TABLE 1. Descriptive statistics and standardized β values and odds ratios from multivariate regression analyses predicting cigarette dependence, thoughts about abstinence, and stage of change from demographic variables and perceived psychological and physical symptoms

Independent variables	Descriptive Statistics			Cigarette Dependence β	Desire to quit β	Expectation of success β	Difficulty staying abstinent β	Contemplation[1] OR	95% CI	Preparation[1] OR	95% CI
	N=956	%	M±SD								
Demographics											
Age			39±14	.18 ***	.15 ***	.10 **	− .07 *	1.02**	1.00–1.03	1.01	1.00–1.03
Female Gender	465	49%		− .04	.07 *	.03	.06	1.13***	1.05–1.22	1.03	.95–1.12
Non-Hispanic White Ethnicity	477	48%		− .07 *	.01	.07	− .02	1.48*	1.08–2.02	1.06	.74–1.53
> High School Education	561	59%		− .13 ***	− .02	− .05	− .01	.88	.64–1.21	.93	.64–1.35
On a Psychiatric Pension	373	39%		.12 ***	.01	− .02	.04	.92	.66–1.28	1.21	.83–1.79
Academic Hospital	231	24%		− .01	− .05	− .08 *	− .02	.96	.68–1.34	1.17	.79–1.72
Cigarette Dependence			5±2	−	.05	− .09 **	.11 ***	1.44	1.00–2.08	1.39	.90–2.14
Mental Health Symptoms											
BASIS–24											
Depression/Functioning			3±1	.09 **	.12 ***	− .07 *	.12 ***	1.23**	1.06–1.43	1.30**	1.09–1.56
Interpersonal relationships			2±1	.05	− .02	− .09 **	.04	.98	.84–1.14	1.00	.83–1.20
Self-Harm			1±1	.05	.07 *	− .05	.07 *	1.15*	1.02–1.29	1.13	.98–1.29
Emotional Lability			2±1	.12 ***	.05	− .04	.04	1.01	.88–1.15	1.04	.89–1.22
Psychosis			1±1	.09 **	.03	.02	.01	.96	.84–1.10	1.07	.92–1.25
Substance Abuse			1±1	.07 *	.01	− .08 *	− .01	1.12	.97–1.29	1.06	.89–1.25
Summary Score			2±1	.12 ***	.09 **	− .08 *	.10 **	1.26*	1.03–1.56	1.32	1.03–1.68
Perceived Health											
SF–12											
Perceived Mental Health			31±14	− .01	− .08 *	.04	− .06	.99	.98–1.00	.99	.97–1.00
Perceived Physical Health			47±13	− .13 ***	− .07 *	− .04	− .10 **	.98*	.97–1.00	.98*	.97–1.00

* = significant ≤ .05 level; ** = significant ≤ .01 level, *** = significant ≤ .001 level. [1] = Reference category precontemplation. Menthol cigarette use, employment status, and income level did not have any significant associations and are not shown. For the BASIS–24, higher scores indicate a greater number of symptoms. For the SF–12, higher scores indicate better perceived health. To prevent the interference of collinearity between scales measuring overlapping constructs, each symptom or subjective health scale was tested individually, with demographic variables included.