

52. Do you smoke? (X ONE Box)
- | | |
|--|---|
| 01 <input type="checkbox"/> Never smoked → Skip to Q.53 | 06 <input type="checkbox"/> I smoke about 11 to 20 cigarettes a day |
| 02 <input type="checkbox"/> Hardly smoke | 07 <input type="checkbox"/> I smoke about 21 to 30 cigarettes a day |
| 03 <input type="checkbox"/> Occasionally smoke | 08 <input type="checkbox"/> I smoke about 31 to 40 cigarettes a day |
| 04 <input type="checkbox"/> I smoke about 1 to 5 cigarettes a day | 09 <input type="checkbox"/> I smoke 41 cigarettes or more a day |
| 05 <input type="checkbox"/> I smoke about 6 to 10 cigarettes a day | 10 <input type="checkbox"/> I used to smoke, but I quit |

If you answered 2 to 10 for Q.52, please continue. Otherwise, skip to Q.53.

- 52a. How old were you when you started smoking?
About _____ years old

- 52b. How long does it take to get to a smoking area in your work place? If you are not working, please answer about smoking at the place you spend most of the day. (X ONE Box)

- | | |
|---|--|
| 1 <input type="checkbox"/> 0 minutes (I can smoke right at my seat) | 4 <input type="checkbox"/> 6-10 minutes |
| 2 <input type="checkbox"/> 1-2 minutes | 5 <input type="checkbox"/> 11 minutes or more |
| 3 <input type="checkbox"/> 3-5 minutes | 6 <input type="checkbox"/> Smoking is not allowed at all at my workplace |

If you answered 10 for Q.52, please continue. Otherwise, skip to Q.53.

- 52c. When is the last time you smoked? (approximately) (Write in)

MM YY
around() / ()

- 52d. How long did it take for you to quit smoking once you decided to quit? (Write in number)
About _____ days about _____ months about _____ years

53. Do you exercise? (X ONE Box)

- | | |
|---|--|
| 1 <input type="checkbox"/> Almost everyday | 4 <input type="checkbox"/> About once a month |
| 2 <input type="checkbox"/> A few times a week | 5 <input type="checkbox"/> Don't exercise at all |
| 3 <input type="checkbox"/> About once a week | |

54. Do you drink alcoholic beverages? (X ONE Box)

- 1 Don't drink at all
2 Hardly drink (a few times a month)
3 Drink sometimes(a few times a week)
4 A can of beer (350ml.) or its equivalent a day, everyday
5 3 cans of beer (350ml. x 3) or its equivalent a day, everyday
6 5 cans of beer (350ml. x 5) or its equivalent a day, everyday

55. Do you gamble in lotteries or at casinos or bet on sporting events or horse races?

- 1 I have never gambled.
2 I used to gamble, but have quit.
3 Hardly gamble
4 Several times a year or so
5 Once a month or so
6 Once a week or so
7 Almost everyday

56. Please indicate if you are affiliated with any of the following religions. (X ONE Box)

- 1 None
2 Catholic
3 Protestant
4 Other Christian
5 Judaism
6 Islam
7 Hinduism
8 Buddhism
9 Others

Thank you very much for your help with this study.