

Smoking: Negative Health Expectancies for Daily Smokers – Short Form 6a

Please respond to each question or statement by marking one box per row.

		Not at all	A little bit	Somewhat	Quite a bit	Very much
SMKHLTH01	Smoking is taking years off my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SMKHLTH02	Smoking makes me worry about getting heart troubles.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SMKHLTH03	Smoking causes me to get tired easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SMKHLTH04	Smoking makes me short of breath.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SMKHLTH05	Smoking irritates my mouth and throat.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SMKHLTH06	I worry that smoking will lower my quality of life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5