



Public reporting burden for this collection of information is estimated to average 07 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.

OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL- Visit 2- Tobacco Use Questionnaire

ID NUMBER:

FORM CODE:TBE
VERSION: 1, 8/22/2014

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / / 0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.

The following questions are about tobacco and tobacco use.

A. Cigarette Smoking

1. Have you ever smoked at least 100 cigarettes in your entire life?
No 0 → **Go to Question 13** Yes 1
2. How old were you when you first started to smoke cigarettes fairly regularly?
 Years old Never smoked cigarettes regularly (enter 99)
3. When you first started smoking cigarettes, did you start with cigarettes flavored to taste like menthol or mint?
No 0 Yes 1
4. Do you NOW smoke daily, some days or not at all?
Daily 1 → **Go to Question 5**
Some days 2 → **Go to Question 6**
Not at all 3 → **Go to Question 7**

B. Smoke Daily

5. How many cigarettes do you smoke per day now?
 Cigarettes per day (= 1 for 1 or fewer per day) **Go to Question 9**

C. Smoke Some Days

6. During the past 30 days, how many days did you smoke cigarettes?
 Number of days
- 6.a. During the past 30 days, on days that you smoked, how many cigarettes did you smoke per day?
 Cigarettes per day (= 1 for 1 or fewer per day) **Go to Question 9**

D. Currently Smoke Not at All

7. How old were you when you completely stopped smoking? Years old

8. What is the main reason you quit smoking cigarettes?

- Advice of physician 1
- Health reasons, self-initiated, including disease prevention 2
- Pressure from others, excluding physician 3
- Other 4

If other, please specify: _____

E. Smoking Cessation Aids

9. Has a doctor ever prescribed any aids to help you quit smoking, such as nicotine replacement gum, the patch, or any type of medication?

- No 0
- Yes, currently using 1
- Yes, past use 2

10. Have you ever used any over-the-counter aids to help you quit smoking, such as nicotine replacement gum, the patch, or any type of medication?

- No 0
- Yes, currently using 1
- Yes, past use 2

11. Have you ever used behavioral or group therapy to help you quit smoking?

- No 0
- Yes 1

12. Of the ENTIRE time you have or had smoked, on average how many cigarettes do you or did you smoke per day?

Cigarettes per day (=1 for 1 or fewer per day)

F. Products other than cigarettes

13. Have you ever smoked tobacco using a hookah (waterpipe), even once?

- No 0 **Go to Question 14** Yes 1

13.a. During the past 30 days, did you smoke tobacco using a hookah (waterpipe)?

- No 0 **Go to Question 14** Yes 1

13.a.1. How many days

14. Have you ever used spit tobacco, chew, dip, or "snus" tobacco (Copenhagen, Skoal, Grizzly), even once?

- No 0 **Go to Question 15** Yes 1

ID NUMBER:

FORM CODE: TBE
VERSION: 1, 8/22/2014

Contact
Occasion

0 2 SEQ #

14.a. During the past 30 days, did you spit tobacco, chew, dip, or "snus" tobacco (Copenhagen, Skoal, Grizzly)?

No 0 **Go to Question 15** Yes 1

14.a.1. How many days

15. Have you ever smoked an e-cigarette or electronic cigarette (Blue, V2), even once?

No 0 **Go to Question 16** Yes 1

15.a. During the past 30 days, did you smoke an e-cigarette or electronic cigarette (Blu, V2)?

No 0 **Go to Question 16** Yes 1

15.a.1. How many days

16. Have you ever smoked a cigar, cigarillo or flavored cigar (Black & Mild, Swisher Sweets), even once?

No 0 **Go to Question 17** Yes 1

16.a. During the past 30 days, did you smoke a cigar, cigarillo or flavored cigar (Black & Mild, Swisher Sweets)?

No 0 **Go to Question 17** Yes 1

16.a.1. How many days

17. Not counting yourself, how many people currently living in your household smoke regularly in the home?

None 0

1 person 1

2 people 2

3 people 3

4 or more people 4

18. During the past year, how many hours per week, on average, were you in close contact with people who were smoking? This includes time at home, at work, in a car, or other close quarters.

Hours per week

19. During the past 7 days, were you exposed to smoke from cigarettes, cigars, or pipes that someone else was smoking?

No Yes

Anywhere inside your home? 0 1

In your work area? 0 1

In a car? 0 1

In an indoor or outdoor public space? 0 1