

# National Health Interview Survey Tobacco Topics for Adults, by Year

	1965	1966	1970	1974	1976	1977	1978	1979	1980	1983	1985	1987	1988	1990	1991	1992	1993	1994	1995	1996
<b>Smoking Status Recode (cigarettes only)</b>																				
Current/Former/Never			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Everyday/Someday/Former/Never															X	X	X	X	X	
<b>Current Cigarette Smoker</b>																				
Smoked at least 100 cigarettes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Now smokes cigarettes (yes/no) <sup>1</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Now smokes every day, some days, not at all															X	X	X	X	X	
Number of days smoked in past 30 days <sup>2</sup>															X	X	X	X	X	
Number of cigarettes per day <sup>3</sup> : now	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Number of cigarettes per day: 12 months ago	X	X	X																	
Number of cigarettes per day: when smoked most/longest	X	X	X				X	X	X											
Type of cigarette <sup>4</sup>			X				X	X	X			X								
Brand of cigarette							X	X	X			X								
Time before first cigarette, after awakening												X								
Age first TRIED a cigarette																				X
Age first smoked fairly regularly/every day			X				X	X	X			X	X			X				X
Ever smoked every day <sup>5</sup>															X	X				X
Smoking status one year ago															X		X	X	X	
Number of years (total) a regular smoker												X				X				
Reasons for smoking												X								
Quitting:																				
Desire to quit smoking																	X	X	X	
Believe you could quit												X								
Reasons for trying to quit												X		X	X					
Reasons for starting again												X								
Plans/intentions to quit																X	X	X	X	
Ever tried to quit				X	X		X	X	X	X <sup>6</sup>		X		X	X	X	X			
Tried to quit in past year																X	X	X	X	
Number of quit attempts: past 12 months							X	X	X			X			X	X		X		
Number of quit attempts: lifetime							X	X	X			X			X	X				
Time since last quit attempt							X	X	X			X		X	X	X				
Duration of last quit attempt							X	X	X			X		X	X	X				
Duration of longest quit attempt												X								
Quit methods: ever used												X				X				
Quit methods: last used												X				X				
Ever been asked not to smoke in a public place																X				
Smoking behavior in public places												X								
Complementary Alternative Medicine Quit Methods																				

## National Health Interview Survey Tobacco Topics for Adults, by Year

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Smoking Status Recode (cigarettes only)</b>																					
Current/Former/Never	X	X	X	X	X	X	X														
Everyday/Someday/Former/Never	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Current Cigarette Smoker</b>																					
Smoked at least 100 cigarettes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Now smokes cigarettes (yes/no) <sup>1</sup>																					
Now smokes every day, some days, not at all	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of days smoked in past 30 days <sup>2</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of cigarettes per day <sup>3</sup> : now	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of cigarettes per day: 12 months ago																					
Number of cigarettes per day: when smoked most/longest									X					X							
Type of cigarette <sup>4</sup>									X					X					X		
Brand of cigarette																					
Time before first cigarette, after awakening																					
Age first TRIED a cigarette																				X	
Age first smoked fairly regularly/every day	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ever smoked every day <sup>5</sup>																					
Smoking status one year ago																					
Number of years (total) a regular smoker																					
Reasons for smoking																					
Quitting:																					
Desire to quit smoking				X					X					X					X		
Believe you could quit																					
Reasons for trying to quit												X									
Reasons for starting again																					
Plans/intentions to quit				X					X					X							
Ever tried to quit				X					X					X						X	
Tried to quit in past year	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of quit attempts: past 12 months																					
Number of quit attempts: lifetime				X																	
Time since last quit attempt																					
Duration of last quit attempt																					
Duration of longest quit attempt																					
Quit methods: ever used																				X	
Quit methods: last used				X					X					X							
Ever been asked not to smoke in a public place																					
Smoking behavior in public places																					
Complementary Alternative Medicine Quit Methods																X					

## National Health Interview Survey Tobacco Topics for Adults, by Year

	1965	1966	1970	1974	1976	1977	1978	1979	1980	1983	1985	1987	1988	1990	1991	1992	1993	1994	1995	1996
<b>Former Cigarette Smoker</b>																				
How long since smoked regularly	X	X	X				X	X	X	X	X	X	X	X		X				
How long since quit smoking																X		X	X	
Quit in past year (only if don't know how long)																				
Number of cigarettes per day: usually/last smoked										X	X	X	X	X	X	X				
Number of cigarettes per day: 12 months ago	X	X																		
Number of cigarettes per day: when smoked most																				
Number of cigarettes per day: longest period smoked																				
Number of times stopped/tried to stop: lifetime												X				X				
Longest period off cigarettes prior to last quitting												X								
Number of years (total) were a regular/daily smoker												X				X				
Age quit smoking												X								
Ever smoked every day <sup>5</sup>															X	X				
Smoking status one year ago																		X		
Time before first cigarette after awakening												X								
Type of cigarette smoked																				
Brand usually smoked							X	X	X											
Quit methods: ever used <sup>6</sup>										X						X				
Quit methods: last used												X				X				
Reasons for quitting			X									X				X				
Believe smoking affected your health												X								
<b>Cigars</b>																				
Ever smoked any												X			X	X				
Ever smoked at least {#} cigars <sup>7</sup>	X	X	X									X			X	X				
Now smokes	X	X	X									X			X	X				
Now smokes every day, some days, not at all															X					
Number of days per month smoke cigars <sup>8</sup> : now												X				X				
Number of cigars smoke: now	X	X	X									X								
Number of cigars smoked: 12 months ago			X																	
Size of cigars currently smoke			X																	
Age first smoked												X								
Total number of years/months smoked: lifetime <sup>9</sup>												X								
How long since smoked cigars	X	X	X																	

## National Health Interview Survey Tobacco Topics for Adults, by Year

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Former Cigarette Smoker</b>																					
How long since smoked regularly																					
How long since quit smoking	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Quit in past year (only if don't know how long)	X	X	X	X	X	X	X														
Number of cigarettes per day: usually/last smoked									X					X					X		
Number of cigarettes per day: 12 months ago																					
Number of cigarettes per day: when smoked most																			X		
Number of cigarettes per day: longest period smoked									X					X					X		
Number of times stopped/tried to stop: lifetime				X																	
Longest period off cigarettes prior to last quitting																					
Number of years (total) were a regular/daily smoker																					
Age quit smoking																					
Ever smoked every day <sup>5</sup>																					
Smoking status one year ago																					
Time before first cigarette after awakening																					
Type of cigarette smoked									X					X					X		
Brand usually smoked																					
Quit methods: ever used <sup>6</sup>																					
Quit methods: last used				X					X					X					X		
Reasons for quitting																					
Believe smoking affected your health																					
<b>Cigars</b>																					
Ever smoked any		X		X					X					X					X	X	X
Ever smoked at least {#} cigars <sup>7</sup>		X		X					X					X					X		
Now smokes																					
Now smokes every day, some days, not at all		X		X					X					X					X	X	X
Number of days per month smoke cigars <sup>8</sup> : now		X		X					X					X					X	X	X
Number of cigars smoke: now																					
Number of cigars smoked: 12 months ago																					
Size of cigars currently smoke																					
Age first smoked																					
Total number of years/months smoked: lifetime <sup>9</sup>																					
How long since smoked cigars																					

## National Health Interview Survey Tobacco Topics for Adults, by Year

	1965	1966	1970	1974	1976	1977	1978	1979	1980	1983	1985	1987	1988	1990	1991	1992	1993	1994	1995	1996
<b>Pipes</b>																				
Ever smoked any												X			X	X				
Ever smoked a pipe at least {#} times <sup>7</sup>	X	X	X									X			X	X				
Now smokes	X	X	X									X			X	X				
Now smokes every day, some days, not at all															X					
Number of days per month smoke a pipes: now												X				X				
Number of pipefuls per day: now	X	X	X									X								
Number of pipefuls per day: 12 months ago			X																	
Age first smoked a pipe												X								
Total number of years/months smoked: lifetime <sup>9</sup>												X								
How long since smoked a pipe	X	X	X																	
<b>Chewing Tobacco &amp; Snuff</b>																				
Ever used												X			X	X		X		
Ever used 20 times												X			X	X		X		
Now uses any			X									X			X	X	X	X		
Now uses every day, some days, not at all															X					
Number of days per month												X				X				
Amount used on days used												X				X				
Age of first use												X								
Number of years/months used in lifetime												X				X				
Method of snuff use												X				X				
Ever advised to stop using																X				
Brand																				
<b>Bidis</b>																				
Ever smoked																				
Ever smoked 20 bidis in lifetime																				
Now smokes every day, some days, not at all																				
<b>Non-Specific Tobacco Use</b>																				
Ever smoked tobacco products other than cigarettes																				
Current non-cigarette tobacco smoker																				
Any tobacco use one year ago																				
Quit use of all tobacco products in past 12 months																				
<b>Pregnancy &amp; Cigarette Smoking</b>																				
<i>Smoking when became pregnant</i>																				
Smoked any time during {last} pregnancy											X			X	X					
Smoking in past 30 days															X					
Smoked during most of pregnancy											X			X						
Amount smoked before/after learned of pregnancy											X			X						
Quitting:																				
Ever advised to quit											X			X						
Quit smoking any time during pregnancy/month quit															X					
Stayed quit or started again															X					
Started again after birth of child															X					

## National Health Interview Survey Tobacco Topics for Adults, by Year

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Pipes</b>																					
Ever smoked any		X		X					X										X	X	X
Ever smoked a pipe at least {#} times <sup>7</sup>		X		X					X												
Now smokes																					
Now smokes every day, some days, not at all		X		X					X										X	X	X
Number of days per month smoke a pipes: now				X					X												
Number of pipefuls per day: now																					
Number of pipefuls per day: 12 months ago																					
Age first smoked a pipe																					
Total number of years/months smoked: lifetime <sup>9</sup>																					
How long since smoked a pipe																					
<b>Chewing Tobacco &amp; Snuff</b>																					
Ever used				X					X					X		X	X	X	X	X	X
Ever used 20 times		X		X					X					X					X		
Now uses any																					
Now uses every day, some days, not at all		X		X					X					X		X	X	X	X	X	X
Number of days per month														X					X		
Amount used on days used									X												
Age of first use																					
Number of years/months used in lifetime																					
Method of snuff use																					
Ever advised to stop using																				X	
Brand														X					X		
<b>Bidis</b>																					
Ever smoked				X					X												
Ever smoked 20 bidis in lifetime				X					X												
Now smokes every day, some days, not at all				X					X												
<b>Non-Specific Tobacco Use</b>																					
Ever smoked tobacco products other than cigarettes																X	X	X			
Current non-cigarette tobacco smoker																X	X	X			
Any tobacco use one year ago																X	X	X			
Quit use of all tobacco products in past 12 months																X	X	X			
<b>Pregnancy &amp; Cigarette Smoking</b>																					
Smoking when became pregnant									X					X						X	
Smoked any time during {last} pregnancy		X							X											X	
Smoking in past 30 days														X						X	
Smoked during most of pregnancy																					
Amount smoked before/after learned of pregnancy																					
Quitting:																					
Ever advised to quit																					
Quit smoking any time during pregnancy/month quit		X							X					X						X	
Stayed quit or started again		X							X					X						X	
Started again after birth of child																					

## National Health Interview Survey Tobacco Topics for Adults, by Year

	1965	1966	1970	1974	1976	1977	1978	1979	1980	1983	1985	1987	1988	1990	1991	1992	1993	1994	1995	1996
<b>Environmental Tobacco Smoke (ETS)</b>																				
Response when exposed to ETS in public places												X				X				
Smoking anywhere inside the home by ANYONE															X	X	X	X		
Smoking anywhere inside the home by RESIDENT													X					X		
Number of people who smoke inside the home																X		X		
Days per week there is smoking inside the home																X		X		
<b>Other Tobacco-Related Topics</b>																				
Knowledge of health risks of smoking											X	X		X		X				
Knowledge of health risks of smokeless tobacco												X				X				
Knowledge of health risks of ETS												X				X				
Attitudes toward/discomfort around smoking												X				X				
<b>Medical Surveillance<sup>10</sup></b>																				
Asked about smoking by a doctor																		X	X	
Advised to quit smoking by health professional				X	X						X	X		X	X	X				
Type of medical professional who advised quitting																				
Advised to quit smoking due to specific condition				X	X															
<b>Workplace Smoking</b>																				
Workplace smoking policy												X	X		X	X	X	X		
Ever smoke while at work																X		X		
Smoke fewer cigarettes due to workplace policy																X		X		
Exposure to smoke in the workplace												X	X		X	X				
Bothered by workplace ETS												X	X			X				
Workplace offers quit smoking program															X	X	X	X		
Participated in employer-based quit smoking program																X		X		

## National Health Interview Survey Tobacco Topics for Adults, by Year

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Environmental Tobacco Smoke (ETS)</b>																					
Response when exposed to ETS in public places																					
Smoking anywhere inside the home by ANYONE		X		X																	
Smoking anywhere inside the home by RESIDENT									X					X							
Number of people who smoke inside the home									X					X							
Days per week there is smoking inside the home				X					X					X							
<b>Other Tobacco-Related Topics</b>																					
Knowledge of health risks of smoking																					
Knowledge of health risks of smokeless tobacco																					
Knowledge of health risks of ETS				X																	
Attitudes toward/discomfort around smoking				X																	
<b>Medical Surveillance<sup>10</sup></b>																					
Asked about smoking by a doctor				X					X						X	X	X	X	X	X	X
Advised to quit smoking by health professional				X	X				X					X					X		
Type of medical professional who advised quitting									X					X					X		
Advised to quit smoking due to specific condition																					
<b>Workplace Smoking</b>																					
Workplace smoking policy		X		X																	
Ever smoke while at work																					
Smoke fewer cigarettes due to workplace policy																					
Exposure to smoke in the workplace				X															X		
Bothered by workplace ETS																					
Workplace offers quit smoking program		X																			
Participated in employer-based quit smoking program		X																			



---

1/ In 1965 and 1966, the question was asked but the variable was not included on the data file. Information from a followup question (number of cigarettes currently smoked) serves

2/ Asked only of adults who said they smoked "some days."

3/ For someday smokers the question asked about number of cigarettes on days smoked.

4/ Information about type {size/filter or non-filter/plain or menthol/hard or soft pack} varies by year. See questionnaires for details.

5/ In 1992, the question was limited to "ever smoked every day" in the past 6 months.

6/ In 1983, the question asked about quit methods ever used in the past 5 years only.

7/ The minimum number of pipefuls of tobacco and minimum number of cigars vary by year. See questionnaires for details. In 1965 and 1966, these questions were limited to male

8/ In some years, question was phrased in terms of the past 30 days. See questionnaires for details.

9/ Asked of both current and former tobacco users.

10/ Beginning in 1992, questions related to medical surveillance were expanded from cigarette smoking only to smoking and other tobacco use.

Last updated: August 29, 2017

---