | 22.1 | 27.1 | 24.9 | 34.2 | 23.8 | 23.3 | 24.3 | 24.8 | 20.3 |
| Vitamin use |  |  |  |  |  |  |  |  |  |  |  |  |
| Took any vitamin or mineral supplement in past 12 months | 51.4 | 52.7 | 54.5 | 46.6 | 44.4 | 46.5 | 47.3 | 38.7 | 57.8 | 56.7 | 65.2 | 55.1 |
| Took multivitamins in past 12 months. | 38.6 | 39.7 | 40.8 | 34.9 | 33.3 | 35.9 | 34.6 | 28.3 | 43.5 | 42.2 | 50.1 | 41.9 |
| Took vitamin A in past 12 months ${ }^{1}$. | 4.2 | 4.1 | 4.8 | 3.9 | 3.9 | 3.9 | 4.2 | 3.7 | 4.5 | 4.2 | 5.6 | 4.1 |
| Took vitamin C in past 12 months ${ }^{1}$. | 23.3 | 23.7 | 25.0 | 21.1 | 22.1 | 24.0 | 22.3 | 19.5 | 24.3 | 23.5 | 28.9 | 22.8 |
| Took vitamin E in past 12 months ${ }^{1}$. | 10.0 | 9.4 | 12.3 | 9.3 | 9.0 | 8.0 | 11.2 | 8.3 | 11.0 | 10.3 | 13.9 | 10.4 |
| Knowledge and beliefs |  |  |  |  |  |  |  |  |  |  |  |  |
| Belleves diet reduces risk of disease. | 83.4 | 84.5 | 85.9 | 81.2 | 82.1 | 84.7 | 84.2 | 78.1 | 84.7 | 84.3 | 88.6 | 84.4 |
| Has heard of fiber | 95.9 | 95.2 | 97.1 | 95.8 | 95.1 | 94.9 | 96.2 | 94.2 | 96.5 | 95.4 | 98.5 | 97.6 |
| Social support |  |  |  |  |  |  |  |  |  |  |  |  |
| Can call on at least 1 friend for help. | 85.7 | 86.8 | 84.8 | 84.7 | 84.3 | 87.0 | 82.5 | 82.5 | 87.1 | 86.7 | 88.0 | 87.0 |
| Can call on at least 1 relative for help. | 90.2 | 91.6 | 89.8 | 88.0 | 88.0 | 89.5 | 87.9 | 86.1 | 92.1 | 93.0 | 92.5 | 89.9 |
| Partlcipates in group actlvitles at least once a year | 62.7 | 67.4 | 64.1 | 53.8 | 63.7 | 71.5 | 63.9 | 53.9 | 61.9 | 64.8 | 64.4 | 53.8 |
| Attends religious aclivities at least once a year | 67.9 | 75.1 | 68.0 | 55.5 | 63.7 | 70.6 | 66.7 | 52.1 | 71.6 | 78.0 | 69.9 | 59.1 |
| Preventive care |  |  |  |  |  |  |  |  |  |  |  |  |
| Has ever had a digital rectal exam. | 61.1 | 57.6 | 67.0 | 60.0 | 62.4 | 59.5 | 66.8 | 59.4 | 59.9 | 56.8 | 67.4 | 60.6 |
| Has ever had a blood stool test. | 39.6 | 38.1 | 45.4 | 34.8 | 40.1 | 38.6 | 44.9 | 33.9 | 39.2 | 37.9 | 46.2 | 35.7 |
| Has ever had a proctoscopic exam | 23.4 | 21.7 | 27.5 | 21.0 | 24.8 | 24.0 | 27.7 | 21.0 | 22.2 | 20.8 | 27.2 | 21.1 |
| Pap smear within the past year. | 40.4 | 39.2 | 43.5 | 40.7 | ... | ... | ... | ... | 40.4 | 39.2 | 43.5 | 40.7 |
| Breast examination within the past year. | 35.9 | 34.8 | 40.3 | 34.0 | $\ldots$ | ... | $\ldots$ |  | 35.9 | 34.8 | 40.3 | 34.0 |
| Breast self-examination monthly | 51.9 | 51.5 | 52.2 | 52.1 | . $\cdot$ | ... | $\cdots$ | $\cdots$ | 51.9 | 51.5 | 52.2 | 52.1 |
| Has ever had a mammogram. | 39.3 | 38.5 | 46.7 | 35.1 |  | $\cdots$ | $\ldots$ | $\cdots$ | 39.3 | 38.5 | 46.7 | 35.1 |
| Cancer |  |  |  |  |  |  |  |  |  |  |  |  |
| Has ever been dlagnosed with cancer. | 5.3 | 4.4 | 8.2 | 4.8 | 4.2 | 2.5 | 7.8 | 3.1 | 6.3 | 5.6 | 8.8 | 6.5 |
| Has parents or slblings who have had cancer. | 33.4 | 30.3 | 41.2 | 33.1 | 31.6 | 25.6 | 41.5 | 30.5 | 35.1 | 33.2 | 40.9 | 35.8 |

${ }^{1}$ Does not include riultivitamin supplements.

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# Appendix I <br> Technical notes on methods 

## Background

This report is one of a series of statistical reports published by the staff of the National Center for Health Statistics (NCHS). It is based on information collected from a nationwide sample of households included in the National Health Interview Survey (NHIS). Data are obtained on the personal, sociodemographic, and health characteristics of the family members and unrelated individuals living in these households.

Field operations for the survey are conducted by the U.S. Bureau of the Census under specifications established by NCHS. The U.S. Bureau of the Census participates in the survey planning, selects the sample, and conducts the interviews. The data are then transmitted to NCHS for preparation, processing, and analysis.

Summary reports and reports on special topics for each year's data are prepared by the staff of the Division of Health Interview Statistics for publication in Vital and Health Statistics, Series 10, publications of NCHS. Data also are tabulated for other reports published by NCHS staff and for use by other organizations and by researchers within and outside the government. Since 1969, public use tapes have been prepared for each year of data collection.

It should be noted that the health characteristics described by NHIS estimates pertain only to the resident, civilian noninstitutionalized population of the United States living at the time of the interview. The sample does not include persons residing in nursing homes, members of the Armed Forces, institutionalized persons, or U.S. nationals living abroad.

## Statistical design of NHIS

## General design

The NHIS has been conducted continuously since 1957. The sample design of the survey has undergone changes following each decennial census. This periodic redesign of the NHIS sample allows the incorporation of the latest population information and statistical methodology into the survey design. The data presented in this report were collected using an NHIS sample design first used in 1985. It is anticipated that this design will be used until 1995.

The sample design plan of the NHIS follows a multistage probability design that permits continuous sampling
of the civilian noninstitutionalized population residing in the United States. The survey is designed in such a way that the sample scheduled for each week is representative of the target population and the weekly samples are additive over time. This design permits estimates for frequent events or for large population groups to be produced from data collected over a short period of time. Estimates for infrequent events or for smaller population subgroups can be obtained from data collected over a longer period of time. The annual sample is designed so that tabulations can be provided for each of the four major geographic regions. Because interviewing is done throughout the year, there is no seasonal bias for annual estimates. The continuous data collection also has administrative and operational advantages because fieldwork can be handled on a continuing basis with an experienced, stable staff.

## Sample selection

The target population for the NHIS is the civilian noninstitutionalized population residing in the United States. For the first stage of the sample design, the United States is considered to be a universe composed of approximately 1,900 geographically defined primary sampling units (PSU's). A PSU consists of a county, a small group of contiguous counties, or a metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia. The 52 largest PSU's are selected into the sample with certainty and are referred to as self-representing PSU's. The other PSU's in the universe are referred to as non-self-representing PSU's. These PSU's are clustered into 73 strata, and 2 sample PSU's are chosen from each stratum with probability proportional to population size. The selection of two PSU's per stratum allows more efficient variance estimation than was possible under the pre-1985 NHIS design in which only one PSU was selected per stratum (U.S. Bureau of the Census, 1985). The current selection procedure yields a total of 198 PSU's selected in the first stage.

Within a PSU, two types of second-stage units, referred to as segments, are used: area segments and permit area segments. Area segments are defined geographically and contain an expected eight households. Permit area segments cover geographical areas containing housing units built after the 1980 census. The permit area segments are defined using updated lists of building permits issued in the PSU since 1980 and contain an expected four households.

Within each segment all occupied households are targeted for interview. On occasion, a sample segment may contain a large number of households. In this situation the households are subsampled to provide a manageable interviewer workload. To increase the precision of estimates for black persons, differential sampling rates are applied in PSU's containing a population consisting of between 5 and 50 percent black persons. Within those PSU's, sampling rates for selection of segments are increased in areas known to have the highest concentrations of black persons; segment sampling rates are decreased in other areas within those PSU's to ensure that the total sample is the same size as it would have been without oversampling black persons.

The sample was designed so that a typical NHIS full sample for the data collection years 1985 to 1995 will consist of approximately 7,500 segments containing about 59,000 assigned households. Of these households, an expected 10,000 will be vacant, demolished, or occupied by persons not in the target population of the survey. The expected sample of 49,000 occupied households will yield a probability sample of about 127,000 persons.

The NHIS sample is designed so that it can serve as a sample frame for other NCHS population-based surveys. Four national subdesigns, or panels, constitute the full NHIS sample design. Each panel contains a representative sample of the U.S. civilian noninstitutionalized population. All four panels have identical sampling properties, and any combination of panels defines a national design. Panels were constructed to facilitate the linkage of NHIS to other surveys and also to efficiently make large reductions in the size of the sample by eliminating panels from the survey when budgetary constraints make this necessary.

In 1987 the sample consisted of 8,282 segments containing 61,009 assigned households. Of the 49,569 households eligible for interview, 47,240 households actually were interviewed, resulting in a sample of 122,859 persons.

## Collection and processing of data

The NHIS questionnaire contains two major parts. The first, the basic health and demographic component, consists of topics that remain relatively unchanged from year to year. Among these topics are the incidence of acute conditions, the prevalence of chronic conditions, persons limited in activity due to chronic conditions, restriction in activity due to impairment or health problems, and utilization of health care services involving physician care and short-stay hospitalization. The second part, a special topics component, consists of additional topics that change from year to year.

Careful procedures are followed to assure the quality of data collected in the interview. Most households in the sample are contacted by mail before the interviewer arrives. Potential respondents are informed of the importance of the survey and assured that all information obtained in the interview will be held in strict confidence. Interviewers make repeated trips to a household when a respondent is not found on the first visit. The success of these procedures
is indicated by the response rate for the survey, which has been between 96 and 98 percent over the years.

When contact is made, the interviewer attempts to have all family members of the household 19 years of age and over present during the interview. When this is not possible, proxy responses for absent adult family members are accepted. In most situations, proxy respondents are used for persons under 19 years of age. Persons 17 and 18 years of age may respond for themselves, however.

Interviewers undergo extensive training and retraining. The quality of their work is checked by means of periodic observation and by reinterview. Their work also is evaluated by statistical studies of the data they obtain in their interviews. A field edit is performed on all completed interviews so that if there are any problems with the information on the questionnaire, respondents may be recontacted to solve the problem.

Completed questionnaires are sent from the U.S. Bureau of the Census field offices to NCHS for coding and editing. To ensure the accuracy of coding, a 5 -percent sample of all questionnaires is recoded and keyed by other coders. A 100-percent verification procedure is used if certain error tolerances are exceeded. Staff members of the Division of Health Interview Statistics then edit the files to remove impossible and inconsistent codes.

The interview, fieldwork, and data processing procedures summarized above are described in detail in Series 1, No. 18 (NCHS, 1985).

## The NHIS of Cancer Epidemiology and Control

In general, one adult 18 years of age or older was randomly selected from each NHIS sample family to participate in the 1987 NHIS of Cancer Epidemiology and Control (NHIS-CEC). The procedure was somewhat different in families falling into a special "Hispanic oversample." Hispanic persons were oversampled in selected PSU's in three consolidated metropolitan statistical areas (CMSA's): the New York, New Jersey, Long Island, New York-New Jersey-Connecticut CMSA; the Chicago-GaryLake County-Illinois-Indiana-Wisconsin CMSA; and the Miami-Fort Lauderdale, Florida CMSA. In Hispanic families in the PSU's selected for the oversample, up to two additional sample persons were included, yielding an additional 354 Hispanic respondents. In households where only Spanish was spoken, interviews were conducted with the aid of a Spanish Translation Guide (U.S. Bureau of the Census, 1987a, 1987b).

Self-response was required for NHIS-CEC and callbacks were made as necessary. Two questionnaires were used for the survey: one for cancer epidemiology and one for cancer control. One-half of the sample was interviewed with each questionnaire. The questionnaires were systematically assigned to every other sample person at the time of sample selection. A total of 22,080 persons were interviewed with the cancer epidemiology questionnaire and

22,043 with the cancer control questionnaire. The total of 44,123 interviewed persons represents a response rate of approximately 86 percent of identified eligible respondents. The combined overall response rate for the CEC can be estimated as the product of the response rate for the basic questionnaire ( 95 percent) and the CEC questionnaire ( 86 percent), or 82 percent. The survey included a wide range of information related to cancer including questions on acculturation, medical care, food knowledge, cancer knowledge and attitudes, cancer screening knowledge and practice, smoking and other tobacco use, occupational exposures, height and weight, food intake frequency, vita$\min$ and mineral intake, reproduction and hormone use, family history of cancer, cancer survival, and social relationships and activities.

## Estimation procedures

Because the design of the NHIS is a complex multistage probability sample, it is necessary to reflect these complex procedures in the derivation of estimates. The estimates presented in this report are based upon 1987 NHIS-CEC sample person counts weighted to produce national estimates. The weight for each sample person is the product of five component weights:

1. Probability of selection-The basic weight for each person is obtained by multiplying the reciprocals of the probabilities of selection at each step in the design: PSU, segment, and household.
2. Household nonresponse adjustment within segment-In NHIS, interviews are completed in about 96 percent of all eligible households. Because of household nonresponse, a weighting adjustment is required. The nonresponse adjustment weight is a ratio with the number of households in a sample segment as the numerator and the number of households actually interviewed in that segment as the denominator. This adjustment reduces bias in an estimate to the extent that persons in the noninterviewed households have the same characteristics as the persons in the interviewed households in the same segment. For nonresponse by NHIS-CEC sample persons, an additional adjustment was performed (see below).
3. First-stage ratio adjustment-The weight for persons in the non-self-representing PSU's is ratio adjusted to the 1980 population within four race-residence classes of the non-self-representing strata within each geographic region.
4. Adjustment for the probability of selection within house-hold-The weight for each NHIS-CEC sample person is multiplied by the within-family sampling weight, which is the inverse of the person's probability of selection within the family. The within-family sampling weight then is multiplied by 2 because each questionnaire was administered in only one out of every two sample families. For example, in a family of four adults, the sample person had a 1 in 4 probability of selection. That person's weight is multiplied by 4 , then doubled.

Table I. The 20 poststratification age-sex-race cells in the National Health Interview Survey of Cancer Epidemiology and Control: United States, 1987

| Age | Black |  | All other |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Male | Female | Male | Female |
| 18-24 years. | X | $x$ | $x$ | X |
| 25-34 years. | $x$ | $x$ | X | X |
| 35-44 years. | $x$ | X | $x$ | X |
| 45-54 years. | $x$ | X | $x$ | X |
| 55 years and over | $x$ | X | X | X |

In the Hispanic oversample, the within-family sampling weight is calculated using a more complex formula that takes into account the number of eligibles and the distribution of eligibles by Hispanic status.
5. Poststratification by age-sex-race-Within each of 20 age-sex-race cells (table I), a weight is constructed each quarter to ratio adjust the first-stage population estimate based on the NHIS to an independent estimate of the population of each cell. These independent estimates are prepared by the U.S. Bureau of the Census and are updated quarterly.
The main effect of the ratio-estimating process is to make the sample more closely representative of the target population by age, sex, race, and residence. The poststratification adjustment helps to reduce the component of bias resulting from sampling frame undercoverage; furthermore, this adjustment frequently reduces sampling variance.

In some households responding to the basic health and demographic component of the NHIS, there is nonresponse to the special topic questionnaire. While the NHIS estimation procedures include no separate adjustment factor to reduce the bias due to this type of nonresponse, the poststratification by age-sex-race also serves to reduce the nonresponse bias in estimates derived from the special topic sections, to the extent that nonrespondents to the special topic questionnaire are similar to respondents in each poststratification adjustment cell.

## Types of estimates

As noted, NHIS data are collected on a weekly basis, with each week's sample representing the resident civilian noninstitutionalized population of the United States living during that week. The weekly samples are consolidated to produce quarterly files (each consisting of data for 13 weeks). Weights to adjust the data to represent the U.S. population are assigned to each of the four quarterly files. These quarterly files are later consolidated to produce the annual file, which is the basis of most tabulations of NHES data.

NHIS uses various reference periods to reduce the amount of bias associated with respondent memory loss. A 2 -week reference period is used in collecting data on the incidence of acute conditions, restriction in activity due to a health problem, and work loss days. Each of these measure health events that may be forgotten soon after they occur.

Examples of such events are telephoning a physician about a minor illness, missing a day from work because of a routine health problem, or having a cold. Either a 12 - or 6 -month (depending on the type of statistic) reference period is used for hospitalization data because hospitalization ordinarily involves a major event in a person's life and is not quickly forgotten. Chronic condition prevalence estimates are based on a 12 -month reference period.

Because most NHIS estimates based on a 2 -week reference period are designed to represent the number of health events for a 12 -month period, these data must be adjusted to an annual basis. Data based on a 2 -week reference period are multiplied by 6.5 to produce the 13 week estimate for the quarter. These reference period adjustments are made at the time the quarterly files are produced. Therefore, the data can be used to produce estimates for each quarter and are used that way to study seasonal variation. The data from the four quarterly files (representing the number of events in each quarter) are summed to produce the annual estimate. Although these data are collected for only 2 weeks for each person included in the survey, any unusual event that may have occurred during a particular 2 -week period does not bias the estimate because the quarterly estimate is a sum of the estimate produced for each week's sample during the entire quarter and the annual estimate is the sum of the four quarters.

For prevalence statistics, such as the proportion of persons who believe that smoking causes lung cancer, the annual estimate results from summing the weighted quarterly files and dividing by 4 . This division is necessary because, as noted above, each quarterly file has been weighted to produce an estimate of the number of persons in the U.S. population with a given characteristic. Summing the quarters and dividing by 4 in effect averages these quarterly results for the year. Thus, the type of prevalence estimate ordinarily derived from NHIS data is an annual average prevalence estimate.

For data related to short-stay hospital discharges based on a 6-month reference period, cases identified during any quarter of data collection are multiplied by 2 to produce a quarterly estimate of the annual number of characteristics associated with short-stay hospital discharges. The NHIS average annual estimate of hospital discharges is derived by summing the four quarterly estimates and dividing by 4 , just as the prevalence estimates are.

As noted above, two questionnaires were employed for the NHIS-CEC. Each sample person was systematically assigned one of the two questionnaires. Most of the questions were unique to each of the questionnaires; a few were asked on both. For this report, in instances where data were drawn only from one of the instruments, the estimation procedures were the same as those just described. In cases where identical questions were asked on both questionnaires, the data were pooled. In the latter case, an average annual estimate was derived by summing the eight quarterly estimates (four from each file) and dividing by 8.

## Reliability of the estimates

Because NHIS estimates are based on a sample, they may differ somewhat from the figures that would have been obtained if a complete census had been taken using the same survey and processing procedures. There are two types of errors possible in an estimate based on a sample survey: sampling and nonsampling errors. To the extent possible, these types of errors are kept to a minimum by methods built into the survey procedures described elsewhere (NCHS, 1973). Although it is very difficult to measure the extent of bias in NHIS, several studies have been conducted to examine this problem. The results have been published in several reports (NCHS, 1965a, 1965b, 1967, 1968).

## Nonsampling errors

Interviewing process-Information, such as the number of days of restricted activity caused by the condition, can be obtained more accurately from household members than from any other source because only the persons concerned are in a position to report this information. However, there are limitations to the accuracy of diagnostic and other information collected in household interviews. For example, for diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. Further, a respondent may not answer a question in the intended manner because he or she has not properly understood the question, has forgotten the event, does not know, or does not wish to divulge the answer. Regardless of the type of measure, all NHIS data are estimates of known reported morbidity, disability, and so forth.

Reference period bias-NHIS estimates do not represent a complete measure of any given topic during the specified calendar period because data are not collected in the interview for persons who died or became institutionalized during the reference period. For many types of statistics collected in the survey, the reference period is the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (such as 1 year) might be significant, especially within older age groups.

Population estimates-Some of the published tables include population figures for specified categories. Except for overall totals for the 20 age, sex, and race groups, which are adjusted to independent estimates, these figures are based on the sample of households in NHIS. They are given primarily to provide denominators for rate computation, and for this purpose they are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. With the exception of the overall totals by age, sex, and race
mentioned above, the population figures may differ from figures (which are derived from different sources) published in reports of the U.S. Bureau of the Census. Official population estimates are presented in the U.S. Bureau of the Census reports in Series P-20, P-25, and P-60.

Rounding of numbers-In published tables, the figures are rounded to the nearest thousand, although they are not necessarily accurate to that detail. Derived statistics, such as rates and percent distributions, are computed after the estimates on which they are based have been rounded to the nearest thousand.

## Sampling errors

The standard error is primarily a measure of sampling error, that is, the variations that might occur by chance because only a sample of the population is surveyed. The chances are about 68 in 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 in 100 that the difference would be less than twice the standard error and about 99 in 100 that it would be less than $21 / 2$ times as large.

Individual standard errors were not computed for each estimate in this report. Instead, standard errors were computed for a broad spectrum of estimates. Regression techniques then were applied to produce equations from which a standard error for any estimate can be approximated. The regression equations, represented by parameters $a$ and $b$, are presented in table II. Rules explaining their use are presented in the section below.

Table II. Estimated standard error parameters for the National Health Interview Survey of Cancer Epidemiology and Control: United States, 1987

| $\begin{gathered} \text { Parameter } \\ \text { set } \end{gathered}$ | Characteristic | Estimated parameters |  |
| :---: | :---: | :---: | :---: |
|  |  | $a$ | b |
|  | Cancer epidemiology or control (separate files): |  |  |
| 1 | Population estimates for demographic, socloeconomic, and heallh characteristics. . . . . . . . . . . | 0.0000 | 10,000 |
| II | Age-sex-race population based upon combining the poststratification cells of table I. | 0.0 | 0.0 |
|  | Cancer epidemiology and control (combined files): |  |  |
| 1 | Population estimates for demographic, socioeconomic, and healih characteristics. | 0.000021 | 6,100 |
| II | Age-sex-race population based upon combining the poststratification cells of table I. . | 0.0 | 0.0 |

The reader is cautioned that this procedure will give an approximate standard error of an estimate rather than the precise standard error. The reader is further cautioned that particular care should be exercised when the denominator is small.

Denominators to be used in calculating approximate standard errors are shown in tables III-VIII. For 14 of the 17 tables presented in this report, the denominator provided is the exact denominator used in calculating the statistics shown. For the remaining three tables, tables 3, 5, and 16, the data were actually tabulated using the Cancer Control file only. Separate denominators are not shown for these tables. Rather, the denominators for smoking status by sex, shown in table V (and used for tables based on the pooled Cancer Epidemiology and Control files), are to be used for calculating standard errors for these tables. Parameters for the separate files (table II) should be used. Differences between the separate and the pooled denominators range from 0.3 percent for the total population to 1.8 percent for female former smokers. Use of the pooled denominators should have little effect on the standard errors calculated.

## General rules for determining standard errors

To produce approximate standard errors for NHIS estimates, the reader must first determine the type of characteristic to be estimated, that is, the parameter set in table II to be used. The reader then must determine the type of estimate for which the standard error is needed. The type of estimate corresponds to one of five general rules for

Table III. Number of persons 18 years of age and over by sex, age, and known tobacco use status: United States, 1987

| Sex and age | Cigarettes | Chewing tobacco | Snuff | Pipes | Cigars |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Number in thousands |  |  |  |  |
| Both sexes | 169,870 | 173,172 | 172,977 | 173,257 | 172,510 |
| 18-24 years | 25,345 | 25,836 | 25,816 | 25,861 | 25,792 |
| 25-44 years | 73,896 | 75,173 | 75,071 | 75,241 | 74,948 |
| 45-64 years | 43,134 | 44.147 | 44,094 | 44,159 | 43,920 |
| 65-74 years | 17,185 | 17,497 | 17,494 | 17,500 | 17,410 |
| 75 years and over. | 10,309 | 10,520 | 10,502 | 10,497 | 10,440 |
| Male | 80,406 | 82,034 | 81,912 | 82,053 | 81,684 |
| 18-24 years | 12,281 | 12,570 | 12,571 | 12,587 | 12,538 |
| 25-44 years | 36,115 | 36,775 | 36,735 | 36,833 | 36,679 |
| 45-64 years | 20,285 | 20,743 | 20,701 | 20,736 | 20,625 |
| 65-74 years . . . . | 7,852 | 7,966 | 7,954 | 7.942 | 7,910 |
| 75 years and over. | 3,873 | 3,980 | 3,952 | 3,955 | 3,931 |
| Female | 89,463 | 91,138 | 91,065 | 91,204 | 90,826 |
| 18-24 years | 13,064 | 13,265 | 13,245 | 13,274 | 13,254 |
| 25-44 years | 37,781 | 38,398 | 38,337 | 38,408 | 38,268 |
| 45-64 years | 22,849 | 23,404 | 23,393 | 23,422 | 23,295 |
| 65-74 years | 9,333 | 9,531 | 9,540 | 9,558 | 9,500 |
| 75 years and over. | 6,436 | 6,539 | 6,550 | 6,542 | 6,509 |

NOTE: For use in calculating standard errors for fables 1, 8, 10, 12, and 14.

Table IV. Number of persons 18 years of age and over by selected sociodemographic characteristics and known tobacco use status: United States, 1987

| Socrodemographic characteristic | Cigarettes | Chewing tobacco | Snuff | Pipes | Cigars |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Both sexes | Number in thousands |  |  |  |  |
| Total. | 169,870 | 173,172 | 172,577 | 172,738 | 172,510 |
| Education lever: |  |  |  |  |  |
| Less than 12 years. | 38,899 | 39,545 | 39,523 | 39,556 | 39,423 |
| 12 years | 66,228 | 67,350 | 67,298 | 67,416 | 67,092 |
| More than 12 years | 64,234 | 65,757 | 65,637 | 65,766 | 65,475 |
| Family income: |  |  |  |  |  |
| Less than \$10,000 | 22,886 | 23,307 | 23,299 | 23,303 | 23,214 |
| \$10,000-\$19,999. | 33,081 | 33,664 | 33,610 | 33,674 | 33,564 |
| \$20,000-\$34,999. | 44,889 | 45,816 | 45,786 | 45,844 | 45,600 |
| \$35,000-\$49,999. | 26,781 | 27,349 | 27,285 | 27,353 | 27,245 |
| \$50,000 or more | 22,876 | 23,345 | 23,311 | 23,379 | 23,276 |
| Race: |  |  |  |  |  |
| White | 146,159 | 149,115 | 148,934 | 149,150 | 148,465 |
| Black | 18,655 | 18,904 | 18,902 | 18,927 | 18,883 |
| Hispanic origin: |  |  |  |  |  |
| Hispanic | 12,266 | 12,640 | 12,604 | 12,625 | 12,590 |
| Non-Hispanic | 157,122 | 160,039 | 159,887 | 160,142 | 159,437 |
| Geographic region: |  |  |  |  |  |
| Northeast | 36,482 | 37,184 | 37,153 | 37,250 | 37,069 |
| Midwest | 41,690 | 42,384 | 42,384 | 42,451 | 42,259 |
| South. . | 57,476 | 58,543 | 58,503 | 58,574 | 58,303 |
| West | 34,221 | 34,954 | 34,938 | 34,981 | 34,879 |
| Marital status: |  |  |  |  |  |
| Currently married | 109,809 | 111,977 | 111,817 | 111,991 | 111,494 |
| Separated and divorced | 15,778 | 16,070 | 16,037 | 16,080 | 16,001 |
| Widowed. | 12,463 | 12,712 | 12,730 | 12,729 | 12,675 |
| Never married. | 31,650 | 32,244 | 32,225 | 32,298 | 32,181 |
| Male |  |  |  |  |  |
| Total. | 80,406 | 82,034 | 81,912 | 81,809 | 81,684 |
| Education level: |  |  |  |  |  |
| Less than 12 years. | 18,214 | 18,583 | 18,545 | 18,553 | 18,504 |
| 12 years . . . . . | 29,231 | 29,703 | 29,681 | 29,734 | 29,598 |
| More than 12 years | 32,722 | 33,504 | 33,442 | 33,523 | 33,337 |
| Family Income: |  |  |  |  |  |
| Less than \$10,000 | 8,467 | 8,650 | 8,644 | 8,626 | 8,630 |
| \$10,000-\$19,999. | 15,039 | 15,294 | 15,244 | 15,285 | 15,219 |
| \$20,000-\$34,999. | 22,430 | 22,941 | 22,917 | 22,948 | 22,838 |
| \$35,000-\$49,999. | 13,687 | 14,017 | 14,007 | 14,036 | 13,960 |
| \$50,000 or more . | 12,016 | 12,273 | 12,253 | 12,306 | 12,235 |
| Race: |  |  |  |  |  |
| White | 69,582 | 71,044 | 70,930 | 71,037 | 70,707 |
| Black | 8,319 | 8,419 | 8,413 | 8,423 | 8,394 |
| Hispanic origin: |  |  |  |  |  |
| Hispanic . . | 5,717 | 5,949 | 5,931 | 5,931 | 5,905 |
| Non-Hispanic | 74,474 | 75,865 | 75,761 | 75,901 | 75,561 |
| Geographic region: |  |  |  |  |  |
| Northeast | 17,070 | 17,419 | 17,396 | 17,466 | 17,430 |
| Midwest | 20,000 | 20,344 | 20,284 | 20,296 | 20,193 |
| South. | 26,730 | 27,320 | 27,285 | 27,331 | 27,188 |
| West | 16,606 | 16,951 | 16,947 | 16,960 | 16,872 |
| Marital status: |  |  |  |  |  |
| Currently married | 54,706 | 55,828 | 55,729 | 55,814 | 55,582 |
| Separated and divorced | 5,993 | 6,123 | 6,101 | 6,121 | 6,083 |
| Widowed. . . . | 2,041 | 2,064 | 2,065 | 2,073 | 2,063 |
| Never married. | 17,603 | 17,958 | 17,956 | 17,993 | 17,905 |

Table IV. Number of persons 18 years of age and over by selected sociodemographic characteristics and known tobacco use status: United States, 1987 -Con.

| Soclodemographic characteristic | Cigarettes | Chewing tobacco | Snuff | Pipes | Cigars |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Female | Number in thousands |  |  |  |  |
| Total. | 89,463 | 91,138 | 91,065 | 90,929 | 90,826 |
| Education level: |  |  |  |  |  |
| Less than 12 years. | 20,685 | 20,962 | 20,978 | 20,003 | 20,919 |
| 12 years . . . . . | 36,997 | 37,647 | 37,617 | 37,682 | 37,493 |
| More than 12 years | 31,513 | 32,253 | 32,195 | 32,244 | 32,138 |
| Family income: |  |  |  |  |  |
| Less than \$10,000. | 14,419 | 14,657 | 14,655 | 14,677 | 14,584 |
| \$10,000-\$19,999. | 18,041 | 18,370 | 18,366 | 18,389 | 18,346 |
| \$20,000-\$34,999. | 22,459 | 22,875 | 22,869 | 22,869 | 22,762 |
| \$35,000-\$49,999. | 13,095 | 13,332 | 13,277 | 13,317 | 13,285 |
| \$50,000 or more | 10,860 | 11,072 | 11,058 | 11,073 | 11,041 |
| Race: |  |  |  |  |  |
| White | 76,577 | 78,070 | 78,004 | 78,113 | 77,757 |
| Black | 10,337 | 10,485 | 10,489 | 10,504 | 10,489 |
| Hispanic origin: |  |  |  |  |  |
| Hispanis... | 6,549 | 6,691 | 6,672 | 6,694 | 6,684 |
| Non-Hispanic | 82,649 | 84,174 | 84,127 | 84,241 | 83,876 |
| Geogrephic region: |  |  |  |  |  |
| Northeast | 19,412 | 19,766 | 19,756 | 19,784 | 19,638 |
| Midwest | 21,690 | 22,147 | 22,100 | 22,155 | 22,066 |
| South. . | 30,746 | 31,223 | 31,218 | 31,243 | 31,115 |
| West | 17,615 | 18,003 | 17,991 | 18,012 | 18,007 |
| Martal status: |  |  |  |  |  |
| Currently married | 55,103 | 56,149 | 56,087 | 56,177 | 55,912 |
| Separated and divorced | 9,785 | 9,947 | 9,936 | 9,959 | 9,918 |
| Widowed. . . | 10,422 | 10,648 | 10,665 | 10,656 | 10,612 |
| Never married. | 14,047 | 14,286 | 14,269 | 14,305 | 14,276 |

NOTE: For use in cedculating standard errors for tables 2, 9, 11, 13, and 15.

Table V. Number of persons 18 years of age and over known to use cigarettes only and known to use paired combinations of cigarettes and chewing tobacco, snuff, pipes, and cigars, by sex and cigarette smoking status: United States, 1987

| Sex and cigarette smoking status | Known cygarette smoking only | Known cigarette smoking and known use of - |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Chewing tobacco | Snuff | Pipes | Clgars |
| Both sexes | Number in thousands |  |  |  |  |
| Total . | 169,870 | 168,932 | 168,750 | 169,014 | 168,278 |
| Never | 82,206 | 81,692 | 81,667 | 81,794 | 81,443 |
| Former. | 38,795 | 38,551 | 38,493 | 38,562 | 38,360 |
| Current | 48,868 | 48,689 | 48,590 | 48,657 | 48,475 |
| Male |  |  |  |  |  |
| Total | 80,406 | 79,918 | 79,805 | 79,931 | 79,571 |
| Never | 32,070 | 31,856 | 31,848 | 31,886 | 31,750 |
| Former. | 23,217 | 23,055 | 23,016 | 23,052 | 22,916 |
| Current | 25,120 | 25,007 | 24,941 | 24,993 | 24,904 |
| Female |  |  |  |  |  |
| Total | 89,463 | 89,014 | 88,944 | 89,082 | 88,707 |
| Never | 50,137 | 49,836 | 49,819 | 49,908 | 49,692 |
| Former. | 15,579 | 15,496 | 15,477 | 15,510 | 15,444 |
| Current | 23,748 | 23,682 | 23,649 | 23,664 | 23,571 |

NOTE: For use in calculating standard errors for table 7. "Cigarette only" column is for use in calculating standard errors for tables 3,5, and 16.

Table VI. Number of persons 18 years of age and over who believe that smoking is related to emphysema, lung cancer, chronic bronchitis, cancer of the mouth and throat, and heart disease, by sex and cigarette smoking status: United States, 1987

| Sex and cigarette smoking status | Emphysema | Lung cancer | Chronic bronchitis | Cancer of the mouth and throat | Heart disease |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Both sexes | Number in thousands |  |  |  |  |
| Total | 139,600 | 151,239 | 128,423 | 136,846 | 129,428 |
| Never. | 67,959 | 75,123 | 62,780 | 68,001 | 62,189 |
| Former | 34,699 | 36,248 | 31,922 | 33,452 | 32,365 |
| Current. | 36,941 | 39,869 | 33,722 | 35,393 | 34,874 |
| Male |  |  |  |  |  |
| Total | 65,245 | 71,481 | 60,049 | 64,419 | 62,403 |
| Never. | 26,210 | 29,501 | 24,677 | 26,925 | 25,181 |
| Former | 20,400 | 21,440 | 18,585 | 19,586 | 19,135 |
| Current. | 18,636 | 20,539 | 16,786 | 17,908 | 18,087 |
| Female |  |  |  |  |  |
| Total | 74,354 | 79,759 | 68,375 | 72,427 | 67,025 |
| Never. | 41,749 | 45,622 | 38,103 | 41,076 | 37,008 |
| Former | 14,300 | 14,808 | 13,337 | 13,867 | 13,231 |
| Current. | 18,306 | 19,330 | 16,935 | 17,484 | 16,787 |

NOTE: For use in calculating standard errors for table 4.

Table VII. Number of current smokers who have tried to quit smoking at least once and number of former smokers, by sex and known response status on selected questions related to quitting smoking: United States, 1987

| Quitting smoking topics | Both sexes | Male | Female |
| :---: | :---: | :---: | :---: |
| Current smokers ${ }^{1}$ | Number in thousands |  |  |
| Doctor's advice | 47,800 | 24,499 | 23,301 |
| Other reasons tried to quit smoking. | 30,539 | 15,444 | 15,095 |
| Methods used in any quit attempts |  |  |  |
| Lower tar and nicotine | 31,129 | 15,821 | 15,308 |
| Special filters. | 31,067 | 15,808 | 15,259 |
| Decrease number | 31,096 | 15,812 | 15,285 |
| Nicorette ${ }^{2}$. | 31,077 | 15,821 | 15,257 |
| Smokeout. | 31,029 | 15,791 | 15,238 |
| Stop with friends or relatives | 31,049 | 15,775 | 15,274 |
| Book. | 30,894 | 15,647 | 15,247 |
| "Cold turkey" | 31,651 | 16,135 | 15,517 |
| Other. | 30,439 | 15,425 | 15,014 |
| Former smokers |  |  |  |
| Doctor's advice | 37,984 | 22,754 | 15,230 |
| Other reasons for quitting | 37,416 | 22,371 | 15,045 |
| Methods used in last quit attempt ${ }^{3}$ | 38,640 | 23,171 | 15,469 |

${ }^{1}$ With at least 1 quit attempt.
${ }^{2}$ Mention of brand name is for the purpose of specific identification of the equipment or product used and does not imply endorsement by the U.S. Department of Health and Human Services.
${ }^{3}$ No unknowns for methods used last time.
NOTE: For use in calculating standard errors for table 6 .

Table VIII. Number of persons 18 years of age and over with known response status by sex, smoking status, and selected health behaviors: United States, 1987

| Selected health behavior | Totar | Never | Former | Current |
| :---: | :---: | :---: | :---: | :---: |
| Both sexes | Number in thousands |  |  |  |
| Number of times consumed beer per week | 172,730 | 82,030 | 37,638 | 48,960 |
| Number of beers consumed on drinking days. | 89,124 | 35,466 | 20,589 | 30,651 |
| Number of times consiumed wine per week | 172,398 | 81,778 | 37,457 | 49,040 |
| Number of glasses of wine consumed on drinking days | 79,932 | 36,310 | 19,551 | 21,749 |
| Number of times consumed liquor per week | 172,357 | 81,756 | 37,564 | 48,887 |
| Number of shots of liquor consumed on drinking days | 74,894 | 30,326 | 17,895 | 24,715 |
| Number of meals per day on weekdays | 173,388 | 82,190 | 37,764 | 49,363 |
| Number of meals per day on weekends | 173,286 | 82,151 | 37,739 | 49,330 |
| Number of snacks per day on weekdays. | 171,612 | 81,367 | 37,323 | 48,897 |
| Number of snacks per day on weekends. | 171,064 | 81,138 | 37,159 | 48,758 |
| Have changed diet for health reasons . | 173,914 | 82,387 | 38,005 | 49,508 |
| Desirable weight | 167,834 | 79,399 | 36,672 | 48,011 |
| Took any vitamin or mineral supplement in last 12 months | 174,285 | 82,593 | 38,045 | 49,558 |
| Took multivitamin in last 12 months. | 89,143 | 43,253 | 20,644 | 22,956 |
| Took vitamin A in last 12 months. | 88,411 | 42,987 | 20,379 | 22,766 |
| Took vitamin C in last 12 months | 89,286 | 43,322 | 20,660 | 23,033 |
| Took vitamin E in last 12 months. | 89,284 | 43,310 | 20,676 | 23,019 |
| Diet versus diseaso | 175,263 | 82,775 | 38,125 | 49,611 |
| Heard of fiber. | 172,217 | 81,624 | 37,727 | 49,046 |
| Number of friends can call on for help | 170,568 | 80,902 | 37,136 | 48,836 |
| Number of relatives can call on for help | 171,079 | 81,195 | 37,313 | 48,868 |
| Number of times per year participates in social activities | 171,168 | 81,100 | 37,382 | 48,969 |
| Number of times per year attends religious services. | 171,639 | 81,262 | 37,646 | 48,996 |
| Parents or siblings ever diagnosed with cancer. | 55,526 | 23,729 | 14,946 | 15,562 |
| Personal history of cancer. | 173,599 | 82,394 | 37,949 | 49,408 |
| Ever had a digital rectal exam | 85,295 | 35,286 | 25,608 | 21,784 |
| Ever had a blood stool test . | 84,512 | 35,009 | 25,320 | 21,627 |
| Ever had a proctoscopic exam | 84,963 | 35,170 | 25,549 | 21,681 |
| Interval since last Pap smear | ... | ... | ... | ... |
| Ever had a mammogram | ... | ... | ... |  |
| Time since last breast physical exam | ... | ... | ... |  |
| Frequency of performing breast physical exam per year | $\cdots$ | $\cdots$ | $\cdots$ | $\cdots$ |
| Male |  |  |  |  |
| Number of times consumed beer per week | 81,785 | 32,108 | 22,482 | 25,192 |
| Number of beers consumed on drinking days. | 55,217 | 20,762 | 14,244 | 18,766 |
| Number of times consumed wine per week | 81,663 | 31,991 | 22,452 | 25,214 |
| Number of glasses of wine consumed on drinking days | 36,860 | 14,901 | 10,744 | 10,185 |
| Number of times corisumed liquor per week | 81,617 | 31,981 | 22,440 | 25,178 |
| Number of shots of liquor consumed on drinking days | 39,311 | 14,257 | 10,835 | 13,181 |
| Number of meals per day on weekdays | 82,175 | 32,210 | 22,577 | 25,394 |
| Number of meals per day on weekends | 82,124 | 32,199 | 22,557 | 25,374 |
| Number of snacks per day on weekdays. | 81,342 | 31,939 | 22,280 | 25,150 |
| Number of snacks per day on weekends. | 80,983 | 31,815 | 22,146 | 25,056 |
| Have changed diet for health reasons | 82,426 | 32,240 | 22,714 | 25,491 |
| Desirable weight. | 79,116 | 30,869 | 21,964 | 24,473 |
| Took any vitamin or mineral supplement in last 12 months | 82,620 | 32,298 | 22,754 | 25,536 |
| Took multivitamin in last 12 months. | 36,499 | 14,950 | 10,735 | 9,797 |
| Took vitamin A in last 12 months. | 36,102 | 14,769 | 10,603 | 9,705 |
| Took vitamin C in last 12 months | 36,553 | 14,939 | 10,749 | 9,840 |
| Took vitamin E in last 12 months. | 36,518 | 14,914 | 10,744 | 9,836 |
| Diet versus disease | 83,074 | 32,382 | 22,826 | 25,555 |
| Heard of fiber. | 81,550 | 31,954 | 22,574 | 25,155 |
| Number of friends cian call on for help | 80,418 | 31,605 | 22,044 | 24,968 |
| Number of relatives can call on for help | 80,801 | 31,808 | 22,178 | 25,022 |
| Number of times per year participates in social activites | 81,000 | 31,666 | 22,301 | 25,212 |
| Number of times per year attends religlous services. | 81,292 | 31,827 | 22,493 | 25,148 |
| Parents or siblings ever diagnosed with cancer. | 24,861 | 7,827 | 9,029 | 7,411 |
| Personal history of cancer. | 82,307 | 32,268 | 22,691 | 25,434 |
| Ever had a digital reatal exam | 38,768 | 10,236 | 16,393 | 10,959 |
| Ever had a blood stool test | 38,216 | 10,081 | 16,116 | 10,870 |
| Ever had a proctoscopic exam | 38,742 | 10,293 | 16,308 | 10,986 |
| Interval since last Pap smear | ... |  |  |  |
| Ever had a mammogram . | . . |  |  |  |
| Time since last breast physical exam. |  |  |  |  |
| Frequency of performing breast physical exam year year | . . | ... | ... |  |

Table VIII. Number of persons 18 years of age and over with known response status by sex, smoking status, and selected health behaviors: United States, 1987-Con.

| Selected health behavior | Total | Never | Former | Current |
| :---: | :---: | :---: | :---: | :---: |
| Female | Number in thousands |  |  |  |
| Number of times consumed beer per week | 90,945 | 49,922 | 15,156 | 23,767 |
| Number of beers consumed on drinking days. | 33,908 | 14,704 | 6,364 | 11,885 |
| Number of times consumed wine per week. | 90,734 | 49,787 | 15,004 | 23,826 |
| Number of glasses of wine consumed on drinking days | 43,072 | 21,409 | 8,807 | 11,563 |
| Number of times consumed liquor per week | 90,740 | 49,775 | 15,124 | 23,709 |
| Number of shots of liquor consumed on drinking days | 35,583 | 16,069 | 7,060 | 11,534 |
| Number of meals per day on weekdays . . . . . . | 91,213 | 49,981 | 15,187 | 23,969 |
| Number of meals per day on weekends | 91,162 | 49,953 | 15,183 | 23,956 |
| Number of snacks per day on weekdays. | 90,270 | 49,428 | 15,043 | 23,748 |
| Number of snacks per day on weekends. | 90,081 | 49,323 | 15,014 | 23,702 |
| Have changed diet for health reasons | 91,489 | 50,147 | 15,291 | 24,016 |
| Desirable weight. | 88,718 | 48,530 | 14,708 | 23,538 |
| Took any vitamin/mineral supplement in last 12 months | 91,665 | 50,295 | 15,290 | 24,022 |
| Took multivitamin in last 12 months . . . . . . . | 52,644 | 28,304 | 9,909 | 13,159 |
| Took vitamin A in last 12 months. | 52,309 | 28,219 | 9,776 | 13,061 |
| Took vitamin C in last 12 months | 52,733 | 28,383 | 9,911 | 13,193 |
| Took vitamin E in last 12 months. | 52,766 | 28,396 | 9,933 | 13,184 |
| Diet versus disease | 92,189 | 50,393 | 15,299 | 24,056 |
| Heard of fiber. | 90,667 | 49,670 | 15,153 | 23,891 |
| Number of friends can call on for help | 90,151 | 49,297 | 15,092 | 23,868 |
| Number of relatives can call on for help | 90,278 | 49,387 | 15,135 | 23,846 |
| Number of times per year participates in social activities | 90,168 | 49,435 | 15,081 | 23,756 |
| Number of times per year attends religious services . . . | 90,347 | 49,435 | 15,153 | 23,849 |
| Parents or siblings ever diagnosed with cancer | 30,664 | 15,902 | 5,916 | 8,151 |
| Personal history of cancer. . . | 91,292 | 50,126 | 15,258 | 23,974 |
| Ever had a digital rectal exam | 46,527 | 25,050 | 9,215 | 10,825 |
| Ever had a blood stool test | 46,296 | 24,928 | 9,204 | 10,757 |
| Ever had a proctoscopic exam | 46,221 | 24,877 | 9,241 | 10,695 |
| Interval since last Pap smear | 86,951 | 47,126 | 15,120 | 22,368 |
| Ever had a mammogram | 46,580 | 25,107 | 9,265 | 10,773 |
| Time since last breast physical exam | 44,476 | 23,822 | 8,930 | 10,326 |
| Frequency of performing breast physical exam per year | 83,793 | 45,593 | 14,465 | 21,487 |

${ }^{1}$ Total includes persons with unknown smoking status.
determining standard errors. Examples of their use are available (NCHS, 1988c).
Rule 1. Proportions and percents when the denominator is not generated by the poststratification age-sex-race classes-If $p$ represents an estimated percent, $b$ is the parameter from table II associated with the numerator characteristics, and $y$ is the number of persons in the denominator upon which $p$ is based, then the standard error of $p$ may be approximated by

$$
\begin{equation*}
\mathrm{SE}(p)=\sqrt{\frac{b p(100-p)}{y}} \tag{1}
\end{equation*}
$$

(If $p$ is a proportion, then this formula can be used with 100 replaced by 1.0.)
Rule 2. For rates, proportions, and percents when the denominator is generated by the poststratification age-sex-race classes (table I)-In this case, the denominator has no sampling error. For example, rule 2 would apply to the estimated proportion of smokers among black persons age 65 years and over because the denominator is a combination of the poststratification ceils. Approximate standard errors for such estimates can be computed using table II $a$ and $b$ parameters associated with the numerator characteristics along with formula 2 below.

If the estimate of rate, proportion, or percent $p$ is the ratio of two estimated numbers, $p=x / Y$ (where $p$ may be inflated by 100 for percents or 1,000 for rates per 1,000 persons), with $Y$ having no sampling error, then the approximate standard error for $p$ is given by the formula

$$
\begin{equation*}
\mathrm{SE}(p)=p \sqrt{a+\frac{b}{x}} \tag{2}
\end{equation*}
$$

In this report, the value of the denominator $Y$ is always provided, but in most cases the numerator value $x$ is not published. For these cases the value of $x$ may be computed by the formula
$x=p Y$ if $p$ is a proportion or rate per unit, or $x=\frac{p Y}{100}$ if $p$ is a percent or rate per 100 units, or $x=\frac{p Y}{1,000}$ if $p$ is a rate per 1,000 units

Rule 3. Estimated number of people or events-For the estimated number of people or events derived from this report, there are two cases to consider. For the first case, if the estimated number is any combination of the poststratification age-sex-race cells in table I, then its value has been adjusted to
official U.S. Bureau of the Census figures and its standard error is assumed to be 0.0 . This corresponds to parameter set IV in table II. As an example, this would be the case for the number of persons in the U.S. target population or the number of black persons in the group 18-44 years of age. Although the race class "white" is not specifically adjusted to U.S. Bureau of the Census figures, it dominates the poststratification "all other" race class; consequently, age-sex-"all other" race combinations of table I can be treated as age-sexwhite combinations for the purpose of approximating standard errors.

For the second case, the standard errors for all other estimates of numbers of people or events, such as the number of people limited in activity or the number of bed days, are approximated by using the parameters provided in table II and formula 3 below.

If the aggregate $x$ for a characteristic has associated parameters $a$ and $b$, then the approximate standard error for $x, \mathrm{SE}(x)$, can be computed by the formula

$$
\begin{equation*}
\mathrm{SE}(x)=\sqrt{a x^{2}+b x} \tag{3}
\end{equation*}
$$

Rule 4. Rates when the denominator is not generated by the poststratification age-sex-race classes-If the estimated rate $p$ is expressed as the ratio of two estimates, $p=x / y$ (inflated by 100 or 1,000 when appropriate), then the estimated standard error for $p$ is given by the formula
$\mathrm{SE}(p)=p \sqrt{\frac{\mathrm{SE}(x)^{2}}{x^{2}}+\frac{\mathrm{SE}(y)^{2}}{y^{2}}-2 r \frac{\mathrm{SE}(x)}{x} \frac{\mathrm{SE}(y)}{y(4)}}$
where $\mathrm{SE}(x)$ and $\mathrm{SE}(y)$ are computed using rule 3 and $x$ and $y$ are obtained from the tables. No estimates of $r$, the correlation between the numerator and denominator, are presented in this report; therefore, only the first two terms are available. The reader must assume that $r=0.0$. Assuming $r$ $=0.0$ will yield an overestimate of the standard error if $r$ is actually positive and an underestimate if $r$ is negative.
Rule 5. Difference between two statistics (mean, rate, total, and proportion)-If $x_{1}$ and $x_{2}$ are two estimates, then the standard error of the difference $\left(x_{1}-x_{2}\right)$ can be computed as follows:

$$
\begin{equation*}
\operatorname{SE}\left(x_{1}-x_{2}\right)=\sqrt{\operatorname{SE}\left(x_{1}\right)^{2}+\operatorname{SE}\left(x_{2}\right)^{2}-2 r \operatorname{SE}\left(x_{1}\right) \operatorname{SE}\left(x_{2}\right)} \tag{5}
\end{equation*}
$$

where $\operatorname{SE}\left(x_{1}\right)$ and $\operatorname{SE}\left(x_{2}\right)$ are computed using rules 1-4 as appropriate and $r$ is the correlation coefficient between $x_{1}$ and $x_{2}$.

Assuming $r=0.0$ will result in an accurate standard error if the two estimates are actually uncorrelated. An overestimate of the standard error will result if the correlation is positive and an underestimate will result if the correlation is negative.

## Relative standard errors

Prior to 1985, relative standard error (RSE) curves were presented in NHIS reports for approximating relative
standard error. For readers who wish to continue using them, the following provides guidance. The RSE of an estimate is obtained by dividing the standard error (SE) of the estimate by the estimate $x$ itself. This quantity is expressed as a percent of the estimate:

$$
\mathrm{RSE}=100 \frac{\mathrm{SE}(x)}{x}
$$

## Appendix II Definitions of certain terms used in this report

## Tobacco use

Cigarette smoking status-Persons are classified according to reports of having smoked at least 100 cigarettes in their entire lifetimes.

- Current smoker-A person who has smoked at least 100 cigarettes in his or her lifetime and is still smoking.
- Former smoker-A person who has smoked at least 100 cigarettes in his or her lifetime but is not currently smoking.
- Never smoker-A person who has never smoked cigarettes or has smoked less than 100 cigarettes in his or her lifetime.
Chewing tobacco use status-Persons are classified according to reports of having used chewing tobacco at least 20 times in their entire lifetimes.
- Current user-A person who has used chewing tobacco at least 20 times in his or her lifetime and is still using it.
- Former user-A person who has used chewing tobacco at least 20 times in his or her lifetime but is not still using it.
- Never user-A person who has never used chewing tobacco or has used it less than 20 times in his or her lifetime.
Snuff use status-Persons are classified according to reports of having used snuff at least 20 times in their entire lifetimes.
- Current user-A person who has used snuff at least 20 times in his or her lifetime and is still using it.
- Former user-A person who has used snuff at least 20 times in his or her lifetime but is not still using it.
- Never user-A person who has never used snuff or has used it less than 20 times in his or her lifetime.
Pipe smoking status-Persons are classified according to reports of having smoked a pipe at least 50 times in their entire lifetimes.
- Current smoker-A person who has smoked a pipe at least 50 times in his or her lifetime and is still smoking.
- Former smoker-A person who has smoked a pipe at least 50 times in his or her lifetime but is not currently smoking.
- Never smoker-A person who has never smoked a pipe or has smoked a pipe less than 50 times in his or her lifetime.
Cigar smoking status-Persons are classified according to reports of having smoked at least 50 cigars in their entire lifetimes.
- Current smoker-A person who has smoked at least 50 cigars in his or her lifetime and is still smoking.
- Former smoker-A person who has smoked at least 50 cigars in his or her lifetime but is not currently smoking.
- Never smoker-A person who has never smoked a cigar or has smoked less than 50 cigars in his or her lifetime.


## Health-related behaviors (nontobacco)

Desirable weight-In this report, desirable body weight for height is classified according to 1983 Metropolitan Life Insurance Company (MLIC) standards (MLIC, 1983). Data on body weight are based on self-reported height and weight, without shoes. The midpoint of the medium frame weight category for a particular height was used as the desirable weight for that height. The MLIC standards were developed based on weight in indoor clothing and height with 1 -inch heels for men and 2 -inch heels for women. The National Health Interview Survey (NHIS) asked respondents to report their heights without shoes. The MLIC standards were adjusted by subtracting 2 pounds from the midpoint of the medium frame category for both sexes, and subtracting 1 inch from the height for men and 2 inches from the height for women.

The MLIC desirable weight standards are based on the mortality experience of a group of life insurance policyholders. Because persons who obtain life insurance are not representative of the general population, the appropriateness of these standards for some population subgroups is unknown (National Institutes of Health, 1985). The 1983 MLIC standards are slightly higher than the earlier published 1960 MLIC standards (Metropolitan Life Insurance Company, 1960). Both MLIC and NHIS data were based on self-reported height and weight. Self-reported height and weight data produce conservative estimates of the extent of overweight in the population because heavier
people tend to report lighter body weights than are obtained by actual physical measurements.

A variety of measures of overweight status are in use both within the National Center for Health Statistics and by outside researchers (National Institutes of Health, 1985). A major source of data on the prevalence of overweight in the U.S. population is the Second National Health and Nutrition Examination Survey (NHANES II). Data released from the NHANES II on overweight status are computed using measured height and weight and expressed as body mass index (BMT), calculated as weight divided by height, squared. Although not identical, the proportions of the population defined as " 20 percent or more overweight" using the body mass index NHANES II cutpoints and the 1983 MLIC standards are not substantially different (National Institutes of Health, 1985).

## Cancer diagnosis

Cancer diagnosis (respondent)-Cancer diagnoses include those diagnoses made by a respondent's physician and reported by the respondent. Diagnoses reported as cancer but not classified as such in the NHIS medical coding manual (NCHS, 1988e) are not included.

Cancer diagnosis (family)-History of cancer diagnosis among parents and siblings refers only to cancer diagnoses for full blood relatives. Half-siblings, stepparents, and adoptive parents and siblings are excluded.

## Demographic terms

Age-The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions, depending on the purpose of the table.

Educational level-Each person 18 years of age and over is classified by education according to the highest grade of school completed. Only grades completed in regular schools, where persons are given a formal education, are included. A regular school is one that advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Thus, education in vocational, trade, or business schools outside the regular school system is not counted in determining the highest grade of school completed.

Family income-Each member of a family is classified according to the total income of the family of which he or she is a member. Within the household, all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own incomes.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12 -month period preceding the week of interview. Income from all sources-for example, wages, salaries, rents from property, pensions, government payments, and help from relatives-is included.

Geographic region-For the purpose of classifying the population by geographic area, the States are grouped into
four regions. These regions, which correspond to those used by the U.S. Bureau of the Census, are as follows:

Region
Northeast Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania

Midwest Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska

South Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas

West Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii

Hispanic origin-In this report, the population has been subdivided into two groups: Hispanic and non-Hispanic. Persons identifying themselves as belonging to any one of seven Hispanic origin groups (Puerto Rican, Cuban, Mexican or Mexicano, Mexican-American, Chicano, other Latin American, other Spanish) are classified as Hispanic. All others are classified as non-Hispanic.

## Marital status:

- Currently married includes all married persons not separated from their spouses for reasons of marital discord. Persons living apart due to circumstances of their employment are considered married. Persons living together as husband and wife are considered married, regardless of legal status.
- Separated and divorced includes persons who are legally separated or divorced or who are living apart for reasons of marital discord.
- Widowed includes persons who have lost their spouse to death.
- Never married includes persons who were never married and persons whose only marriage was annulled.
Race-The population is divided into three racial groups, "white," "black," and "all other." "All other" includes Aleut, Eskimo or American Indian, Asian, or Pacific Islander, and any other races. Race characterization is based on the respondent's description of his or her racial background. Because of the mixed composition of the "other" category, only white and black are shown in this report.


## Appendix III <br> Questionnaire items from National Health Interview SurveyEpidemiology Study

| 57a. During the past year or so, how often did you |
| :--- | :--- | :--- |
| drink beer? |


| Section BB - FOOD FREQUENCY - Continued |  | 3-4 |
| :---: | :---: | :---: |
| 58a. During the past year or so, how often did you drink wine? | $0011 \square$ Everyday/daily $\begin{aligned} & \text { Times per }\left\{\begin{array}{l} 2 \square \text { Week } \\ 3 \square \text { Month } \\ 4 \square \text { Year } \end{array}\right. \\ & \text { no00 } \square \text { Never (59) } \end{aligned}$ | 5-8 |
| b. On the days you drank wine, how many glasses did you drink? | $\begin{aligned} & \overline{\text { Number }} \\ & 99 \square \mathrm{DK} \end{aligned}$ | 9二10 |
| c. Were they small, medium, or large? | Small Medium (1med. wine glass) Large | $11^{-}$ |
| 59a. During the past year or so, how often did you drink liquor? | $\begin{aligned} & 0011 \square \text { Everyday/daily } \\ & \frac{\text { Timas per }}{}\left\{\begin{array}{l} 2 \square \text { Weak } \\ 3 \square \text { Month } \\ 4 \square \text { Year } \end{array}\right. \\ & \text { 0000 } \square \text { Never ( } 60 \text { ) } \end{aligned}$ | 12-15 |
| b. On the days you drank liquor, how many drinks did you have? | $\begin{aligned} & \text { Number } \\ & 9 \mathrm{DKK} \end{aligned}$ | 16-17 |
| c. Were they small, medium, or large? | $1 \square$ Small $2 \square$ Medium (1shot) $3 \square$ Large | 18 |
| 60a. Was there ever a period in your life when you drank five or more drinks of any alcohollc beverage almost every day? | $\left.\begin{array}{l} 1 \square \mathrm{Yes} \\ 2 \square \mathrm{Na} \\ \mathrm{y} \square \mathrm{DK} \end{array}\right\}(61)$ | 19 |
| b. For how long did that period last? | $\underset{\text { Number }}{ } \underset{9999 \square \mathrm{DK}}{ }\left\{\begin{array}{l} 1 \square \text { Days } \\ 2 \square \text { Weeks } \\ 3 \square \text { Months } \\ 4 \square \text { Years } \end{array}\right.$ | 20-23] |
| 61. When you eat chicken or other poultry, how often do you eat it with the skin on? Would you say often, sametimes, rarely or never? | Often or always Sometimes Rarely Never Don't eat chicken or poultry | 24 |
| 62. When you eat red meat, how often do you eat the fat? Would you say often, sometimes, rarely or never? | $1 \square$ Often or always $2 \square$ Sometimes $3 \square$ Rarely $4 \square$ Never $0 \square$ Don't eat red meat | 25 |
| 63a. On most weekdays, how many meale do you usually eat each day? | $\square$ Less than one a day $\qquad$ $\square$ DK | $26$ |
| b. On most weekdays, how many snacks do you usually eat each day, including snacks after dinner? | $\square$ Less than one a day $\qquad$ Snacks <br> 9 DK | 27 |
| c. On most Saturdays or Sundays, how many meals do you usually eat each day? | $\begin{aligned} & 0 \square \text { Less than one a day } \\ & \overline{\square D K} \text { Meals } \end{aligned}$ | 28 |
| d. On most Saturdays or Sundays, how many snacks do you usually eat each day? | $\square$ Less than one a day $\qquad$ Snacks <br> 9 $\square$ DK | 29 |
| 64. In a typlcal week, how many meals do you usually get in restaurants, cafeterias, or fast food places? | $\begin{aligned} & \text { oo } \square \text { Less than one a week } \\ & 99 \overline{\square \mathrm{DK}} \text { Meals } \end{aligned}$ | 30-31 |
| Notes |  |  |



[^1]


| Section DD - FOOD KNOWLEDGE |  |  |  |
| :---: | :---: | :---: | :---: |
| DD1 | Refer to 3 | $\begin{aligned} & 1 \square \text { Cancer in } 3 \text { (5) } \\ & \text { B Other (4) } \end{aligned}$ | L82 |
| 4. Do you think cancer may be related to what people eat and drink? |  |  <br> ```Yes ``` <br> ```No ``` <br> ```Probably/maybe/could be/etc. \\ \({ }_{9} \square\) ``` <br> ```DK ``` | $\underline{83}$ |
| 5a. Some foods contain fiber. Have you heard of fiber? |  | $\left.\begin{array}{l} 1 \square \text { Yes } \\ 2 \square \mathrm{No} \\ \mathrm{~g}_{\mathrm{DK}} \square \end{array}\right\}(6)$ | 84 |
|  | Would you say your diat is high, medium, In fiber? | $1 \square$ High $2 \square$ Medium $3 \square$ Low $9 \square \mathrm{DK}$ | $\overline{8} 5$ |
| 6. Over or lo | , would you say your diet is high, medium, in fat? | $1 \square$ High $2 \square$ Medium $3 \square$ Low $9 \square \mathrm{DK}$ | 86 |
|  | you gone on a diet for weight loss or any medical reason during the past 12 months? | $\begin{aligned} & 1 \square \mathrm{Yes} \\ & 2 \square \mathrm{No} \end{aligned}$ | $\square 87$ |
| Notes |  |  |  |


| Section EE - SMOKING HABITS |  |  |
| :---: | :---: | :---: |
| Thase next questions are about cigarette smoking. <br> 1. Have you smoked at least $\mathbf{1 0 0}$ clgarettes in your entire life? <br> If asked: approximataly 5 packs | $\begin{aligned} & \left.\begin{array}{l} 1 \square \mathrm{Yes} \\ 2 \square \mathrm{No} \\ 9 \square \mathrm{DK} \end{array}\right\} \text { (sbetion FF) } \end{aligned}$ | 88 |
| 2. How old were you when you first started smoking cigarettes tairly regularly? | $\qquad$ <br> Age <br> 00 ever smoked regulatly (section FF) 99 DK | [89-80 |
| 3. Do you smoke cigarettes now? | $\begin{aligned} & 1 \square \mathrm{Yes}(5) \\ & 2 \square \mathrm{No} \end{aligned}$ | 91 |
| 4. How old were you when you stopped smoking cigarettes? | $\overline{99 \square \mathrm{DK}} \mathrm{Aga}$ | [92-93 |
| 5. On the average, how many cigarettes [did/do] you usually smoke a day? | ©o $\square$ Less than one cigaratte per day $\qquad$ Cigarettes per day <br> $93 \square \mathrm{DK}$ | 194-95 |
| 6. For how many years Thave you been/were youl a regular smoker, do not include the times you may have stayed off cigarettas? | $00 \square$ $\qquad$ Less than one year $\qquad$ Years <br> 99 $\square$ DK | 96-97 |

Notes



\begin{tabular}{|c|c|c|c|}
\hline \multicolumn{4}{|c|}{\multirow[b]{2}{*}{Section HH - FAMILY HISTORY OF CANCER}} \\
\hline \& \& \& \\
\hline \multicolumn{4}{|l|}{These next questions are about your natural or blrth mother and father. Do not include step or adoptive parenta.} \\
\hline \multirow[t]{2}{*}{\begin{tabular}{l}
Ask 1-2 for mother, then for father. \\
In what year was your natural [mother/father] born?
\end{tabular}} \& \multirow[b]{2}{*}{1 a.} \& MOTHER \& FATHER \\
\hline \& \&  \& \(\underset{9999 \square \mathrm{DK}}{\square}\)\begin{tabular}{l} 
Year \\
\hline \(22-25\) \\
\hline
\end{tabular} \\
\hline b. Is your [mother/fatherl still living? \& b. \& \begin{tabular}{l}
Yes (2)
No (1e) \\
9 DK (2)

Never knew natural mother 11 for father)
\end{tabular} \& $1 \square$ Yes (2)

$2 \square$ No (1c)
$8 \square$ DK (2)
$7 \square$ Never knew natural father (3) <br>
\hline C. At what age did your [mother/father] die? \& c. \& ${ }_{99} \square \mathrm{DK}$ Age \&  <br>
\hline 2a. Was your [mother/father] ever dlagnosed by a doctor as having cancer? \& 20. \&  \&  <br>

\hline b. What kind of cancer was it? \& b. \& $799 \square$ DK (2c) \& | $799 \square$ DK $(2 c)$ |
| :--- |
| $(2 \mathrm{~d})$ | <br>

\hline C. What part of the body was affected? \& c. \& DK \& DK <br>
\hline d. Did your [mother/father] have any other kind of cancer that was diagnosed by a doctor? \& d. \& $\left.\begin{array}{l}\square \mathrm{Yes} \\ 2 \square \mathrm{Na} \\ 9 \square \mathrm{DK}\end{array}\right\}(2 \mathrm{~g})$ \& $\left.\begin{array}{l}\square \mathrm{Yes} \\ 2 \square \mathrm{No} \\ 9 \square \mathrm{DK}\end{array}\right\}(2 g)$ <br>
\hline e. The FIRST time [sha/he] was diagnosed with cancer, what kind of cancer was it? \& - . \&  \&  <br>
\hline f. What part of the body was affected? \& f. \& D DK \& OK <br>

\hline g. How old was your [mother/father] when cancer was first diagnosed by a doctor? \& $g$. \& $$
\left.\overline{99} \square \mathrm{DK}^{\text {Age }}\right\}(1 \text { for father) }
$$ \& $\overline{99 \square \mathrm{DK}}$ Age $\left[\begin{array}{l}37-3 \overline{3} \\ \square\end{array}\right.$ <br>

\hline Notes \& \& \& <br>
\hline
\end{tabular}

## Section HH - FAMILY HISTORY OF CANCER - Continued

\begin{tabular}{|c|c|c|c|}
\hline \multicolumn{4}{|l|}{Read to respondent: Now I'm going to ask about your sisters and brothers who have the same natural or birth mother AND father as you. Do not include step, half, or adoptive sisters and brothers.} \\
\hline 3a. How many sisters do you have, including any that may have died? \& 3a. \& \begin{tabular}{l}
00 \(\square\) None
\(\qquad\) Sisters \\
\(99 \square\) DK
\end{tabular} \& 38-40 \\
\hline b. How many brothers do you have, including any that may have died? \& b. \& \begin{tabular}{l}
\(\square\) None
\(\qquad\) Brothers \\
99 \(\square\) DK
\end{tabular} \& [41-42 \\
\hline \begin{tabular}{l}
If "None" in 3a and 3b, skip to 9. \\
4. Have any of your [brothers /for) sisters] ever been diagnosed by a doctor as having cancer?
\end{tabular} \& 4. \& \begin{tabular}{l}

$\square$ Yes <br>
2
$\square$ No) <br>
9 $\square$
\end{tabular} \& 43 <br>

\hline 5. What are the first names of your [brothers/(or) sisters] who had cancer? \& 5. \& $$

$$ \&  <br>

\hline | Ask 6-8 for the first person listed in 5 before asking 6-8 for the next person. |
| :--- |
| 6a. What kind of cancer did (name in 5) have? | \& 6a. \&  \&  <br>

\hline b. What part of the body was affected? \& b. \& 口ок \& $\square \mathrm{DK}$ <br>

\hline c. Did (name in 5) have any other kind of cancer that was diagnosad by a doctor? \& c. \& $$
\begin{aligned}
& \left.\begin{array}{l}
\square \text { Yes } \\
2 \square N_{0} \\
9 \square \mathrm{DK}
\end{array}\right\} \text { (7) }
\end{aligned}
$$ \&  <br>

\hline d. The FIRST time [he/the] was diagnosed with cancer, what kind of cancer was it? \& d. \& $\frac{{ }_{799} \square \mathrm{DK}(6 \mathrm{e})}{\text { (7) }}$ \&  <br>
\hline e. What part of the body was affected? \& e. \& ПDK \& $\square$ DK <br>

\hline 7. How old was (name in 5) when cancer was first diagnosed by adoctor? \& 7. \& |  |
| :--- |
| $93 \square \mathrm{DK}$ | \& ${ }_{99} \square$ <br>


\hline 8a. In what yoar was (name in 5) horn? \& 8a. \& | 9999 $\square \mathrm{DK}$ | Year |
| :--- | :--- |
| 54-57 |  | \& |  |  |
| :--- | :--- |
| $9999 \square \mathrm{DK}$ | Year |
| $72-75$ |  | <br>


\hline | If known, mark without asking. |
| :--- |
| b. Is (name in 5) still living? | \& b. \& 1 $\square$ Yes ( HH H )

No (8c)

DK (HHT) \& | $1 \square \mathrm{Yos}(H H 1)$ | 76 |
| :--- | :--- |
| $2 \square \mathrm{NO}_{1}(8 \mathrm{c})$ |  |
| $9 \square$ DK $(\mathrm{HH} 1)$ |  | <br>

\hline c. At what age did (name in 5) die? \& c. \& $$
\overline{99 \square D K}^{\square} \text { Age }
$$ \&  <br>

\hline HH1 Refer to entries in 5. \& HH1 \& $1 \square$ Additional siblings (6)
${ }^{1} \square$ No more siblings (9) \& $1 \square$ Additional siblings (6) $\quad 79$
$2 \square$ No more siblings (9) <br>
\hline
\end{tabular}

[^2]| Section 11 - CANCER SURVIVORSHIP |  | 3-4 |
| :---: | :---: | :---: |
| 1. Has a doctor or other health professional ever told you that you had cancer of any kind (including any cancer you have already mentioned)? | 1DYes <br> ${ }_{2}$ ПNo (soction JJ) | 5 |
| 2a. What kind of cancer was it? | $799 \square \text { DK (2b) }$ | $\begin{aligned} & 6-8 \\ & -\quad(3) \end{aligned}$ |
| b. What part of the body was affected? | $\square \mathrm{dK}$ |  |
| 3. How old were you when this cancer was first diagnosed by a doctor? | $\overline{s g} \square \mathrm{DK}^{\mathrm{Age}}$ | 9-10 |
| 4. Besides this cancer, has a doctor over told you that you had any other kind of cancer? | $\begin{aligned} & 1 \square Y_{\text {es }} \\ & { }_{2} \square \mathrm{No} \text { (section JJ) } \end{aligned}$ | 11 |
| 5a. What kind of cancer was it? | $798 \square \text { DK (5b) }$ | $\begin{array}{\|c\|} \hline 12-14 \\ -(6) \end{array}$ |
| b. What part of the body was affected? | — DK |  |
| 6. How old were you when THiS cancer was firgt diagnosed by a doctor? | $\overline{39} \square \mathrm{DK}^{\text {Age }}$ | T] 16 |

Section KK - HEIGHT, WEIGHT, RELATIONSHIPS, AND SOCIAL ACTIVITIES

| Section KK - HEIGHT, WEIGHT, RELATIONSHIPS, AND SOCIAL ACTIVITIES |  |  |
| :---: | :---: | :---: |
| 1. About how tall are you without shoes? | $\qquad$ Feat $\qquad$ Inches | 28-30 |
| 2. About how much do you weigh without shoes? | ___ Pounds | 31-33 |
| 3. When you weighed the most, how much did you weigh (not Including pregnancy)? | [__ Pounds | 34-36 |
| These next questions are about social activities and relationships. <br> 4a. (Not including your [husband/wife]) Of all your friends, how many are there that you can talk to about private matters or can call on for help? | $\qquad$ Friends <br> $00 \square$ None | 37-38 |
| b. (Not including your [husband/wife]) How many relatives do you have that you can talk to about private matters or can call on for help? | $\qquad$ Relatives <br> 00 L $\square$ None | [39-40 |
| If None in $4 a$ and $4 b$, skip to 5. <br> C. How many of these friends and relatives do you see or talk to at least once a month? | O0 $\square$ None Friends and relatives | 41-42] |
| 5a. How often do you participate in or attend group meeting\# or activities, for example, social clubs, PTA, sporting events, church groups or other community service groupa? | $\begin{aligned} & \text { Times per }\left\{\begin{array}{l} 2 \square \text { Week } \\ 3 \square \text { Month } \\ 4 \square \text { Year } \end{array}\right. \\ & 000 \square \text { Never } \end{aligned}$ | 43-45 |
| b. How often do you go to church, temple, or other religious services? | $\begin{aligned} & \text { Times per }\left\{\begin{array}{l} 2 \square \text { Week } \\ 3 \square \text { Month } \\ 4 \square \text { Year } \end{array}\right. \\ & \text { oon } \square \text { Never } \end{aligned}$ | [46-48 |

Notes

## Appendix IV <br> Questionnaire items <br> from National Health <br> Interview SurveyCancer Control









| Section T - SMOKING HABITS |  |  |
| :---: | :---: | :---: |
| These next questions are about cigarotte smoking- <br> 1. Have you smoked at least $\mathbf{1 0 0}$ cigarettes in your entire life? <br> If asked: approximately 5 packs | $\left.\begin{array}{l} 1 \square \mathrm{Yes} \\ 2 \square \mathrm{No} \\ { }_{2} \square \mathrm{DK} \end{array}\right\}$ | L 41 |
| 2. How old wara you when you first started smoking cigarettes fairly regularly? |  | [42-43 |
| 3. Do you smoke cigarettes now? | 1■ Yes (section $V$ ) <br> $2 \square$ No (section U) | 44 |
| 4. When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do - ask the person not to smoke, move away from the person, just do nothing. or something elso? |  | 45 |

Notes



Notes

\begin{tabular}{|c|c|c|}
\hline \multicolumn{3}{|c|}{Section V - CURRENT SMOKER} \\
\hline \multicolumn{3}{|l|}{\begin{tabular}{l}
1a. In order to get an accurate record of the brand of cigaratte You smoke most often, I'd like to see the cigarette package. Do you have the pack handy? \\
\(\square\) Yes (Record UPC, THEN 3)
\(\qquad\)
No
\end{tabular}} \\
\hline b. What brand or type of cigaratte do you smoke most often? \& Brand/Type name \& 68-60 \\
\hline \begin{tabular}{l}
2. What type of cigarettes are the (brand in 1b) that you smoke? Are they - \\
a. filter tip or non-ililter tip?
\end{tabular} \& \begin{tabular}{l}
\(1 \square\) Fiter tip \\
\(2 \square\) Non-filter tip
\end{tabular} \& 61 \\
\hline b. hard pack or soft pack? \& \begin{tabular}{l}
\(1 \square\)
Hard pack \\
\(2 \square\) Soft pack
\end{tabular} \& 62 \\
\hline C. menthol or plain? \& \[
\begin{aligned}
\& 1 \square \text { Menthol } \\
\& { }_{2} \square \text { Plain }
\end{aligned}
\] \& 63 \\
\hline d. regular, king-size, 100, or 120 millimeter? \& \(1 \square\) Regular
\(2 \square\) King-size
\(3 \square 100\) millimeter
\(4 \square 120\) millimeter
\(9 \square \mathrm{DK}\) \& 64 \\
\hline 6. regular, lighte or uitrs lights? \& \(1 \square\) \(\square\) Regular

Lights

Ultra lights
DK \& 85 <br>

\hline 3. On the average, how many cigarettes do you uxually amoke a day? \& $$
\begin{aligned}
& \text { oo Less than one cigarette per day } \\
& 90 \square \text { DK Cigarettes per day }
\end{aligned}
$$ \& 66-87 <br>

\hline 4. How many minutes or hours after awakening do you have your first cigarette? \& $$
\begin{aligned}
& \text { 000 } \square \text { Immediately } \\
& \text { 999 } \square \mathrm{DK}
\end{aligned} \begin{aligned}
& 1 \square \text { Minutas } \\
& 2 \square \text { Hours }
\end{aligned}
$$ \& 68-70 <br>

\hline 5. What are the reasons you smoke clgarettes? \& \multicolumn{2}{|l|}{\multirow[t]{11}{*}{}} <br>
\hline Mark all mentioned, do not probe. \& \& <br>
\hline \& \& <br>
\hline \& \& <br>
\hline \& \& <br>
\hline \& \& <br>
\hline \& \& <br>
\hline \& \& <br>
\hline \& \& <br>
\hline \& \& <br>
\hline  \& \& <br>

\hline 6a. Have you ever made a serious attempt to stop smoking cigarettes? \& $$
\left.\begin{array}{l}
1 \square \text { Yes } \\
2 \square \mathrm{No} \\
9 \square \mathrm{DK}
\end{array}\right\} \text { (12) }
$$ \& 82 <br>

\hline b. Have you made more than one serlous attempt? \& $$
\begin{aligned}
& \square \mathrm{Yes} \\
& \mathrm{z} \square \mathrm{No}(6 \mathrm{~d})
\end{aligned}
$$ \& 83 <br>

\hline c. How many times within the last year have you made a serious attempt to stop smoking cigarettes? \&  \& 84-85 <br>

\hline d. When did you make the serious attempt to quit smoking? \& $$
\overline{\text { month }} 19 \begin{aligned}
& \text { year } \\
& \text { (7e) }
\end{aligned}
$$ \& 88-89] <br>

\hline 0. When did you last make a serious attempt to quit smoking? \& $$
\overline{\text { month }} 119 \underset{\text { year }}{ } \text { (7b) }
$$ \& 90-93 <br>

\hline 7a. When you tried to qult, how long did you stay off clgarettes? \&  \& 194-96 <br>
\hline
\end{tabular}



## Section V - CURRENT SMOKER - Continued



Notes

\begin{tabular}{|c|c|c|}
\hline \multicolumn{2}{|c|}{Section W - OTHER TOBACCO USE} \& 3-4 \\
\hline \begin{tabular}{l}
These noxt quastions are about the use of other tobacco products. \\
1a. Have you ever used ehewing tobacco, such as Redman, Lavi Garrett, or Be日chnut?
\end{tabular} \& \begin{tabular}{l}

$\square$ Yes

No (6) <br>
$9 \square$
$\square$ DK Chewing tobacco (6)
\end{tabular} \& 5 <br>

\hline b. Have you used chewing tobacco at least 20 times? \& $$
\left.\begin{array}{l}
1 \square \mathrm{Yes} \\
2 \square \mathrm{No} \\
9 \square \mathrm{DK}
\end{array}\right\} \text { (6) }
$$ \& $6^{-}$ <br>

\hline 2. How old were you when you first used chowing tobacco? \& $$
{\underset{s 9}{ } \square \mathrm{DK}}_{\text {Age }}^{\text {Age }}
$$ \& 7-8 <br>

\hline 3. Do you use chewing tobacco now? \& $$
\begin{aligned}
& 1 \square \text { Yes } \\
& 2 \square \text { No }
\end{aligned}
$$ \& 9 <br>

\hline 4. Altogether, about how long [did you use/have you used] chawing tobacco? \& $$
\begin{aligned}
& \text { o00 } \square \text { Less than one month } \\
& \left\{\begin{array}{l}
1 \square \text { Months } \\
2 \square \text { Years }
\end{array}\right. \\
& \text { 999 } \square \text { DK }
\end{aligned}
$$ \& 10-12 <br>

\hline 5a. On the average, how many days per month [did/do] you use chewing tobacco? \& 00 $\square$ Less than one day a month 97
$\square$ Never used regularly (6) $98 \square$
$\square$ Everyday
$\qquad$ Days per month 99 $\square$ DK \& 13-14 <br>
\hline b. On the days that you use(d) chewing tobacco, how many times [did/dol you use it? \& $\qquad$ Times per day \& 15-16 <br>
\hline 6a. Have you avor used snuff, such as Skoal, Skoal Bandits, or Coponhagen? \& $1 \square$ Yes
$2 \square$ No (12)

$9 \square$ DK Snuff (12) \& $$
17
$$ <br>

\hline b. Have you used snuff at least 20 times? \& $$
\left.\begin{array}{l}
1 \square \text { Yes } \\
2 \square \mathrm{No} \\
8 \square \mathrm{DK}
\end{array}\right\}(12)
$$ \& 18 <br>

\hline 7. How old were you when you first used snuff? \&  \& 19-20 <br>

\hline 8. Do you use snuff now? \& $$
\begin{aligned}
& 1 \square \text { Yes } \\
& 2 \square \text { No }
\end{aligned}
$$ \& 21 <br>

\hline 9. Altogether, about how long [did you use/have you used] snuff? \& $000 \square$ Less than one month

$$
\ldots\left\{\begin{array}{l}
1 \square \text { Months } \\
2 \square \text { Years }
\end{array}\right.
$$

$$
999 \square D K
$$ \& 22-24 <br>

\hline 10a. On the average, how many days per month Idid/do] you use snuff? \& 0, $\square$ Less than one day a month 97 $\square$ Never used regularly (12) $98 \square$
$\square$ Everyday

$\qquad$ Days per month 89 $\square$ DK \& $$
25-26
$$ <br>

\hline b. On the days you use(d) snuff, how many times [did/do] you use it? \& | $\qquad$ Times per day |
| :--- |
| $99 \square$ DK | \& 27-28 <br>

\hline 11. [Did/Dol you use snuff by sniffing it or by placing it in your mouth? \& $$
\begin{aligned}
& 1 \square \text { Sniffing } \\
& 2 \square \text { Mouth } \\
& 3 \square \text { Both }
\end{aligned}
$$ \& 29 <br>

\hline \multirow[t]{2}{*}{12a. Have you ever smoked a pipe?

b. Have you smoked a pipe at least 50 times?} \& $$
\begin{aligned}
& 1 \square \text { Yes } \\
& 2 \square \text { No (17) }
\end{aligned}
$$ \& 30 <br>

\hline \& $$
\left.\begin{array}{l}
1 \square \text { Yes } \\
2 \square \mathrm{Na} \\
9 \square \mathrm{DK}
\end{array}\right\}(171
$$ \& 31 <br>

\hline 13. How old were you when you first smoked a pipe? \& $$
\overline{99} \square \mathrm{DK}^{\text {Age }}
$$ \& 32-33 <br>

\hline
\end{tabular}

| Section W - OTHER TOBACCO USE - Continued |  |  |
| :---: | :---: | :---: |
| 14. Do you smoke a plipe now? | $\begin{aligned} & 1 \square \mathrm{Yes} \\ & { }^{1 \square \mathrm{No}} \end{aligned}$ | 34 |
| 15. Altogether, about how long [did you smoke/have you smoked] a plipe? | $\begin{aligned} & \text { oov } \square \text { Less than one month } \\ & -\left\{\begin{array}{l} 1 \square \text { Months } \\ 2 \square \text { Years } \end{array}\right. \\ & \text { s99 } \square \mathrm{DK} \end{aligned}$ | [35-37 |
| 16a. On the average, how many days per month [did/do] you smoke a pipo? | $\square$ Less than one day a month $\square$ Never smoked a pipe regularly (17) <br> 98 Everyday $\qquad$ Days per month <br> $99 \square$ DK $\square$ | 38-39 |
| b. On the days you smoke(d) a pipa, how many pipefuls of tobacco [did/dol you smoke? | $0^{\circ} \square$ $\square$ Less than one $\qquad$ Pipafuls par day <br> $99 \square$ $\square$ DK | [ $40-48$ |
| 17a. Have you ever smoked cigars? | $\begin{aligned} & 1 \square \mathrm{Yes} \\ & 2 \square \mathrm{No}(22) \end{aligned}$ | 42 |
| b. Have you smoked at least 50 cigars in your ontire life? | 1口 $\left.\begin{array}{l}\text { Yes } \\ \text { 2ПNo } \\ \text { s } \square \mathrm{DK}\end{array}\right\}(22)$ | 43 |
| 18. How old were you when you first smoked cigars? |  | 44-46 |
| 19. Do you smoke cigars now? | $\begin{aligned} & 1 \square \text { Yes } \\ & 2 \square \mathrm{No} \end{aligned}$ | 46 |
| 20. Altogothor, about how long [did you smoke/have you smoked] cigars? |  | 47-48 |
| 21a. On the average, how many days per month [did/do] you smoke clgars? | ```00\squareLess than one day a month 97 \(\square\) Never smoked cigars regularly (22) \(\square\) Everyday``` $\qquad$ <br> ```Days per month \(\square\)``` | 50-51 |
| b. On the days you smoke(d) cigars, how many [did/do] you smoke? | $\square$ Le $\qquad$ Cigars per day 99 $\square$ DK | 52-63 |

Notes




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[^1]:    Notes

[^2]:    Notes

