

**RESEARCH AND PRACTICE OF HEALTH PROMOTION**

# **STANDARDISATION OF QUESTIONS ON SMOKING**

**A CONTRIBUTION TO  
QUALITY ASSURANCE IN  
PREVENTION RESEARCH**

**VOLUME 7**

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VOLUME 7**

# **STANDARDISATION OF QUESTIONS ON SMOKING**

**A CONTRIBUTION TO QUALITY ASSURANCE IN  
PREVENTION RESEARCH**

By Klaus Riemann and Uwe Gerber

Gesellschaft für sozialwissenschaftliche Forschung in der Medizin (GESOMED)  
commissioned by the Federal Centre for Health Education, Cologne

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Fax: +49(0)221/89 92-3 00  
E-Mail: [Toepfich@bzga.de](mailto:Toepfich@bzga.de)

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## **PREFACE**

This volume of the specialist booklet series “Research and Practice of Health Promotion” is called “Standardisation of Questions on Smoking”.

The starting point for this work was the realisation that the results of studies on smoking can seldom be compared with one another since the formulation of the questions used to explore smoking is extremely non-uniform.

This contributes not only to a situation where different statements on the smoking behaviour of the population and individual groups of the population are ranged side by side, causing confusion, but also to the fact that comparisons of the efficacy of various anti-smoking promotion measures are rarely possible.

The latter is a problem, given the claim of health promotion to be effective and efficient.

The aim of the project entitled “Standardisation of Questions on Smoking” is to impose meaningful limits on the range of possible questions and provide unequivocal recommendations for question formulations wherever possible.

It will form the lead-in to other planned projects which will draw up recommendations for other topics, such as diet and exercise. The common aim of all these projects is to offer tools for the quality assurance of empirical surveys in the field of health promotion.

Cologne, February 1997

Dr. Elisabeth Pott  
Director of the Federal Centre  
for Health Education



## OUTLINE OF THE PROJECT

Project title:	Standardisation of Questions on Smoking. A contribution to quality assurance in prevention research.
Objectives:	<ul style="list-style-type: none"><li>• “Reference work” with questions for empirical surveys of smoking behaviour</li><li>• Decision-making aids for selecting questions under various framework conditions</li><li>• Formulation of key questions for surveying prevalence</li></ul>
Material:	Approximately 460 questions on smoking from about 80 questionnaires
Evaluation:	Entry of the questions in a database Categorisation according to content areas Comparative analysis of material
Implementation period:	1994
Project implementation:	Gesellschaft für sozialwissenschaftliche Forschung in der Medizin (Society for Social Science Research in Medicine) (GESOMED) St.-Eretrudis-Str. 14 79112 Freiburg, Germany Tel.: +49(0)76 64/6 01 44 Fax: +49(0)76 64/5 99 06
Project management:	Klaus Riemann Prof. Dr. med. Jürgen v. Troschke
Authors of the report:	Klaus Riemann Uwe Gerber
Sponsor:	Bundeszentrale für gesundheitliche Aufklärung (BZgA) (Federal Centre for Health Education) Ostmerheimer Str. 220 51109 Köln, Germany Tel.: +49(0)2 21/89 92-342 Fax: +49(0)2 21/89 92-300
Project management:	Jürgen Töppich





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## INTRODUCTION

Questionnaires on smoking were collected and examined. Questions from the areas of “current smoking behaviour”, “smoking history” and “attitudes to and knowledge about smoking” were entered in a database and categorised. Eighty sources with approximately 460 questions on smoking were compiled. The project is intended to contribute to the quality assurance of empirical surveys regarding smoking and to result in greater comparability of different data sources.

The original aim of the project was to evaluate the questions on smoking and use this assessment as a basis for selecting those questions which could be recommended for future use. Questions were to be selected which record the desired information as reliably as possible without allowing the respondents unnecessary scope for definition.

The material made it clear that the interests involved in smoking questionnaires in terms of information, application and practicality are too heterogeneous to select just a few questions for recommended use.

The aim of recommending a “golden rule” for smoking surveys was therefore abandoned. Clear recommendations were primarily expressed only with respect to the first of the content areas (current smoking behaviour), and even these were given separately for the target groups of adults and children/young people.

In addition to the reliability criterion, other selection criteria may also apply to the nature of a question, which ultimately make a recommendation difficult. The two most important of these are comparability with previous investigations (requiring that the same question formulation be used) and the constant nature of questions used in longitudinal studies. Unequivocal recommendations are, however, possible in other areas (amount consumed or time of giving up).

In its present form, the report is intended to provide the following:

- a broad-based presentation of possible questions on smoking,
- a comprehensible discussion of the advantages and disadvantages of individual questions,
- a description of decision-making criteria, if options exist,
- a listing of recognised deficiencies of problematic questions,
- a reference work for survey methods on smoking, and the sources of these.

Expert opinions were obtained prior to publication. The experts were unanimous in welcoming a project of this type and provided some important suggestions for the publication. We should like to express our gratitude to the participating experts for their advice: Hermann Brenner, Burckhard Junge, Ulrich Keil, Ina Knauss, Uwe Koch, Roland Simon, Wilfried v. Stünzner and Heribert Unland.

The present English version is an abridged form of the German report. The entire materials section with the original questions has been omitted. Redundancies have been eliminated, in particular, in the present text, and the number of examples of individual types of question has been reduced. The survey of experts carried out shortly before the end of the project has been omitted entirely. The suggestions of the experts were taken into account in the report. Readers who are interested can request the complete German publication<sup>1</sup> from the BZgA.

Freiburg, February 2000

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<sup>1</sup> Bundeszentrale für gesundheitliche Aufklärung (Ed.) (1998): Standardisierung von Fragestellungen zum Rauchen. Köln. (Forschung und Praxis der Gesundheitsförderung, Band 1). Order No.: 60 600 000

**PROJECT DESCRIPTION**



## 1.1. PROJECT OBJECTIVES AND PROCEDURE

A fundamental problem in the assessment of the results of evaluations of programmes, models and campaigns for prevention and health promotion is the absence of standardisation of the evaluation instruments and procedures applied. Consequently, the results of evaluation studies are comparable to only a limited extent, if at all, since different questions are used. Assessments of trends in different areas of health-related behaviour have, to date, been possible only if surveys are used from an institution which has not altered its survey methods over the years.

Against this backdrop, a joint project with the BZgA was commenced with the aim of analysing the comprehensive existing experience gained from evaluation studies. The objective was to formulate recommendations as to which questions and methods of evaluation are to be used in the future in various spheres of action in health promotion.

The behavioural area of smoking was selected as the first example. The intention was that, after analysing the available epidemiological investigations and evaluation studies, questions would be selected which could be recommended for future use. To this end, the studies and publications available at the BZgA and GESOMED were evaluated. As far as possible, original questionnaires were acquired, and the individual questions were entered in a database and categorised according to content areas. Although the material collection procedure is selective, it yielded a wealth of tools and publications containing information as to the nature of the questions. We have a total of some 80 sources at our disposal, from which approximately 450 questions were pooled in the material collection.

One important result of these first working steps was the realisation that the objectives of the project would have to be corrected. Even with selective choice of the material sources – which are probably fairly comprehensive in view of the experience available at the BZgA and GESOMED with respect to questionnaires on smoking – an extremely complex set of questions and methods of evaluation in the sphere of action of smoking was obtained. It became clear that there would not be any one “golden rule” for empirically documenting the behavioural area of smoking. The interests of smoking surveys, in terms of information, application and practicality, are so varied that it is impossible to select just a few questions and recommend their use.

Numbers of smokers are recorded by different institutions, each of which has different information interests: from the prevention perspective, the long-term analysis of the prevalence of smoking behaviour may be to the fore, both for describing target groups for primary and secondary prevention, and for evaluating the success of regional or supra-regional campaigns. In this context, the proportions of “non-smokers” (those who have never smoked) are an important parameter for the success of primary prevention. For market research, the target group of interest is that of current smokers, a distinction between

non-smokers and ex-smokers almost never being made. Epidemiological studies on the effects of passive smoking, on the other hand, consider it very important to determine whether even very few cigarettes have been smoked on very rare occasions, regardless of self-definitions as non-smokers or ex-smokers.

Different application-related interests become particularly clear if interventional interests are associated with a questionnaire. This is the case, for example, in surveys regarding smoking behaviour at work, which are intended to be used to draw up protective regulations for non-smokers and to determine the numbers of smokers at work, irrespective of smoking behaviour at home. Again, in surveys of children and young people, at school for example, all that is considered in some cases is who “has ever had a cigarette or a drag on a cigarette” and will thus be of particular interest as a target group for prevention. Last but not least, practical requirements have a major influence on survey methods. Some surveys have to be short and to the point because the interview time is limited, the target group can only be expected to complete a short questionnaire, or only limited financial resources are available.

The framework conditions of the empirical procedures available to us, as well as the focal points of the information and application-related interests, were not always clear. This means that it is also not possible to assess whether the respective specific survey question could be answered satisfactorily using the formulation selected.

## OBJECTIVES

Two revised objectives were formulated for processing the material available:

- 1 Drawing up of a “reference work” with questions for the empirical description of smoking behaviour. Indication of the sources, authors and special features of the survey, where these were clear. Sorting according to question content. (In Chapter 3 of the German version only.)
- 2 Illustration of various survey methods which are more or less well suited for surveying smoking behaviour – depending on framework conditions. Reference to comparison data and data on sources. (*Chapter 2*)

Thus *Chapter 2* gives different recommendations and suggestions regarding the individual survey areas, while *Chapter 3* lists the whole body of material using the same categorisation (German version only). Redundancies have been eliminated, i.e. questions with identical or very similar wordings have been removed. Odd and logically incorrect questions have also been excluded.

In principle, only those survey methods have been presented which have been or could be used for prevention purposes. The individual subject areas are presented in the next chapter.

## 1.2. TOPICS CONSIDERED

Major problems arose in the categorisation of the questions found relating to smoking behaviour. What all studies have in common is that statements are to be made regarding the current smoking behaviour of the respondents. The degree of differentiation of these statements varies greatly. It is relatively simple to draw up a system of categories for the different contents of the questions. What is difficult is to categorise the questions. This is because the questionnaires become more complex with increasing complexity of the survey. Current non-smokers may describe themselves as occasional smokers, smoking ten cigarettes per month, as having been small-scale smokers for a short period a long time ago, as chain-smokers who have not smoked for two days (because of a cold) at the time of questioning, or as genuine non-smokers who have never smoked. The survey strategies which have developed in the face of this wide variety of possible circumstances are very different in some cases, containing numerous filtering questions and sequences of questions to be answered by only some of the respondents in each case. Sometimes, many possible responses are “packed” into a single question; sometimes, many questions are asked, building on one another in a sequence and each having only very few possible responses; and sometimes, several information interests are already combined with one another (current smoking behaviour with type of tobacco product).

For comprehensible documentation of possible questions, the problem arises that the same question (“Do you smoke? Yes/No”) can be perfectly meaningful in a well thought-out context, but falls short as an isolated question relating to current smoking behaviour, or may constitute a reasonable compromise in the case of limited survey opportunities (time available). Since the presentation of the material had to be structured according to content-related criteria, a multi-track procedure was selected:

The material was first divided into the three main sections:

1. Current smoking behaviour,
2. Smoking history, and
3. Attitudes to and knowledge about smoking.

In a second classification stage, these main sections were again categorised on the basis of content-related criteria, and a third classification stage distinguishes primarily according to the concrete, empirical mode of procedure. This differentiated categorisation system means that the content-based links between the questions of individual questionnaires sometimes disappear. Nonetheless, this was the procedure selected where it appeared that the questions could also be used separately. In other cases, where the individual questions made no sense when considered in isolation, they were presented in context. Criticism of individual questions is sometimes not justified if the context in which the questions appear in the study is considered.



The three-stage categorisation is thus more an aid in the search for specific questions than an exhaustive system (see *Chapter 3.2.* for categories).

A summary of the content areas is presented below.

## 1.2.1. CURRENT SMOKING BEHAVIOUR

This is naturally the largest chapter (*Chapter 2.1.*), since the questions it contains deal with smokers and the description of their smoking habits.

Considerable space was devoted to questions relating to the definition of the *current smoker status* (*Section 2.1.1.*). This is the central part of the majority of the questionnaires, where current smokers are distinguished from ex-smokers and non-smokers. Clear-cut demarcation from questions in the categories *type of tobacco product smoked* (*Section 2.1.2.*) and for determining the current *amount consumed* (*Section 2.1.3.*) was sometimes difficult, meaning that these three sections frequently refer to one another. Reference is also made to *Chapter 2.2.* (Smoking history) as the recording of ex-smoker or non-smoker status contains biographical elements.

The section on *dependence, situational conditions, reasons for smoking* (*Section 2.1.4.*) deals with the question of why smokers smoke and is of specific importance from the perspective of prevention. Suggestive questions were not included.

## 1.2.2. SMOKING HISTORY

In addition to *start of smoking/duration of smoking* (*Section 2.2.1.*), *attempts to give up and reducing consumption* were included in a second sub-chapter (*Section 2.2.2.*). Whereas the duration of smoking is recorded relatively simply with similar questions in many investigations, questions about interruptions in smoking occur with varying degrees of differentiation and with varying objectives. Taking into account the primary aim of the project – to compile questions on smoking from the perspective of health promotion and prevention – questions were not included if they were designed to record precise determinations of the lifetime load imposed by active or passive smoking from an epidemiological point of view.

## 1.2.3. ATTITUDES TO AND KNOWLEDGE ABOUT SMOKING

*Questions on satisfaction, (self-)criticism and plans for change* are significant from the perspective of target group description for, and the efficacy of, preventive measures (*Section 2.3.1.*). This section also included questions relating to the social climate, such as the nuisance caused by passive smoking. The background to this is provided by questions on the *assessment of health risk (Section 2.3.2.)* and on *sources of information on the harmful effect of smoking (Section 2.3.3.)*. Again, questions measuring the exposure to passive smoking over time were not recorded. Here too, questions regarding the interactions between smokers and non-smokers were of more interest in terms of health promotion criteria. Questions from the field of public opinion research, which various interest groups wanted to use to back up their positions regarding health policy, were not included either.

**DISCUSSION OF  
QUESTIONS ON SMOKING**



## 2.1. CURRENT SMOKING BEHAVIOUR

### 2.1.1. CURRENT SMOKER STATUS

The central point of all empirical studies on smoking behaviour deals with the apparently simple question of which respondents should be classed as smokers and which should not. Since survey data always involve statements provided by the respondents themselves, it seems reasonable to be sceptical about the reliability of the results.

It can be stated in principle that no satisfactory method has yet been found for reliably distinguishing between smokers, ex-smokers and non-smokers. One reason for this lies in the different objectives and interests of the individual studies, as already mentioned in the previous chapter. Another reason can be seen as largely unconnected with the survey itself and is generally described as the “social climate” with respect to smoking:

- The dwindling social acceptance of smoking means that respondents tend to describe their behaviour in the sense of what is socially desirable.<sup>1</sup> This does not necessarily mean that false statements are deliberately made: rather, the respondents make use of any existing leeway for definition if the specifications given in the questionnaire are not sufficiently clear.
- The effects of social desirability cannot be ignored simply because they occur to a similar extent in all surveys. Such effects vary in extent depending on the target group, the context of the survey and the institution conducting the survey.

A wide variety of types of question has developed against the backdrop of these survey problems, each of these types bringing different aspects to the fore. Apart from the subjective allocation of the label “smoker”, “ex-smoker” or “non-smoker”, the frequency of current or previous smoking is also used (“How often do you smoke?”), as well as smoking habits within a defined period or a combined question relating to amount consumed/type of tobacco product smoked.

The simplest method for documenting smoking behaviour is that of self-classification by the respondents into the category of smoker, ex-smoker or non-smoker. Questions of this type, where the assignment of the smoker status was left to the respondents themselves, occurred only rarely in the material (*Area 1.1.2*):

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<sup>1</sup> Riemann, K. / Troschke, J. v.: “Soziale Erwünschtheit in Befragungen zum Rauchen.” [Social desirability in questionnaires on smoking]. *Prävention* 2/1989, 54 ff.

*I am a smoker*  
*I am a non-smoker*  
(tick the correct answer)  
Bregelmann, 1984

*Are you a smoker?*  
*Never/at some time/now*  
Chambers, 1992

In this type of question, any definition problems are left to the respondents themselves. No clues are provided as to what is meant by the term “smoker”. This may be useful if, as in the first question quoted above, it is precisely this self-definition as a smoker which is to be related to psychological constructs, such as extraversion. This procedure is not suitable for the precise evaluation of smoker prevalences, since the effects of social desirability and varying subjective leeway in definitions may have a bearing here. These self-definitions are a particular problem with children and young people. For this reason, survey strategies for children/young people and for adults are dealt with separately below. However, it can already be stated at this point that questions which involve self-definition by the respondents should be avoided for both groups.

## 2.1.1.1. SURVEY STRATEGIES FOR ADULTS

In the majority of questions, the action level is selected as a criterion (“Do you smoke?”), the frequency also being asked in some cases (*Area 1.1.1*). This delimitation may initially appear somewhat artificial, but a difference can be seen between a respondent classifying himself or herself as a smoker or stating that he or she smokes. However, simple yes/no questions again fall short here:

*Do you smoke?*  
*Yes/No*  
Magnusson, 1988

The additional inclusion of former smoking in the question does not solve this problem either. With this type of question, occasional smokers who do not smoke every day and/or who do not smoke regularly may class themselves as ex-smokers or non-smokers. Even any subsequent questions regarding the amount smoked do not eliminate this problem because filters are usually provided which result in non-smokers and ex-smokers not answering these questions.

One of the basic problems in surveying smoking prevalences is to allow appropriate self-categorisation by “occasional smokers”. Two possibilities are conceivable here: smokers who smoke regularly but very little, and smokers who smoke sporadically, e.g. in certain situations. Two forms of determination are conceivable here, in principle: surveying frequency categories (occasionally, rarely, etc.) and recording the amount consumed per day.

The frequency of smoking is often integrated in the question so that the group of people with very low and/or irregular consumption is recorded more reliably:

*How often do you smoke?*

*Never/rarely/sometimes/often/very often.*

GESOMED, 1990

*How often do you usually smoke cigarettes?*

*Regular (every day)/irregular (most days)/occasional (<3 days a week).*

Russel, 1980

The first question has the advantage of including occasional smokers as a result of the distinction between “never” and “rarely”. The disadvantage is that the distinction between “rarely” and “sometimes” is not very informative without more data regarding the amount consumed, and that no definition is offered for either category. The other question categorises according to regularity and offers definitions for this. Separating regular and occasional smokers has become accepted in many surveys, the boundary between the two normally being drawn at an average consumption of one cigarette per day. This definition should hence be integrated in the question.

The combination of determining both smoker status and amount consumed (*Area 1.1.4*) has two advantages. First, two facts are dealt with efficiently with one question. Second, the often fluid transitions between those who never smoke, on the one hand, and heavy smokers, on the other, are taken into account in the nature of the question.

If only a broad categorisation is required between heavy and light smokers, consumption classes can be specified:

*What applies to you?*

*I have never smoked regularly/I used to smoke/I am currently a smoker and smoke less than 10 cigarettes, 10–20 cigarettes, more than 20 cigarettes per day.*

BZgA, 1988

Since specifying consumption categories does not yield any additional information, but makes it impossible to calculate average consumption values, it is generally recommended that consumption questions be open. In all these combined questions, only the consumption habits of smokers are recorded. If the former consumption habits of ex-smokers are

also of interest, these should be surveyed in a subsequent, separate question formulated as similarly as possible.

Determining the current smoker status in combination with the type of tobacco product smoked is widespread (*Area 1.1.5*). The questions are very similar, with differences appearing chiefly to be the result of the survey method (written or verbal questioning):

*Which tobacco products do you personally smoke regularly, which occasionally and which never?*

*Answers: regularly/occasionally/never/no answer*

*Filter cigarettes/plain cigarettes/hand-rolled cigarettes/cigarillos, cheroots, cigars/pipe.*

BZgA, 1990a

The structure of questions of this type is relatively simple and clear. The differentiation between regularly, occasionally and never means that definition of the current smoker status and differentiation within the group of smokers is possible. However, even with this form of question, a definition of what is meant by “regular” should be incorporated. These questions do not allow direct identification of ex-smokers and non-smokers. An additional question is asked to obtain this information (the same wording, likewise with distinctions on the basis of tobacco products formerly smoked). This opens up the possibility of comparing current and former consumers of the individual tobacco products.

The types of question discussed so far can be used in isolation and do not require any complex filters. In contrast, some questionnaires contain individual questions which are constructed to follow on from another and which can be presented only together (*Area 1.1.6*). The majority of these interlocking questions are aimed at describing former and current smoking behaviour as precisely as possible. The formulations refer to the previous question, meaning that individual questions cannot be understood in isolation. Systems of this type serve a purpose if different cancer risks are to be compared with one another and even brief periods of smoking involving different tobacco products have to be recorded accurately for this reason. Question systems of this type are too complex for the evaluation of preventive measures or for recording changes in the numbers of smokers over time.

Several sequential multi-level questions were recommended by the WHO in the context of the CINDI<sup>2</sup> project:

*1a) Do you smoke cigarettes now?*

*Yes, regularly/No (go to question 2a)/Occasionally (usually less than one cigarette/day).*

*1b) On the average, about how many cigarettes do you now smoke a day?*

*Number: \_\_\_\_\_*

*(go to question 3a)*

2 CINDI = Countrywide Integrated Noncommunicable Diseases Intervention Programme.

2a) *Did you ever smoke cigarettes?*

*Yes, regularly/No, never (go to question 3a)/Occasionally (usually less than one cigarette/day).*

2b) *When did you stop smoking cigarettes?*

*Year; 19\_\_*

*If in the last year, less than one month ago*

*1–6 months ago*

*6–12 months ago*

3) *Have you ever smoked cigars/cigarillos or a pipe?*

*No/Used to, but not now/Now smoke occasionally (less than one per day)/Now smoke regularly.*

CINDI, 1987

An abridged version is recommended, which takes up half a page (see above), and also a longer version which takes up a whole page of the questionnaire and contains a few additional questions on the start of smoking and the amount smoked (see Materials in the German version).

The WHO Regional Office for Europe also recommends several sequential multi-level questions:

1. *Have you ever smoked?*

*Yes/No*

2. *Have you ever smoked daily for 6 months or more?*

*Yes/No*

3. *Nowadays, do you smoke*

*Daily? (go to questions 4 and 6)/Occasionally? (go to question 6)/Not at all? (go to question 5)*

4. *How many of each of these do you use per day? If none write 0.*

*Manufactured cigarettes/Hand-rolled cigarettes/Pipefuls of tobacco/Cigars or cigarillos/Bidis, goza, hookahs/Pinches of snuff, quids of tobacco*

*Do you take snuff or chew tobacco*

*Daily?/Occasionally?*

5. *If you do not smoke nowadays, how long ago did you give up?*

*Less than 6 months/6 months–1 year/1–2 years/More than 2 years*

6. *Have you cut down your consumption of tobacco during the last 2 years?*

*Yes/No*

WHO Europe, 1987

The construction of the question differs from those discussed above by starting with former smoking. A criticism of this question is the fact that the definition of “occasional” smoking appears only as distinct from the “daily” category, without the quantity smoked being taken into account.



## 2.1.1.2. SURVEY STRATEGIES FOR YOUNG PEOPLE AND CHILDREN

The problems which may arise in surveying smoking prevalences become even greater if the aim is to record prevalences among young people. The reason for this is that smoking behaviour is irregular during the initiation phase, so that the nature of the questions may have a greater influence on the results than would be the case among the adult population. Irregular, occasional smoking, which tends to be the exception among adults, is the norm among children and young people in the first phase of starting to smoke and makes it far more difficult to determine smoking prevalences. Before young people start to smoke regularly, other phases can be identified in which smoking a cigarette is tried out and a cigarette is occasionally shared with friends. These phases do not necessarily result in regular smoking. In the drug affinity study conducted by the BZgA (1990b), 71% of the 14 to 25-year-olds questioned said that they had tried smoking at some time, but only 38% were established smokers.

Some studies attempt to take into account the special features of smoking behaviour in young people by referring to a defined period of time before the study (*Area 1.1.3*).

*During the past week, on the average, how many times per day have you smoked a cigarette?*

*Zero/1 to 2 times/3 to 4 times/6 to 5 times/7 or more times.*

Castro, 1989

The advantage of these questions is that they ask about concrete facts, although they do work from the assumption that the periods of time in question are typical.

If differentiated information on smoking is required, this type of question is not sufficient. More complex questions are necessary for this purpose (*Area 1.1.4*):

*Now read all the following statements carefully and tick the box next to the one which best describes you.*

*I have never smoked/*

*I have only ever tried smoking once/*

*I used to smoke sometimes but I never smoke a cigarette now/*

*I sometimes smoke cigarettes now but I don't smoke as many as one a week/*

*I usually smoke between one and six cigarettes a week/*

*I usually smoke more than six cigarettes a week but less than forty/*

*I usually smoke forty or more cigarettes a week.*

Goddard, 1990

Although determining the current smoker status of children and young people involves particular problems, clear-cut identification of “tasters” or sporadic smokers may be important, depending on the aim of the survey (e.g. in an assessment of the influence of cigarette advertising). In this context, recording the average daily consumption cannot be the central separating criterion precisely because young people just do not start their smoking careers by smoking every day. Thus, on the one hand, it is perfectly sensible to allow the possible steps of a smoking initiation phase to appear in the question. On the other hand, however, it should also be possible for the conventional criterion for regular smoking used for adults (at least one cigarette per day) to be applied to young people as well.

In the drug affinity studies conducted among young people by the Federal Centre for Health Education at regular intervals since 1973, four questions constructed in sequential multi-levels are used (*Area 1.1.6*):

*Can you remember the age at which you smoked for the first time?*

*At the age of \_\_\_\_\_ years*

*I've never yet smoked*

*How would you describe yourself at present: as an established smoker, an occasional smoker or a non-smoker?*

*Established smoker/Occasional smoker/Non-smoker*

*How many cigarettes do you smoke per day on average?*

*\_\_\_\_\_ cigarettes*

*No cigarettes*

*When did you stop smoking?*

*(Time categories)/I never really started.*

BZgA, 1993

The evaluations use the four categories, lifetime non-smoker, current non-smoker, occasional smoker and established smoker, covering only cigarette smokers, but also allowing the identification of users of other tobacco products as a whole via the “no cigarettes” category. By asking for the average amount smoked daily, the conventional differentiation for regular smoking as used for adults can also be applied here. Another major advantage of this question system is derived from the fact that comparison data are available for over 20 years.

WHO Europe has proposed a questionnaire for young people in addition to its questionnaire for adults:

1. *Have you ever smoked, even once?*

*Yes/No*

2. *Have you ever smoked at least once a week for 3 months or less?*  
*Yes/No*
  3. *At the present time, do you smoke*  
*Every day?/Every week?/Less than once a week?/Not at all? (go to question 5 and 6)*
  4. *What is your daily consumption (or weekly, depending on your answer to question 3) of the following? If none write 0.*  
*Manufactured cigarettes/Hand-rolled cigarettes/Pipefuls of tobacco/Cigars or cigarillos/Bidis, goza, hookahs/Pinches of snuff, quids of tobacco*
  5. *How long is it since you stopped smoking?*  
*Less than 6 months/6 months–1 year/1–2 years/More than 2 years*
  6. *Do you think that in a few years you will be smoking every day?*  
*Certainly/Probably/Probably not/Certainly not*
- WHO Europe, 1987

In principle, the same criticism applies here as to the questionnaire for adults. In addition, in this case, the formulation “at least once a week for three months or less” in Question 2 is confusing, even if it is a printing error and should actually read “or more”.

## 2.1.1.3. SUMMARY AND RECOMMENDATIONS

In addition to the considerations presented so far relating to content, a number of methodological aspects also need to be taken into account when selecting concrete types of question:

- Is a written or verbal survey involved?  
It is difficult to ask about complex scales in verbal surveys. They require visualisation in order to be understood and are therefore suitable only for written surveys.
- Sample size  
Extensive differentiation (based on the type of tobacco product smoked, for example) is not useful with small sample sizes, since the resultant sub-groups make it impossible to carry out an analysis in view of the small case numbers (one smoker who regularly smokes cigars or cigarillos can be expected for every 300 respondents).
- Reference data  
If reference data are required with respect to a specific question, a question should be asked which has already been used with a comparable target population.

The prerequisite for selecting the appropriate question for a specific study from the many questions which have been used for surveys of smoking prevalence, is an accurate definition of the target population and information interests. Different questions are appropriate for a survey of the adult population than for a survey of children and young people. And it is only against the backdrop of a precise definition of the information interests that those questions can be identified which are best suited for obtaining the data required. The methodological aspects mentioned above must also always be taken into account in this context, in addition to considerations relating to content.

Simple questions which make the respondent define himself or herself as a smoker, ex-smoker or non-smoker are useful only in the context of specific information interests geared to psychology or social psychology. These questions fall short if smoking prevalences are to be surveyed, since they allow too much leeway in the definition and it is not possible to check how the respondents use this freedom of interpretation. The same applies to simple questions at the action level, which again allow too much scope for definition in the simple question “Do you smoke? Yes/No”, and run the risk of light or irregular smokers defining themselves as non-smokers. This applies to both adults and young people, but otherwise, different question strategies should be used for these two groups.

## **ADULTS**

A combination of frequency and type of tobacco product smoked is recommended for adults in order to achieve reliable documentation of current and former smoking behaviour. This is the type of question chosen by the BZgA in its campaign principles from 1975 to 1990, and which is recommended in a slightly different form from the CINDI programme. The following type of question can be derived from these two modes of procedure:

*Do you currently smoke cigarettes?*

*Yes, regularly*

*Yes, occasionally (normally less than one cigarette per day)*

*No*

Former smoking behaviour should be recorded using the following question for those respondents who currently do not smoke cigarettes or who smoke them only occasionally:

*Have you ever smoked cigarettes (regularly)?*

*Yes, regularly*

*Yes, occasionally (normally less than one cigarette per day)*

*No, never*

Given a corresponding information interest and a large sample size, this question can be put for all tobacco products. However, it is probably generally sufficient to ask about cur-

rent and former smoking behaviour in a single question for all other tobacco products, as suggested by CINDI:

*Have you ever smoked cigars/cigarillos or a pipe?*

*No*

*Yes, formerly but not any more*

*Yes, currently but only occasionally (less than one per day)*

*Yes, currently regularly*

The material contains numerous simple questions which may certainly be justified for specific information interests. Nonetheless, for fairly small studies, we feel that it is only sensible to give a recommendation which remains within the system presented above and thus provides comparable results.

## YOUNG PEOPLE

The key points of what has been said above also apply to studies of young people. However, it must be borne in mind that questions about consumption habits in young people should have a greater degree of differentiation, in order to be able to take account of the special characteristics of the initiation phase. The two questions used by Goddard (1990) and Minnesota (1984) take these special characteristics into account, but have the disadvantage that, on the basis of the specified quantities consumed in each case, it is no longer possible to make the customary differentiation for regular smoking used for adults (at least one cigarette per day).

Based on Goddard (1990) and BZgA (1993), we consider that the following question can be recommended for young people:

*What about you and smoking? (Please read through all the statements and mark only one!)*

*I have never yet smoked a cigarette*

*I tried a cigarette once and never again since then*

*I have smoked cigarettes now and again, but I do not smoke any more*

*I currently smoke occasionally, but on average less than one cigarette per day*

*I smoke regularly, on average more than one cigarette per day*

*(additional open questions on daily consumption)*

The recommendations made in this summary should not be understood as describing the “right” way to survey data on smoking behaviour. However, analysis of the material, and our own experience with studies on smoking, do make standardisation appear useful. However, it should always be borne in mind in this context that the recommendations have been made with regard to a survey having the determination of prevalences as its central objective. A different mode of procedure may be indicated for other objectives. Similarly, it should

always be taken into account that, if reference data are required, it is advisable to ask those questions which have already been used in a comparable population.

## 2.1.2. TYPE OF TOBACCO PRODUCTS

Questions for determining the tobacco products smoked have, to some extent, already been mentioned in the previous section. It can be stated, in principle, that surveying the type of tobacco products smoked links up well with the determination of smoker status, and that this is also to be recommended. A distinction was no longer made between different types of cigarette and it was recommended that questions be asked about all tobacco products separately in each case. Those questions asking only about the type of tobacco products smoked, and those distinguishing between different types of cigarette, were grouped in *Area 1.2.1.*

A distinction between the following types of tobacco products is made in almost all the studies

- Filter cigarettes,
- Plain cigarettes,
- Hand-rolled cigarettes,
- Cigars/cigarillos/cheroots and
- Pipe.

In general, no distinction is made anymore between cigars, cigarillos and cheroots, since there are only very few smokers of these tobacco products today.

Some studies use Yes/No questions for all tobacco products. These questions are almost unusable in isolation and can be understood only within a hierarchical system of questions on all types of tobacco products. Additional conclusions regarding smoker status can then be drawn from all of these questions as a whole, and each of them needs to be supplemented by individual questions regarding the amounts consumed. Evaluation routines are then used to check individually which are the principal tobacco products smoked by the respondents. This procedure is useful only if the different health risks are to be quantified. For the majority of other studies, it would probably be sufficient to ask which tobacco products are chiefly (regularly) smoked, and which others are also (occasionally) smoked. For surveys of young people, it is enough to differentiate between the various types of cigarette.

Questions regarding nicotine and harmful substance contents have been grouped in *Area 1.2.2.*

Two forms of question are found in this area – direct questioning about the level of harmful substances, and categorisation into mild and strong cigarettes:

*What type of cigarette do you prefer?*

*Ultra-mild cigarettes/mild cigarettes/medium-strength cigarettes/strong cigarettes/very strong cigarettes.*

Sozialministerium, 1989

*Could you find one of your packets and tell me what tar content it indicates?*

*1 to 9 milligrams/10 to 14/15 to 17/18 to 21/22 to 25/26 or more/the tar content is not mentioned on the packet/no packet is available.*

BASP, 1990a

Caution must be advised with respect to forming general categories regarding the strength of cigarettes. The definition of strong and mild cigarettes from the point of view of the consumer is unlikely to be uniform. In addition, the tar content of the cigarettes is constantly changing as a result of the permissible maximum quantity (from 1993: 15 mg, from 1998: 12 mg).

A direct question about the values is likely to be more reliable, although this requires the respondents to be able to look at a packet. Specifying categories, as in the question quoted above (BASP, 1990a), is not very useful since there are no acknowledged boundaries. The open type of question should therefore be preferred:

*And what quantity of nicotine (N) and tar (T) does your brand of cigarette contain (according to the packet)?*

*Nicotine \_\_mg/Tar \_\_mg/Don't know.*

BMG, 1990

The most reliable form of surveying nicotine and tar values is indirect recording via the cigarette brand (questions in *Area 1.2.3*). The relevant values for the individual brands can then be taken into account in the evaluation without the respondents themselves having to provide the information. However, this method is time-consuming because of the large number of different brands of cigarette.

Determination of the brand of cigarette smoked is usually an open question. This course should be pursued only if data on the minor, insignificant brands are also required, or if new brands are also to be taken into account. If this is not the case, specifying between about 30 and 50 of the most common brands of cigarette is sufficient to cover 99% of all smokers. It is customary, in the field of market research, to ask about the brand smoked “mainly” and that smoked “as well”. It is important to follow this course with young people, in particular, since often no marked brand preference has yet developed in the age group up to 19 years. For example, in the BZgA representative survey (1990a), 17% of the

young people are unable to state any brand which they mainly smoke. Our own secondary analyses of market research data<sup>3</sup> show that an average of 2.5 brands of cigarette is smoked in the 19 to 21 year-old age group, this value falling to less than 1.8 among adults aged over 30.

## SUMMARY AND RECOMMENDATIONS

In this area, again, the procedure to be recommended is defined by the information interests. A survey of the type of tobacco products smoked would appear to be sensible only for specific information interests. The question as to whether the amounts of the individual tobacco products consumed should be recorded can also be answered only against the backdrop of the information interest involved. If there is a need to determine the type of tobacco products smoked, this should, where possible, be combined with the recording of the smoker status (see *Section 2.1.1.*).

If it is necessary to distinguish between the types of tobacco product smoked and if this needs to be done in isolation from the smoker status, the following question is useful (based on the Typology of Desires):

*Which type of tobacco product do you mainly smoke, and which others do you also smoke?*

*Filter cigarettes (manufactured)*

*Filter cigarettes (hand-rolled)*

*Plain cigarettes (manufactured)*

*Plain cigarettes (hand-rolled)*

*Cigars*

*Cigarillos*

*Pipe*

If the level of harmful substances in the cigarettes smoked is to be recorded, it is recommended that this be achieved by asking about the brand smoked. Although this procedure is time-consuming, it is the most reliable form of data acquisition.

The following procedure is useful for an open question regarding the brand of cigarette:

*What brand of cigarette or tobacco do you smoke mainly, and what other brand do you also smoke (Please state the name precisely, including additions, such as "Medium", "Light", "Ultra", "Filter/Plain" etc.):*

*Mainly:*

*Also:*

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<sup>3</sup> Bundesministerium für Gesundheit [Federal Ministry of Health] (Ed.) (1994): *Auswirkungen der Tabakwerbung auf das Konsumverhalten, insbesondere von Kindern und Jugendlichen*. Research report. Freiburg: GESOMED.



Although this survey procedure is the most reliable, also for subsequent allocation of values for harmful substances and nicotine, the associated analysis is extremely time-consuming.

## 2.1.3. AMOUNT CONSUMED

2

The question most frequently used regarding the number of cigarettes smoked is: “How many cigarettes do you smoke per day on average?” and no figures are specified (*Area 1.3.1*). This question can be asked for all types of tobacco product, a reference period of one week sometimes being selected for cigars/cigarillos and pipes. The question causes problems only in the case of occasional smokers, who are unable to state an average daily consumption because they smoke less than one per day.

Questions which specify consumption classes (*Area 1.3.2*) are generally problematic. There are three main reasons for this view:

- Specifying consumption classes does not simplify analysis, as it is just as easy to set up consumption classes retrospectively even when using an open question. On the other hand, the questionnaire becomes complicated and “borderline” smokers have difficulty in allocating themselves to a particular class.
- No average consumption figures can be formed for respondent sub-groups. This is nonetheless done in some publications (e.g. Statistisches Bundesamt [German Federal Office of Statistics], 1989), where even distribution within the consumption classes is assumed and the average value selected. However, this procedure is more than inaccurate.
- Data comparability is not guaranteed since different consumption classes are often defined.

The problem of selecting limit values between the categories remains, even with the open question form and retrospective categorisation. In this case, however, the categories can be set up flexibly, depending on the reference data. A closed question on the amount consumed can be recommended only in the case of very restricted information interests under specific conditions, for instance in a short survey if non-smokers, light smokers and heavy smokers are to be distinguished from one another using a single question.

Consumption of 20 cigarettes or more is usually used as the criterion for heavy smokers.

The reliability of self-reported data on the amount consumed is a fundamental problem, particularly with children and the younger groups of young people who do not have regu-

lar smoking behaviour patterns. Some studies therefore ask about the number of cigarettes smoked in a specific period (*Area 1.3.3*). This type of question assumes that it will be possible to provide more reliable information about the specified period leading up to the survey than about average consumption, and that this period is typical of the respondents' current consumption.

## **SUMMARY AND RECOMMENDATIONS**

An open question should always be selected for recording consumption:

*How many cigarettes do you smoke per day on average?*  
\_\_\_\_\_ cigarettes

If “occasional smokers” have not already been identified via a question on the current smoker status, a category stating “I smoke less than one cigarette per day” should be added, so as to include the occasional smokers. This applies in particular to a target group of children and young people.

## **2.1.4. DEPENDENCE, SITUATIONAL CONDITIONS, REASONS FOR SMOKING**

The common factor in this section consists of the reasons why smokers smoke. Problems of distinction arise chiefly from the fact that the term “reasons for smoking” is taken to mean not only conscious reasons for smoking, but also occasions, opportunities and the degree of habituation (habit, addiction). On the other hand, however, the aspects of dependence and situational conditions of smoking are also surveyed in isolation in empirical studies.

The three areas are described separately below.

### **DEPENDENCE**

Four main questions are used to determine the degree of dependence on nicotine: questions on inhaling, on the time of the first smoke of the day and on opportunities where smoking is reduced or can be reduced.

Some of the questions are taken from, or based on, the Fagerström Tolerance Questionnaire (1978), which is therefore reproduced in its entirety below:

**Q.1 How soon after you wake up do you smoke your first cigarette?**

- 0–5 min     6–30 min     31–60 min     After 60 min

**Q.2 Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. church library, cinema)?**

- Yes     No

**Q.3 Which cigarette would you be the most unwilling to give up?**

- First in the morning     Any of the others

**Q.4 How many cigarettes per day do you smoke?**

- 10 or less     11 to 20     21 to 30     31 or more

**Q.5 Do you smoke more frequently during the first hours after waking than during the rest of the day?**

- Yes     No

**Q.6 Do you smoke if you are so ill that you are in bed most of the day?**

- Yes     No

Table 1: FTQ, Karl-Olov Fagerström, 1978, cited from Arizona Smokers Helpline (2000)

Questions on inhaling and on the first cigarette of the day have been grouped in *Area 1.4.1*. The most common question is the question about inhaling, using the same or similar wording to that used by Fagerström. This should be retained for reasons of comparability since it constitutes a tested question. The same applies to the question regarding the first cigarette of the day. Although more information is obtained with other questions geared to the time of day and the main mealtimes, these are unlikely to produce any significant increase in knowledge.

Several questions are based on self-assessments by the smokers (*Area 1.4.2*) as to how difficult it is not to smoke (in specific situations).

There are a number of other questions which have been categorised in other content areas and which contain partial aspects regarding dependence. These involve, in particular, ques-

tions from *Areas 3.1.1* (Wanting to stop smoking) and *3.2.4* (Attitudes to the damage to health).

## **SITUATIONAL CONDITIONS OF SMOKING**

The questions presented in *Area 1.4.4* are probably more suitable for looking at the problems of the phenomenon of social pressure on the respondents and for working through it with them after the survey, than for describing the extent of social pressure.

Two questions from the BZgA Drug Affinity Study measure the social pressure for or against smoking in young people:

*How would your friends react, if you were now to start smoking? Would they think it was a good thing or would they tend to be sorry?*

*A good thing/Tend to be sorry*

*How would your friends react, if you were now to stop smoking? Would they think it was a good thing or would they not be very sympathetic?*

*A good thing/Not very sympathetic*

BZgA, 1993

The advantage of these questions is that, unlike many others, they do not record the possible reactions of the respondents themselves (which are likely to be based largely on the effect of social desirability), but involve assessments of the reactions of friends. They can be conceived as questions measuring long-term changes in the social climate among young people, but can also be used in schools, for example, in order to obtain a picture of the peer pressure acting for or against smoking. However, it would seem useful to insert an additional, neutral response category, "it wouldn't make any difference to them".

The questions grouped in *Area 1.4.5*, on the other hand, are geared to the current and former smoking behaviour of the social environment (of both smokers and non-smokers). There are different information interests in connection with these questions:

- Statements regarding the importance of social pressure and role model behaviour for starting smoking,
- For children and young people, smoking in the social environment is used as a predictor of their own later smoking behaviour,
- The identification of passive smokers.

The definition of passive smoking will not be discussed further here. Two fundamentally different procedures can be found in the material: questions geared predominantly to the current smoking behaviour of the spouse, and highly complex procedures (e.g. regarding

the influence of radon in living areas), which measure exposure due to smoking tobacco, differentiated for different periods of life. Two questions of the first type are presented here by way of example. They are taken from the BMG representative survey:

*Thinking about smoking, what applies (applied) to your parents (father/mother in each case)?*

*Never smoked/No longer smokes/Has tried to stop smoking/Currently smokes/Parent not known, died young.*

*Which of the following people, with whom you spend a lot of time, are currently smokers?*

*Best friend/partner, spouse/closest colleague/boss/brother (at least one)/sister (at least one).*

BMG, 1990

These two questions are sufficient for adults and young people if the smoking behaviour of the people with whom they associate most closely is to be surveyed. However, from the perspective of discussions of role model behaviour, the addition of “group leader/teacher”, etc. would be useful for young people. A “children” category should be inserted for adults. However, these questions do not provide any information about living with smokers, for which an additional question presents itself:

*How many people (for smokers: excluding yourself) actually smoke more or less regularly in your household?*

*I live alone/1 other person/2 other people/3 other people/4 or more other people/no other people/no answer*

BZgA, 1990a

## **REASONS FOR SMOKING**

The empirical analysis of reasons for smoking is a difficult subject (*Area 1.4.6*). Although there have by now been several thousand publications on smoker motivation, there is still no clear picture. Various disciplines have elaborated different approaches which are intended to explain smoking:

- The genetic approach (a predisposition to smoking),
- The physiological approach (smoking as an addiction),
- The psychological approach (e.g. extraversion, neuroticism, explanatory models based on psychoanalysis and learning theory),
- The sociological approach (social norms, social situation, etc.).

The questions found in the material were just as diverse as these approaches. Not all the aspects can be seen as reasons for smoking in the narrow sense, i.e. as conscious reasons

for smoking. However, this umbrella term is customarily regarded as also including aspects of habituation (addiction, habit, automatism) and situational conditions under which people like to smoke.

In view of the variety of possible reasons for smoking and the focal points of motivation in individual smokers, which are extremely difficult to define, it is hard to make unequivocal recommendations. If the intention is to draw a comprehensive picture of smokers' motivation, questions should be asked on the following motivation complexes which were found repeatedly in various studies:

- Smoking under strain (e.g. stress, worry, personal problems, etc.),
- Enjoyment, particularly after meals, on social occasions or even of the rituals associated with smoking,
- Stimulation and calming, which describes the apparently paradoxical but actually possible pharmacological effects of nicotine,
- Habit or even addiction and automatic smoking,
- Weight, which plays a role chiefly among women, but is more usually a reason for giving up an attempt to stop smoking because of the associated weight gain.

The way in which these areas are surveyed ultimately depends on whether the question is directly about the reason for smoking or whether situations and occasions are described which the respondent is then intended to weight on the basis of frequency:

*Why do you personally smoke? (multiple answers possible)*

*I smoke ...*

*from habit/because I enjoy it/because I like the taste/because I'm addicted/because it's comfortable/because I don't feel good otherwise/because it gets rid of my worries and problems/because I'm nervous/from boredom.*

Troschke, 1986

*Please recall your former occasions and reasons for smoking and, for each statement, mark whether or not it applied to you then. (Retrospective survey of former reasons for smoking among ex-smokers, 41 individual items<sup>4</sup>)*

*applied/did not apply.*

BZgA, 1987

The second question quoted above takes up two pages in the questionnaire and contains a list of items translated from the American<sup>5</sup>, which involves a considerable analysis effort. In the BZgA study of ex-smokers (1987), we carried out cluster analyses for this purpose and were able to describe various types of motivation for which different recommendations

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4 For the complete list of items see Chapter 3 of the German edition

5 From: Russel, M. A. H. / Peto, J. / Patel, U. A. (1974): "The classification of smoking by a factorial structure of motives." J R Statistic Soc 137, 313–346.

could be made for giving up. Reference data are available from the USA and Germany. There are various of these lists of motives and occasions, which can be used to describe similar types of motivation – if they contain the occasions and motives known from the literature. However, to quote them all would be beyond the scope of this paper. Positive experience was also acquired in the study of ex-smokers for the BZgA (1987), using a complex question in which the number of cigarettes smoked daily was to be allocated to eight pre-defined focal points of motivation. All the respondents were able to complete the question correctly, and it took up one page in total, but it is time-consuming and not really usable in large-scale studies. However, it should be possible to group the eight focal points of motivation into three as follows:

- Smoking for enjoyment      Smoking for enjoyment  
Smoking as a ritual  
Social smoking
- Smoking under strain      Smoking under stress  
Smoking on emotional strain  
Smoking when feeling insecure
- Smoking as an addiction      Smoking as an addiction  
Automatic smoking

Caution must, however, generally be exercised with respect to this type of question for the evaluation of focal points of motivation: they are greatly influenced by the effect of social desirability.

## SUMMARY AND RECOMMENDATIONS

It can be stated, in summary, that reliable surveying of the motivation situation of smokers is best achieved by means of detailed batteries of items describing occasions and situations for smoking. This requires much time and effort, both for the survey and for the analysis. The question presented from the BMG (Federal Ministry of Health) representative survey of 1990 also comprehensively covers various reasons for smoking, but we are so far unaware of any analysis strategies with which highly selective distinctions can be worked out between different types of smoker.

## 2.2. SMOKING HISTORY

The questions in this chapter concern the age at which smoking started, the number and duration of attempts to reduce consumption or to give up smoking, and – where the respondents are ex-smokers – the age at which they finally gave up. The principal interest behind these questions lies in defining the duration of regular tobacco consumption. This area also picks up prospective questions, i.e. respondents' estimates of the likelihood of modifying their consumption behaviour within a defined period of time.

Questions relating to modifications in consumption behaviour are also asked, depending on the information interest of the survey, with respect to either a reduction in cigarette consumption or a change to other – generally milder – brands of cigarette. In some cases, there are also questions relating to the reasons for these changes in consumption or attempts to give up, whether these were successful or not. Some studies also ask about the method used by the respondents to give up smoking.

The aim of all these questions is to obtain as detailed a picture as possible of the individual tobacco consumption history.

### 2.2.1. START OF SMOKING/DURATION OF SMOKING

The data relating to the duration of tobacco consumption are generally surveyed using two types of question, the first asking about the age at which, or the year in which, the respondent started smoking, and the second the present age of the respondent. The duration of smoking at the time of the survey is then calculated from the difference between these two figures. The aim of this procedure is to compensate for differences in the age of starting smoking. This aspect was formerly of greater importance because of the fairly large variation in the age of starting smoking, with particularly large differences between men and women. In the meantime, these differences are levelling out and the information interest is often restricted to observing the age of commencement in children and young people.

There are only a few questions which ask directly about the duration of tobacco consumption. Although, on the one hand, these questions have the advantage of surveying the duration of consumption in a single question and of being equally useful for both smokers and ex-smokers, additional information, which is of interest in the majority of cases, is lost in the process: namely the age at which the respondent started smoking.



The questions used to survey the age on starting smoking are extremely similar in overall terms. The fundamental difference is whether the question asks about starting smoking, starting to smoke regularly or starting to smoke cigarettes. The material also contains one question which is not directed at the start of regular consumption, but at the time at which the respondent started to buy cigarettes regularly. The basis for this is the idea of using the purchase of cigarettes as an indicator of regular smoking.

A few other questions are also found in surveys targeted at young people.

*At what age did you really start smoking properly?*

*10 years or less/11 to 12 years/13 to 14 years/15 to 16 years/17 to 18 years/19 years or more/Never really started.*

BZgA, 1993

Age classes are specified here and the “regular” criterion is covered by the formulation “start smoking properly”. In the case of young people, it is often of interest to ascertain, in addition to the start of regular smoking behaviour, the age at which they smoked at all for the first time. Here, the question is either about the “first cigarette” or the “first time you smoked”. The information interest in these questions is to record the age at which the respondent tried smoking for the first time. It is justifiable to restrict this to cigarettes, since only rarely would other tobacco products be expected to be involved here.

One area which is sometimes of interest in surveys of young people is that of prospective questions regarding smoking behaviour:

*What do you think: Will you be smoking in 5 years' time? Will you definitely be smoking then – probably be smoking – probably not be smoking – or definitely not be smoking?*

*Definitely smoking/Probably smoking/Probably not smoking/Definitely not smoking.*

BZgA, 1993

The aim of these questions is to ask about the probability of future smoking behaviour within a more or less defined period. They are relatively “soft” questions which are used with a specific information interest, e.g. the identification of “potential” smokers as a target group for specific measures.

## **SUMMARY AND RECOMMENDATIONS**

The recommendations for this area work on the assumption that the information interest in the majority of cases is, firstly, to determine the duration of tobacco consumption in conjunction with the current age and, secondly, to record the age at which smoking commenced. Whether the question should ask about the start of smoking or the start of cigarette

smoking depends not least on whether the previous questions about current smoker status asked about smoking in general or specifically about cigarette smoking. Admittedly, cigarettes would be expected to be the dominant tobacco product at the start of smoking in most cases, but narrowing the question down to cigarette smoking would appear useful only if this was also the case in the questions relating to current smoking behaviour.

It would seem appropriate in this area, as with the recommendations given for surveying current smoking behaviour, to ask about the commencement of “regular” smoking. However, it should be noted in this context that none of the questions available which aimed at the regular nature of smoking gave a definition of what was meant by “regular”. This leaves the door wide open for subjective interpretation by the respondent. We would recommend that, in this question again, the definition (more than one cigarette a day) be integrated in the formulation of the question. This also applies in the event of such a definition already having been given in a previous question on the current smoker status.

We would therefore recommend a question corresponding to that in BZgA 1987, where the question: “At what age did you start smoking regularly?” should be supplemented by adding “i.e. more than one cigarette per day”.

If the commencement of “regular” consumption is to be recorded in young people, it is advisable to proceed in accordance with the recommendations made for surveys of adults. A question such as that in BZgA 1993 leaves the definition of what is meant by “started smoking properly” to the respondent and is problematic for that reason. If the age at which smoking was tried for the first time is to be recorded instead or in addition, any of the questions given above for this area can be described as useful.

## 2.2.2. ATTEMPTS TO GIVE UP/REDUCING CONSUMPTION

Various information interests are found in this area. Firstly, the aim is to record the age at which current ex-smokers finally gave up smoking (so far), so as to obtain the second point in time required for calculating the duration of smoking. In addition, it is of interest in some studies to record the number and duration of failed attempts to give up among both current smokers and current ex-smokers. The reasons for these attempts to give up and for their failure are also sometimes surveyed.

This area also includes questions aimed at determining satisfaction or dissatisfaction with the respondent’s own current smoking behaviour. This is done by recording attempts to give up within a defined period prior to the survey (generally one year).

Changes in the consumption habits of current smokers – be it a reduction in daily cigarette consumption or changing to other, generally milder, brands of cigarette – are also recorded. Changes of this type in consumption habits can be used as indicators for the efficacy of preventive messages or for the dissatisfaction of smokers with their own smoking behaviour and their efforts to change it.

The reasons for current ex-smokers giving up smoking may be recorded, depending on information interests.

The questions for current ex-smokers as to when they gave up smoking are very similar to one another (*Area 2.2.2*):

*In which year and which month did you stop smoking?*

*Year \_\_/Month \_\_*

BZgA, 1987

They differ only in sometimes asking for the date and sometimes for an age. Periods of time are also specified in some questions. However, specifying categories does not yield any additional advantages over the open question relating to the number of months, as selected by the BZgA.

In theory, both current smokers and current ex-smokers can be asked about previous unsuccessful attempts to give up smoking. However, the intention of the respective questions differs according to the target group. While the number and duration of failed attempts to give up in current smokers is an indicator of dissatisfaction with the smoker's own smoking behaviour, two goals may be present in the case of ex-smokers: obtaining statements as to how many attempts to give up are necessary, on average, until someone finally gives up smoking, or being able to estimate the likelihood of relapse.

The following questions are aimed at smokers (*Area 2.2.1*):

*How often have you seriously tried to stop smoking?*

*(Open question)*

Brengelmann, 1984

*How often have you tried to stop smoking so far?*

*Never so far/once/2 to 3 times/more than 3 times/no answer.*

BZgA, 1990a

*In the past 12 months, have you tried to give up or cut down on smoking or have you thought about it seriously?*

*Yes, I have cut down/Yes, I have tried to stop or cut down/No, but I have thought about stopping or cutting down/No, nor have I thought about stopping or cutting down.*

DHP, 1984

The first two questions aim to record the number of attempts to stop smoking, one question specifying a classification and the other being left open. Brengelmann also asks about “serious” attempts to stop smoking. This restriction to “serious” attempts to give up is found in many questions. An effort is evidently being made here to distinguish between attempts to give up arising from dissatisfaction with the smokers’ own smoking behaviour and those attempts arising from situational contexts (a cold, new year’s resolutions). Ultimately, however, the definition of a serious attempt is left up to the respondent. The question asked in the DHP survey uses not only attempts to give up smoking, but also attempts to cut down on smoking or the fact of having thought seriously about doing so, as an indicator of dissatisfaction with the respondent’s own smoking behaviour.

Other questions try to determine the seriousness of the attempt to stop smoking on the basis of its duration:

*In the past twelve months, how often have you stopped smoking for at least a week or more in an attempt to give up smoking?*  
MONICA Augsburg/Keil, 1989/1990

The questions on attempts to give up also differ in whether the number of attempts is recorded or whether the question asks whether an attempt has been made to give up smoking within a defined period before the study (usually one year). Some of the questions we found are aimed specifically at including the “non-serious” attempts to stop as well.

The questions on changes in smoking consumption and on changes in the tobacco products smoked – usually meaning a change to milder cigarettes – are intended to describe both quantitative and qualitative changes in smoking behaviour in the population. The reason for a description of this type may be to acquire knowledge regarding the extent to which preventive messages are having an effect, even if they are not resulting in a reduction in smoking prevalences.

The questions are similar to those covering the attempts to give up. Here again, the fundamental difference between the questions is whether they refer to a defined period prior to the survey or to the whole smoking history, and whether categories are specified for the frequency of attempts to cut down or the question asks only if any attempts to reduce consumption have ever been made.

The questions on changes in the brand of cigarette smoked refer to the attempts to smoke “milder” cigarettes.

*Have you ever tried smoking ‘mild’ cigarettes – for example, Silk Cut?*  
*Yes/uncertain/No.*  
Russel, 1980 (1,501 cigarette smokers)

Questions as to whether a milder brand of cigarette than before actually is being smoked today, do not occur in this area.

## SUMMARY AND RECOMMENDATIONS

The question from the 1987 BZgA study of ex-smokers can be recommended to record the time at which someone gave up smoking. In our experience, the time of finally stopping smoking is recalled extremely accurately by ex-smokers. Questioning on the time which has elapsed since then (BZgA, 1990a) thus only results in additional calculations by the respondents. No additional information is obtained by specifying categories, or by distinguishing ex-smokers who have not smoked for less than one year. Both can also be achieved on the basis of the open question.

When directed at current smokers, the question on attempts to give up may serve either for a detailed record of smoking history or as an indicator for satisfaction or dissatisfaction with the respondent's own smoking behaviour. General questions on the number of attempts to stop smoking tend to be more suitable for obtaining a general description of smoking history, while those questions which record attempts to stop smoking within a defined period prior to the survey tend rather to be useful as an indicator for current satisfaction with smoking behaviour. With respect to the first area, it can be stated that a detailed smoking history is necessary only for specific information interests. The nature of the question (whether it asks about when the individual attempts to stop smoking took place, how long they lasted, what the reasons were for stopping smoking in each case and what the reasons were for starting smoking again each time) will then depend on the respective information interest. As regards those questions which can serve as an indicator of current dissatisfaction, it should be noted that a number of other questions regarding satisfaction with one's own smoking behaviour and self-criticism are available and discussed in detail in *Section 2.3.1*. The extent of relevance in this context of a question on attempts to give up within a defined period prior to the survey can, again, be determined only against the backdrop of the specific information interests in each case. It should be noted at this point that a question such as that used by the DHP (1984) is somewhat problematic. This is a "soft" question, since it asks not only about attempts to give up, but also "whether the respondent has thought seriously about giving up or cutting down", and the questioner must thus expect to be confronted with socially desirable response behaviour.

Questions on attempts to reduce daily cigarette consumption can be used as indicators of the satisfaction of smokers with their own smoking behaviour. It should be noted in principle here that retrospective questions, such as have been discussed in this section, provide "soft" data. Alternative questions for this information interest, which are generally prospective in nature, are presented in *Section 2.3.1*.

## 2.2.3. REASONS AND METHODS FOR STOPPING SMOKING

The questions attempt to record the reasons for giving up smoking. These questions are generally directed at current ex-smokers and refer to the final, and thus “successful”, attempt to give up. However, it is also possible to put questions of this type to current smokers who have made an “unsuccessful” attempt to give up and have relapsed. These questions are used with the intention of determining the reasons which were ultimately decisive, from the point of view of the respondent, for making the attempt to give up smoking. These questions generally work with specified batteries of items which ask in varying degrees of detail about the areas “medical reasons”, “financial reasons”, “pressure from the social environment” and a number of other reasons:

*Why did you stop smoking? (Please mark how important the reasons listed below were for you) Scale from 0 (unimportant) to 4 (very important).*

- Fear of physical symptoms/*
- Physical symptoms actually present/*
- Financial reasons/*
- Fear of a heart attack/*
- My doctor made me stop/*
- Illness/death among my friends or family/*
- I just didn't enjoy it anymore/*
- My partner stopped/*
- My child urged me/*
- Fear of lung cancer/*
- I didn't like my dependence on smoking/*
- My family urged me/*
- Fitness problems/*
- wanted to be an example to my child/*
- My own pregnancy/*
- My wife/partner's pregnancy/*
- I didn't like the way my house stank/*
- Other reasons: \_\_\_*
- Which one was decisive?*

BZgA, 1987

The question as to the degree of detail when recording the reasons for attempting to give up, or the extent to which they can be grouped into individual subject areas, can be answered only with regard to the information interests in each case. It may be sufficient, depending on the interest situation, to ask directly whether or not a specific reason was decisive.

The use of an open question would not appear to be advisable. A leitmotif in many questions is the attempt to separate self-driven attempts to give up from those commenced for other reasons, such as being forbidden by a doctor, pressure from a partner, etc.

Some studies also ask about the method used by smokers to give up smoking. Several dimensions of the topic may be of interest here: whether the first attempt was successful or several attempts were required, whether the respondent gave up smoking on his/her own or together with friends/relatives/acquaintances, whether he/she used the “stop-dead” method or cut down slowly until zero consumption was reached, and whether or not expert help was used or a stop-smoking course attended.

Either all these areas or only some of them will be the subject of questions, depending on the information interest of the study, with either consecutive individual questions or a combined question being used to cover the areas involved.

## **SUMMARY AND RECOMMENDATIONS**

It is not possible, in this area, to make more extensive recommendations than that no open questions should be used if at all possible. This subject area is generally addressed in studies on smoking behaviour only if there are specific information interests which make it appear necessary. The question as to the degree of detail and the combinations of motives and methods of stopping smoking which need to be included in the questions can be answered only as a function of the information interests involved.

## 2.3. ATTITUDES TO AND KNOWLEDGE ABOUT SMOKING

### 2.3.1. SATISFACTION, (SELF-)CRITICISM, PLANS FOR CHANGE

The questions covered in this area refer to the (dis)satisfaction of current smokers with their smoking behaviour and consumption and to the potential consequences of this dissatisfaction. There is thus a link in terms of content to some of the questions described in *Section 2.2.2.* (Attempts to give up, reducing consumption). However, while the questions dealt with there were retrospective questions on the subject of dissatisfaction with personal smoking behaviour involving the recording of actual attempts to cut down and/or stop smoking within a defined period prior to the study, what we have here are questions which either refer directly to this dissatisfaction or use prospective questions to record the dissatisfaction. The following is a very general form of a prospective question of this type:

*Do you intend to try to stop smoking in the near future?*

*No, definitely not/no, probably not/yes, probably/yes, definitely.*

Sutton, 1984

This kind of question refers to the concrete intention and provides a timeframe, although this is not very tightly defined. They therefore tend to focus more on current dissatisfaction with smoking behaviour than on general dissatisfaction.

The intention to reduce consumption is asked about in a similar way. The two areas can also be dealt with in a single question:

*Would you currently like to stop smoking completely or smoke less than you do at present?*

*Stop completely/smoke less/neither/no answer.*

BZgA, 1990a

In one of the questions available to us, dissatisfaction is verbalised and questions are asked about all the potential consequences of this dissatisfaction, including changing to “milder” cigarettes:

*Are you happy about the amount you currently smoke, or do you intend to change to a milder brand, smoke less or give up smoking?*

*I am happy/I intend to change to a milder brand/I intend to smoke less/I intend to stop smoking.*

Gredler, 1981



All of these are relatively “soft” questions. While the questions covered in *Section 2.2.2.* use concrete attempts at cutting down and/or giving up as an indicator of dissatisfaction with personal smoking behaviour or the amount smoked, the questions described in this section record dissatisfaction potential which has not yet become behaviourally relevant and is manifest solely in declared intentions. The answers to these questions must be expected to be strongly influenced by socially desirable response behaviour. Evidence of this can be seen in the results of a study on the influence of social desirability in surveys on smoking behaviour (Riemann/v. Troschke, 1989). It must be assumed in this context that the effects of these influences will increase with increasing “softness” of the question. This means that simple questions on satisfaction with the respondent’s own consumption level, which do not ask about the consequences arising from this dissatisfaction, are most susceptible to social desirability influences.

## **SUMMARY AND RECOMMENDATIONS**

The use of questions of this type presupposes a specific information interest, i.e. the intention to identify those smokers who see their own smoking behaviour or consumption habits as a problem. By recording the various consequences considered (from changing to “milder” cigarettes to attempts to cut down and attempts to stop smoking), it is also possible to make distinctions in potential problem identification. However, when using these questions, it should always be remembered that they are relatively “soft” and hence susceptible to social desirability influences. If the information interests involved in the study make it appear appropriate to record data of this type, a question corresponding to that used by Gredler in 1981 is to be recommended. This question has the advantage of verbalising the dissatisfaction and allowing differentiation in the analysis by specifying several potential consequences. It has the additional advantage of covering the subject area relatively comprehensively, while remaining compact in a single question.

## **2.3.2. ASSESSMENT OF HEALTH RISK**

The questions from this area are used to ask about knowledge of the health risks inherent in smoking. The intention of the majority of these questions is likely to be to obtain data on the extent to which the knowledge communicated in the context of prevention campaigns regarding the health risks of smoking or passive smoking has been dispersed among the population. In the context of the discussion in recent years relating to passive smoking, it may also be of interest here to ascertain the extent to which the population is aware of the health risks of passive smoking. Simple questions, asking directly and

straightforwardly about knowledge of health risks, are generally sufficient for this information interest:

*Active smoking is harmful for health?*  
*Passive smoking is harmful for health?*

*Yes/No.*

BASP, 1990b

These simple questions regarding knowledge are suitable for recording the proportion of the population or of specific sub-populations which is aware of the simple message that smoking is harmful to health. In the area of these simple questions regarding knowledge, the material also contains questions for which the specified response categories are not yes/no, but consist of different degrees of agreement.

When it comes to questions with the aim of recording awareness of the harmful nature of smoking to health, simple knowledge-based questions with clear response categories are preferable to those questions which lie on the border between knowledge-based and attitude-based questions. Questions such as the following:

*Are you aware that smoking is harmful?*

*Yes/No.*

Carlhoff, 1982

are not knowledge-based questions, but intervention questions. Suggestive questions of this kind should be used only if the aim of the survey is not to record awareness of the harmfulness to health, but to convey this knowledge.

Depending on the information interests, questions are also used which record detailed knowledge of the links between smoking behaviour and the probability of certain diseases.

*For each of the diseases listed below, please indicate whether you think that cigarette smoking is a major cause, a contributing cause, is associated with, or has no association with the disease or condition.*

*In each case: major cause/contributory cause/associated with/no association/don't know.*

*bladder cancer/*

*coronary artery disease/*

*lung cancer/*

*chronic bronchitis/*

*oral cancer/*

*pulmonary emphysema/*

*laryngeal cancer/*

*peripheral vascular disease/*

*leukoplakia (mouth/lip)/*

*any soft tissue lesion (mouth/lip)/  
neo-natal death.*

Tessier, 1989

The aim of these questions is to record the extent to which people are aware of the links between smoking behaviour and the probability of certain diseases.

Some of the questions not only have the aim of asking about knowledge, but are also concerned with attitudes to and dealing with the health risks of smoking. These questions sometimes work with batteries of items and there may be overlaps with the area of knowledge-based questions:

*Opinions about smoking:*

- *Smoking is bad for your health/*
- *Smoking is expensive/*
- *Smoking gives you bad breath/*
- *Breathing other people's smoke is dangerous/*
- *Once you start smoking you may not be able to stop again/*
- *When you are with friends it is hard to say "no" to a cigarette/*
- *Smoking helps you not get fat/*
- *Amongst friends, smoking helps create a good atmosphere/*
- *Smoking calms your nerves/*
- *Smoking helps you to work.*

*In complete agreement/partial agreement/no answer/Disagree partially/Disagree completely.*

BASP, 1990d

*Cigarette advertising and cigarette and tobacco packs carry a notice stating that smoking damages your health. What do you think about this? Which of the following statements most closely reflects your attitude?*

*It may be that smoking damages your health, but I don't care/*

*It may be that smoking damages your health, but I'm willing to take the risk/*

*It may be that smoking damages your health, but I'm healthy enough to stand that/*

*It may be that smoking damages your health, but I can't stop smoking/*

*It may be that smoking damages your health, but I smoke only mild cigarettes/*

*It may be that smoking damages your health, but I don't smoke much in any case/*

*It may be that smoking damages your health, but I'm going to stop smoking soon in any case/*

*Knowing about the health risks of smoking worries me a lot.*

BZgA, 1993

This question from the 1993 BZgA Drug Affinity Study covers the way in which smokers deal with the risk and contains the strategies described in the literature for the reduction of cog-

nitive dissonance (which also include the aspects of dependence already discussed in *Section 2.1.4.*) as pre-set categories. An additional possibility for multivariate analysis of data of this type is thus opened up, which could be used to describe certain “types of smoker” (referred to handling of the risk). However, we are not aware of any such analyses.

## **SUMMARY AND RECOMMENDATIONS**

All the results available to date confirm that knowledge of the health damage caused by smoking is very high in all groups of the population. General questions on health damage of the “Is smoking harmful to health?” type are therefore basically useful in documenting changes over time. The decision as to which question is useful thus depends on the form in which the data were collected in the reference studies of relevance for each survey. However, it can be stated that suggestive questions should generally be avoided and that, for purely knowledge-based questions, graded categories of agreement should not be specified but, rather, yes/no/don’t know categories. One option is a scaled assessment of the degree of risk as used in Tessier’s 1989 survey.

Questions dealing with detailed knowledge of the links between the occurrence of certain diseases and smoking behaviour are very strongly influenced by the information interest involved. Questions of this type are also used to evaluate preventive measures and, in such cases, questions must be asked about those connections, a knowledge of which was the aim of the preventive message.

It is recommended in principle that wrong answers also be included in pre-set responses. The reason for this proposal is the consideration that, in view of the long, broadly based discussion of the health risks of smoking, it may seem perfectly sensible to the respondent to mark all the items, regardless of his or her knowledge. It would also be worth considering asking not only about the link between diseases and smoking behaviour, but also about the significance of this connection.

With respect to the questions dealing with attitudes to and dealing with health risks, a question such as that used in the 1993 BZgA survey can be recommended. Reference data are available and there is no mingling of knowledge-based and attitudinal data.

## 2.3.3. SOURCES OF INFORMATION ON THE HARMFUL EFFECT OF SMOKING

The questions either generally record whether references to the negative health effect of smoking have been perceived in a specific period prior to the survey, or they refer to the school sphere, in which case it can be assumed that they were asked in the context of evaluating the implementation of health education in schools.

*Have you recently seen references anywhere relating to the damage to health caused by smoking?*

*Yes/No.*

BZgA, 1993

*Has the subject of smoking ever been discussed in your class at school?*

*No/Yes, in Classes \_\_*

Troschke, undated

This type of question becomes meaningful in the context of evaluation of preventive measures and messages. In the general form in which they were used in the 1993 BZgA survey, they can also be used to check the extent to which the messages in the mass media are perceived. In the school sphere, this type of question can be used both for the evaluation of specific measures and to implement an analysis of requirements. It is not possible to make recommendations in this area, since the type of question used here depends entirely on the information interests involved.

## 2.4. SOCIAL CLIMATE WITH RESPECT TO SMOKING

The objective of campaigns and individual activities to encourage not smoking is to bring about a change in the social climate aimed at making not smoking the “normal”, socially accepted mode of behaviour. Polarisation of non-smokers and smokers should be avoided in this context. In addition to a fundamental change in the social climate towards not smoking, it is hoped that the right of non-smokers to breathe smoke-free air will become more important and more widely accepted by smokers.

The relationship between non-smokers and smokers is a central theme, both in questions directed explicitly at smokers (*Area 4.1.0*) and also in those aimed at both smokers and non-smokers (*Area 4.2.0*). We found only relatively few questions for both areas, but the BZgA addressed this subject area in its campaign principles from 1975 to 1990.

Questions for children and young people (e.g. Eiser, 1984; Goddard, 1990) tend to record assumptions as to how parents view their children smoking. These attitudes would, in our opinion, be better asked directly of the adults.

Two questions for smokers record criticism of smoking and the reaction to it:

*Which of the following people have often or occasionally spoken to you about smoking less or giving up smoking altogether?*

*Spouse, partner/own children/parents, parents-in-law/other relatives/friends, acquaintances/colleagues/other people, not related to me/no-one.*

*And how did you react to this? [Encouragement to stop smoking or to smoke less]*

*I took no notice and carried on smoking/*

*Although I continued to smoke, I did feel bad about it/*

*I cut down on smoking after that/*

*I now smoke only if I am sure that it does not bother any non-smokers who may be present (e.g. in a smoking room).*

BZgA, 1990a

The same questions are also put from the other perspective to all respondents, i.e. the question asks whether the respondents have worked towards getting smokers to give up or cut down on smoking and how the smokers reacted to this. Reference data are available from 1981, 1987 and 1990 (BZgA, 1990a).

However, the social climate is not merely the social climate between smokers and non-smokers, but is also characterised by the “social support system of smoking”, meaning the sum of social definitions, attitudes, customs and norms which define smoking as positive or negative.

These aspects can be checked empirically by an analysis of the laws, ordinances and agreements currently in force, by observation of compliance with these and of their scope, but also by means of surveys of observed modes of behaviour or attitudes. In our material, we found a wealth of questions in which agreement or disagreement with comprehensive lists of attitudes is recorded.

## **SUMMARY AND RECOMMENDATIONS**

It is recommended that the four comprehensive questions from BZgA (1990a) be used for surveying the social climate between smokers and non-smokers. These take into account all the important groups of people. A further advantage of their use is that reference data are available for several points in time.

It is impossible to make a recommendation in the area of the “social support system of smoking” for two reasons. First, the selection of the individual statements sometimes appears to be random and is not uniform. Second, minor differences in formulation are of major significance in this “soft” area, and the effects of social desirability are virtually impossible to monitor.

## 2.5. SUMMARY: THE MOST IMPORTANT QUESTIONNAIRE QUESTIONS

The two sections below list questions for questionnaires to be completed by the respondents themselves. They have been separated according to whether they are aimed at adults or children/young people. The list is a selection for the most important survey areas. These questions are not the only ones possible, and alternatives can be taken from the relevant sections.

We have not put the questions into a questionnaire structure. In other words, there are no references and filters. The questions have been strung together in the form of a modular system, and suggestions for target groups have sometimes been given in the sub-headings.

### 2.5.1. QUESTIONS FOR ADULTS

#### RECORDING THE CURRENT SMOKER STATUS

Do you currently smoke cigarettes?

- Yes, regularly
- Yes, occasionally (i.e. less than one cigarette per day on average)
- No

#### CIGARETTE SMOKERS: NUMBER OF CIGARETTES SMOKED

How many cigarettes do you smoke per day on average?

Number of cigarettes: \_\_\_\_\_

- Less than one cigarette per day on average

## **CIGARETTE SMOKERS: BRAND OF CIGARETTES**

Which brand of cigarette or tobacco do you mainly smoke, and which others do you smoke as well? (*Please state the name precisely, as well as any additions, such as "Medium", "Light", "Ultra", "Filter/Plain", etc.*)

Mainly: \_\_\_\_\_  
As well: \_\_\_\_\_  
As well: \_\_\_\_\_

## **CURRENT/FORMER SMOKING OF CIGARS/CIGARILLOS OR PIPE**

Do you currently, or did you formerly, smoke cigars/cigarillos or a pipe?

- No
- Yes, formerly, but not anymore
- Yes, currently, but only occasionally (less than one per day)
- Yes, currently, regularly

## **CURRENT AND FORMER SMOKERS: DURATION OF SMOKING/START OF SMOKING**

At what age did you start to smoke regularly (i.e. at least one cigarette per day on average)?

Age in years: \_\_\_\_\_

## **CURRENT NON-SMOKERS/OCCASIONAL SMOKERS: FORMER SMOKING**

Have you ever smoked cigarettes (regularly or occasionally) in the past?

- Yes, regularly
- Yes, occasionally (less than one cigarette per day on average)
- No, never

## **EX-SMOKERS: DURATION OF BEING AN EX-SMOKER**

And for how long have you stopped smoking now?

\_\_\_\_\_ months  
\_\_\_\_\_ years



## 2.5.2. QUESTIONS FOR YOUNG PEOPLE

### RECORDING THE CURRENT SMOKER STATUS

What is your situation regarding smoking? (*Please read through all the statements and mark only one.*)

- I have never yet smoked a cigarette
- I have only once tried a cigarette and never again since
- I have smoked cigarettes now and again, but do not smoke now
- I now smoke occasionally, but less than one cigarette per day on average
- I smoke regularly, i.e. at least one cigarette per day on average

### CURRENT SMOKERS: NUMBER OF CIGARETTES SMOKED

How many cigarettes do you smoke per day on average?

Number of cigarettes: \_\_\_\_\_

- Less than one cigarette per day on average

### CURRENT SMOKERS: BRAND OF CIGARETTE

Which brand of cigarette or tobacco do you mainly smoke, and which others do you smoke? (*Please state the name precisely, as well as any additions, such as "Medium", "Light", "Ultra", "Filter/Plain", etc.*)

Mainly: \_\_\_\_\_  
As well: \_\_\_\_\_  
As well: \_\_\_\_\_  
As well: \_\_\_\_\_

### SMOKING IN THE SOCIAL ENVIRONMENT

Which of the following people with whom you spend a lot of time are currently smokers?

- Best friend
- Partner, spouse, steady boyfriend/girlfriend
- Close colleague at work
- Boss
- Brother (at least one)
- Sister (at least one)
- Youth leader, group leader, coach
- Class teacher

2



**MATERIAL COLLECTION**

3

# 3.1. INDEX OF SOURCES

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## 3.2. CATEGORISATION OF THE QUESTIONS

### 1 CURRENT SMOKING BEHAVIOUR

#### 1.1 Current smoker status

- 1.1.1 Frequency: never, rarely, sometimes, (very) often/have you ever tried it?/have you ever had a drag on a cigarette?/Do you smoke?
- 1.1.2 Subjective allocation to smoker status
- 1.1.3 Smoking habits within a specific period: past weeks/months
- 1.1.4 Smoker status combined with amount consumed
- 1.1.5 Smoker status combined with type of tobacco product
- 1.1.6 Complex combined questions

#### 1.2 Type of tobacco product

- 1.2.1 Filter/plain cigarettes, pipe, cigarillos, cigars
- 1.2.2 Mild, medium, strong cigarettes, nicotine/tar content
- 1.2.3 Brand of cigarette

#### 1.3 Amount consumed

- 1.3.1 Daily cigarette consumption without specified consumption classes
- 1.3.2 Daily cigarette consumption with specified consumption classes
- 1.3.3 Number of cigarettes smoked (grams of tobacco) in a specified period
- 1.3.4 Extremes of consumption

#### 1.4 Dependence, situational conditions, reasons for smoking

- 1.4.1 Inhaling, first cigarette of the day?
- 1.4.2 Occasions on which less or nothing is smoked
- 1.4.3 Occasions on which it is difficult (not) to smoke
- 1.4.4 Social pressure to smoke, role models
- 1.4.5 Smoking behaviour in the social environment
- 1.4.6 Reasons for smoking

### 2 SMOKING HISTORY

#### 2.1 Start of smoking/Duration of smoking

- 2.1.1 At what age did you start to smoke regularly/small amounts?
- 2.1.2 At what age did you smoke your first cigarette?/Duration of smoking?
- 2.1.3 Probability of future smoking behaviour (children and young people)



## **2.2 Attempts to stop smoking, reducing consumption**

- 2.2.1 Attempts to stop
- 2.2.2 Duration of attempt(s) to stop/Ex-smoker for how long?
- 2.2.3 Ever tried to cut down on cigarette consumption?
- 2.2.4 Changes compared to the past
- 2.2.5 Attempt to change to milder cigarettes

## **2.3 Reasons for and methods of giving up smoking**

- 2.3.1 Reasons for giving up smoking
- 2.3.2 Methods of giving up smoking

## **3 ATTITUDES TO AND KNOWLEDGE ABOUT SMOKING**

### **3.1 Satisfaction, (self-)criticism, plans for change**

- 3.1.1 Wanting to stop smoking?
- 3.1.2 Wanting to reduce consumption?
- 3.1.3 Combined questions
- 3.1.4 (Dis-)satisfaction with amount smoked?
- 3.1.5 Attendance at a “stop-smoking” course

### **3.2 Assessment of the health risk**

- 3.2.1 Knowledge about the health hazard in general
- 3.2.2 Knowledge of specific health risks
- 3.2.3 Knowledge of constituents
- 3.2.4 Attitudes to/dealing with health risks

### **3.3 Sources of information on the harmful effect of smoking**

- 3.3.1 Obtained information about the harmful effect of smoking?
- 3.3.2 Warning notes, harmful substances

## **4 SOCIAL CLIMATE REGARDING SMOKING**

- 4.1.0 Criticism from the social environment from the perspective of smokers
- 4.2.0 Criticism of smoking from the perspective of non-smokers
- 4.3.0 Various attitudes to smoking

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