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
   - 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
   - Some days 2
   - Not at all 3

B. Smoke Daily

5. How many cigarettes do you smoke per day now?
   - Cigarettes per day (= 1 per 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 per 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 □
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?

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<tr>
<th></th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Anywhere inside your home?</td>
<td>0</td>
<td>1</td>
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<td>In your work area?</td>
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<td>In a car?</td>
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<td>In an indoor or outdoor public space?</td>
<td>0</td>
<td>1</td>
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