

Supplementary Table 1: summary of questionnaire wording 2002 - 2014-15

2002 NATSISS	2004-05 NATSIHS	2008 NATSISS	2012-13 NATSIHS	2014-15 NATSISS
<p><u>NON-REMOTE</u> DO YOU CURRENTLY SMOKE?</p> <p><u>REMOTE</u> DO YOU SMOKE?</p>	<p><u>ALL</u> DO YOU CURRENTLY SMOKE?</p>	<p><u>ALL</u> DO YOU CURRENTLY SMOKE?</p>	<p><u>ALL</u> DO YOU/DOES (NAME) CURRENTLY SMOKE?</p>	<p><u>ALL</u> DO YOU CURRENTLY SMOKE?</p>
<p><u>NON-REMOTE</u> DO YOU SMOKE REGULARLY, THAT IS, ONE SMOKE A DAY OR MORE?</p> <p><u>REMOTE</u> DO YOU HAVE ONE SMOKE A DAY OR MORE?</p>	<p><u>NON-REMOTE</u> DO YOU SMOKE REGULARLY, THAT IS, AT LEAST ONCE A DAY?</p> <p><u>REMOTE</u> DO YOU HAVE AT LEAST ONE SMOKE A DAY?</p>	<p><u>ALL</u> DO YOU SMOKE REGULARLY, THAT IS, AT LEAST ONCE A DAY?</p>	<p><u>NON-REMOTE</u> DO YOU/DOES (NAME) SMOKE REGULARLY, THAT IS, AT LEAST ONCE A DAY?</p> <p><u>REMOTE</u> DO YOU/DOES (NAME) HAVE AT LEAST ONE SMOKE A DAY?</p>	<p><u>ALL</u> DO YOU SMOKE REGULARLY, THAT IS, AT LEAST ONCE A DAY?</p>
<p><u>NON-REMOTE</u> HAVE YOU EVER SMOKED REGULARLY (THAT IS, ONE SMOKE A DAY OR MORE)?</p> <p><u>REMOTE</u> HAVE YOU EVER SMOKED REGULARLY, THAT IS, ONE SMOKE A DAY OR MORE?</p>	<p><u>NON-REMOTE</u> HAVE YOU EVER SMOKED REGULARLY (THAT IS AT LEAST ONCE A DAY?)</p> <p><u>REMOTE</u> HAVE YOU EVER SMOKED REGULARLY, THAT IS, AT LEAST ONE A DAY?</p>	<p><u>ALL</u> HAVE YOU EVER SMOKED REGULARLY (THAT IS, AT LEAST ONCE A DAY?)</p>	<p><u>NON-REMOTE</u> HAVE YOU/HAS (NAME) EVER SMOKED REGULARLY, THAT IS, AT LEAST ONCE A DAY?</p> <p><u>REMOTE</u> HAVE YOU/HAS (NAME) EVER HAD AT LEAST ONE SMOKE A DAY?</p>	<p><u>ALL</u> HAVE YOU EVER SMOKED REGULARLY (THAT IS, AT LEAST ONCE A DAY?)</p>
-	<p><u>ALL</u> HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?</p>	<p><u>ALL</u> HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?</p>	<p><u>ALL</u> HAVE YOU/HAS (NAME) SMOKED AT LEAST 100 CIGARETTES IN YOUR/HIS/HER ENTIRE LIFE?</p>	<p><u>ALL</u> HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?</p>
-	<p><u>ALL</u> HAVE YOU SMOKED PIPES, CIGARS OR OTHER TOBACCO PRODUCTS AT LEAST 20 TIMES IN YOUR ENTIRE LIFE?</p>	<p><u>ALL</u> HAVE YOU SMOKED PIPES, CIGARS OR OTHER TOBACCO PRODUCTS AT LEAST 20 TIMES IN YOUR ENTIRE LIFE?</p>	<p><u>ALL</u> HAVE YOU/HAS (NAME) EVER: 1. CHEWED TOBACCO 2. SMOKED PIPES 3. SMOKED CIGARS 4. SMOKED OTHER TOBACCO PRODUCTS (SPECIFY) 5. NO</p> <p>DO YOU/DOES (NAME) (1ST, 2ND,...4TH CATEGORY SELECTED) DAILY?</p> <p>HAVE YOU/HAS (NAME) EVER (1ST, 2ND,...4TH CATEGORY SELECTED) 20 TIMES IN YOUR ENTIRE LIFE?</p>	<p><u>ALL</u> HAVE YOU SMOKED PIPES, CIGARS OR OTHER TOBACCO PRODUCTS AT LEAST 20 TIMES IN YOUR ENTIRE LIFE?</p>
-	<p><u>NON-REMOTE</u> HOW OLD WERE YOU WHEN YOU FIRST STARTED TO SMOKE REGULARLY (THAT IS AT LEAST ONCE A DAY)?</p> <p><u>REMOTE</u> HOW OLD WERE YOU WHEN YOU FIRST STARTED TO SMOKE REGULARLY (AT LEAST ONE A DAY)</p>	-	<p><u>ALL</u> HOW OLD WERE YOU/WAS (NAME) WHEN YOU/HE/SHE FIRST STARTED TO SMOKE REGULARLY (THAT IS, AT LEAST ONCE A DAY)</p>	-