C. How old were you when you first started regular cigarette smoking?  
   Age in years ___  
   Does not apply ___

D. If you have stopped smoking cigarettes completely, how old were you when you stopped?  
   Age stopped ___  
   Check if still smoking ___  
   Does not apply ___

E. How many cigarettes do you smoke per day now?  
   Cigarettes per day ___  
   Does not apply ___

F. On the average of the entire time you smoked, how many cigarettes did you smoke per day?  
   Cigarettes per day ___  
   Does not apply ___

G. Do or did you inhale the cigarette smoke?  
   1. Does not apply ___  
   2. Not at all ___  
   3. Slightly ___  
   4. Moderately ___  
   5. Deeply ___

39A. Have you ever smoked a pipe regularly?  
   (Yes means more than 12 oz. of tobacco in a lifetime.)  
   1. Yes ___  2. No ___

IF YES TO 39A  
FOR PERSONS WHO HAVE EVER SMOKED A PIPE

B. 1. How old were you when you started to smoke a pipe regularly?  
   Age ___

2. If you have stopped smoking a pipe completely, how old were you when you stopped?  
   Age stopped ___  
   Check if still smoking pipe ___  
   Does not apply ___