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OMB#: 0925-0584  
Exp. xx/xx/xxxx

## HCHS/SOL- Visit 2- Tobacco Use Questionnaire

ID NUMBER:

FORM CODE:TBE  
VERSION: 1, 12/10/2013

Contact Occasion   SEQ #

### ADMINISTRATIVE INFORMATION

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

**Instructions:** Enter the answer given by the participant for each response. Use the CDART Notelog window to code 'Don't know/refused, Missing, etc.' for those questions that do not list these as an option.

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 10**  
Yes 1

2. How old were you when you first started to smoke cigarettes fairly regularly?

Years old

Never smoked cigarettes regularly

3. Do you NOW smoke daily, some days or not at all?

Daily 1  → **GO TO QUESTION 4**  
Some days 2  → **GO TO QUESTION 5**  
Not at all 3  → **GO TO QUESTION 6**

### B. Smoke Daily

4. How many cigarettes do you smoke per day now?

Cigarettes per day **1 = 1 or fewer per day → GO TO QUESTION 8a**

### C. Smoke Some Days

5. During the past 30 days, how many days did you smoke cigarettes?

Number of days

5.a. During the past 30 days, on days that you smoked, how many cigarettes did you smoke per day?

Cigarettes per day **1 = 1 or fewer per day → GO TO QUESTION 8a**

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**D. Currently Smoke Not at All**

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

7. 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**

8. 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

9. 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

10. Have you ever used behavioral or group therapy to help you quit smoking?  
No 0   
Yes 1

11. 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 = 1 or fewer per day)

**F. Products other than cigarettes**

12. During the past 30 days, did you do any of the following, and if yes, on how many days did you do each?

12.a. Smoke tobacco using a hookah (waterpipe)?  
No 0   
Yes 1

12.a.1. How many days

12.b. Use spit tobacco, chew, dip, or "snus" tobacco (Copenhagen, Skoal, Grizzly)?  
No 0   
Yes 1

12.b.1. How many days

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12.c. Smoke an e-cigarette or electronic cigarette (Blu, V2)?

No 0   
Yes 1

12.c.1. How many days

12.d. Smoke a cigar, cigarillo or flavored cigar (Black & Mild, Swisher Sweets)?

No 0   
Yes 1

12.d.1. How many days

13. 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

14. 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