



INTERNATIONAL AGENCY FOR RESEARCH ON CANCER  
WORLD HEALTH ORGANIZATION

# **European Multicentre Case-Control Study of Lung Cancer in Non-smokers**

## **Detailed Results on Exposure to Environmental Tobacco Smoke**

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# Questionnaire on occasional smoking and environmental tobacco smoke (ETS)

## Tobacco smoking

- Did you ever smoke for longer than one year?

Yes ..1; No ..2

- 1 or more cigarettes/day
- or half a pack of cigarettes/week
- or 2 or more packs/month
- or 4 or more cigarillos/week
- or 3 or more cigars/week
- or 3 or more pipes/week

*if YES to at least one of the questions, go to "Active smoking" section  
if NO, continue with the next question*

- Did you ever try to smoke?    Yes ..1; No ..2

- Have you ever smoked cigarettes, cigar or pipe, even very few occasionally during a social occasion and/or at a particular period of your life?    Yes ..1; No ..2

### What did you smoke?

**If yes, from what age did you smoke occasionally?**

**From      To**

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Cigarettes
  - Filter ..... 1
  - Non filter ..... 2
- Cigar ..... 3
- Pipe ..... 4
- Cigarette & pipe ..... 5

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

**If during this period you smoked mainly the same brand, indicate the brand (otherwise skip)**

.....

.....

.....

**How many?**

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

### Frequency

- Per day ..... 1
- Per week ..... 2
- Per month ..... 3
- Per year ..... 4
- Per lifetime ... 5

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

- Did you inhale tobacco smoke?

- Not at all, only in the mouth ..... 1
- A little, just in the throat ..... 2
- Deeply into the lung ..... 3

# Questionnaire on occasional smoking and environmental tobacco smoke (ETS)

## ETS during childhood and until subject left parents' home

- Going back to your childhood, I would like to know if you ever lived with any person who used to smoke in your presence. First of all, I would like to know whether your father or your mother used to smoke when you were a child.

*if the subject is aware that one or both parents smoked since his/her birth, starting age=0.*

|                     | What did he/she smoke?   | Did he/she smoke in your presence?     |   |   |
|---------------------|--------------------------|--|---|---|
|                     | Cigarettes..... 1        | Every day ..... 1                      |   |   |
|                     | Cigars..... 2            | Almost every day .2<br>(5-6 days/week) |   |   |
|                     | Pipe ..... 3             | 2-4 days/week..... 3                   |   |   |
|                     | Cigarette & pipe .... 4  | Rarely..... 4                          |   |   |
|                     | Don't remember .... 8    | Never..... 5                           | <b>From</b>                                       | <b>To</b>   |
| <b>Relationship</b> | Non-smoker..... 9        |  | <b>age</b>  | <b>age</b>  |
| Father              | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Mother              | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

- Now I would like to know about any other person who lived in your home or with whom you lived for longer than six months or who was a very regular visitor to your home, who used to smoke in your presence (brother, sister, other relatives, friends, visitors, etc...).

|       |                          |                          |   |   |
|-------|--------------------------|--------------------------|---|---|
| ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

- I would like you to try to remember how long you used to spend in a smoky room (outside the home, including school but excluding the workplace and vehicles).

**Would you say that the room was usually:**

|   |   | How many hours in a room with tobacco smoke?      | Frequency                | Would you say that the room was usually:                         |
|---|---|---|--------------------------|--|
|   |   |   | Per day..... 1           | Very smoky ..... 1<br>(you could see clouds of smoke in the air) |
|   |   |   | Per week ..... 2         | Fairly smoky ..... 2<br>(you could see diffuse smoke in the air) |
|   |   |   | Per month..... 3         | A little smoky ..... 3<br>(you could only smell the smoke)       |
| <b>From age</b>                                   | <b>To age</b>                                     |   |                          |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |

- At what age did you leave your parents' home? (still leaving there =99)



# Questionnaire on occasional smoking and environmental tobacco smoke (ETS)

## ETS from other cohabitants

Smokers who lived with you in the same house or visited your house regularly, other than your spouse.

Use more than one line for subjects who smoked more than one tobacco product in the same period.

| Period              |   | What did he/she smoke?   | Did he/she smoke in your presence?         |  | How many cigarettes (cigars, pipes) did he/she smoke in your presence on average? |   | For how many hours/day were you exposed to tobacco smoke from him/her on average? |   |
|---------------------|---|--|--|--|---|---|---|---|
|                     |   |  | Every day .....1<br><i>(5-6 days/week)</i> | Almost every day ....2                               | Weekdays  | Holidays<br>Weekends                              | Weekdays  | Holidays<br>Weekends                              |
| From age<br>(years) | To age<br>(years)                                 | Cigarettes ..... 1<br>Cigars ..... 2<br>Pipe ..... 3<br>Cigarette & pipe.. 4 | (5-6 days/week)                            | 2-4 days/week .....3<br>Rarely .....4<br>Never.....5 |   |   |   |   |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                            | <input type="checkbox"/>                   | <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                            | <input type="checkbox"/>                   | <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                            | <input type="checkbox"/>                   | <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                            | <input type="checkbox"/>                   | <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                            | <input type="checkbox"/>                   | <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                            | <input type="checkbox"/>                   | <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                            | <input type="checkbox"/>                   | <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                            | <input type="checkbox"/>                   | <input type="checkbox"/>                             | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>                                 | <input type="checkbox"/> <input type="checkbox"/> |

## Questionnaire on occasional smoking and environmental tobacco smoke (ETS)

### ETS in vehicles

- Have you ever (lifetime) traveled daily or at least a couple of times per week by car, train, bus or another enclosed vehicle which was smoky (or where you could at least smell tobacco smoke) most of the time?  
Yes ..1; No ..2

*if NO, go to next page.*

*if YES, please state from what age to what age, on which type of vehicle and for how many hours per day or per week you were exposed to tobacco smoke.*

| Period   |  | Type of vehicle  |  | How many hours per day or week were you in this vehicle while you were exposed to smoke?   |  | Would you say that the vehicle was usually: |
|--|--|--|--|--|--|---|
| From age (years)   | To age (years)   | Car.....1  | Train .....2   | Bus/tram .....3  | Other (specify).....4  | Very smoky ..... 1                          |
| Per day  | Per week   |  |  |  |  | Fairly smoky .... 2                         |
|  |  |  |  |  |  | A little smoky ... 3                        |
| <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> .....<br><input type="checkbox"/> ..... | <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |   |

*Exposure already covered, e.g. occupational and from spouse should be excluded. Exposure during daily commuting to work should be reported in this section.*



# Questionnaire on occasional smoking and environmental tobacco smoke (ETS)

## ETS at the workplace

- I would like to know if you ever worked in an indoor place where you were exposed to tobacco smoke.  
Yes ..1; No ..2

If NO, go to next page.

If YES, fill in one line for each job in which the subject was exposed to ETS.

| Job number<br>(refer to job history) | Exposure to ETS                                   |   | Would you say that the place was usually:<br>Very smoky.....1<br>Fairly smoky ...2<br>A little smoky ..3 | How many hours/day on average were you exposed to tobacco smoke at work, including time spent at the canteen or during breaks? | How many days per week were you exposed to tobacco smoke at work? | Approximately how large was the room?<br>Small (under 40 m <sup>2</sup> ) ...1<br>Medium (40-80 m <sup>2</sup> ).....2<br>Large (80-200m <sup>2</sup> ) .....3<br>Very large (>200 m <sup>2</sup> ) ..4 |
|--------------------------------------|---|---|--|--|---|---|
|                                      | From age (years)                                  | To age (years)                                    |  |  |   |   |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <input type="checkbox"/> .....       | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |



# Questionnaire on occasional smoking and environmental tobacco smoke (ETS)

## Residential history

- I would like to know about all houses/residences where you lived for longer than two years, starting with the home where you were born.

| Period  |   | Town,<br>village | County<br><i>(if abroad, the country)</i>   | In your<br>opinion, is/was<br>it a rural or<br>urban area?<br><br>Rural ....1<br>Urban...2 | What is/was the<br>principal means<br>of cooking?<br><br>Gas.....1<br>Electricity.....2<br>Coal stove .....3<br>Wood stove .....4<br>Other (specify)..5 | What is/was the<br>principal means of<br>heating? (no more than<br>2 methods for each<br>residence) |
|---|---|------------------|---|--|---|---|
| From<br>age<br>(years)                            | To<br>age<br>(years)                              |                  |   |  |   |   |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | .....            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> .....  | <input type="checkbox"/> <input type="checkbox"/> .....   |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | .....            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> .....  | <input type="checkbox"/> <input type="checkbox"/> .....   |
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<sup>\*</sup>Central heating: a system for which there is no combustion unit in the living or sleeping area of the house.

# WEIGHTS

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## Tobacco product (WT1)

|                                      |     |
|--------------------------------------|-----|
| Cigarette                            | = 1 |
| Cigarette, filter                    | = 1 |
| Cigarette, non filter                | = 1 |
| Cigar                                | = 3 |
| Pipe                                 | = 3 |
| Cigarette & pipe                     | = 1 |
| Cigarette & cigar                    | = 1 |
| Cigar & pipe                         | = 4 |
| Cigarette & cigar & pipe             | = 1 |
| Cigarillo                            | = 2 |
| Cigarette & cigarillo                | = 1 |
| Pipe & cigarillo                     | = 4 |
| Cigar & cigarillo                    | = 3 |
| Pipe & cigar & cigarillo             | = 4 |
| Cigarette & cigar & cigarillo        | = 1 |
| Cigarette & pipe & cigarillo         | = 1 |
| Cigarette & cigar & pipe & cigarillo | = 1 |

## Cigarettes consumption frequency (WT2)

|               |        |
|---------------|--------|
| Every day     | = 1    |
| 5-6 days/week | = 0.75 |
| 2-4 days/week | = 0.5  |
| Rarely        | = 0.1  |

## Level of smokyness (WT3)

|                |       |
|----------------|-------|
| Very smoky     | = 1   |
| Fairly smoky   | = 0.5 |
| A little smoky | = 0.2 |

## Consumption frequency (WT4)

|           |       |
|-----------|-------|
| Per day   | = 365 |
| Per week  | = 52  |
| Per month | = 12  |
| Per year  | = 1   |

## Smoker equivalents (WTSE)

|   |     |
|---|-----|
| Each single relative<br>(Father, mother, other) | = 1 |
|---|-----|

## Smoking parent equivalents (WTSPE)

|                 |        |
|-----------------|--------|
| Mother          | = 1    |
| Father          | = 0.75 |
| Other relatives | = 0.25 |

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