HCHS/SOL Tobacco Use Questionnaire

**ADMINISTRATIVE INFORMATION**

0a. Completion Date: [ ] [ ] [ ]

0b. Staff ID: [ ] [ ] [ ]

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don’t know/refused' is not listed 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)

4a. Did you ever quit smoking for 6 months or longer?
   - No [ ] 0 [ ] **GO TO QUESTION 9**
   - Yes [ ] 1 [ ]

4b. For how many years in total did you quit smoking?
   - [ ] Years **GO TO QUESTION 7**

**C. Smoke Some Days**

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

5a. 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)
5b. Did you ever quit smoking for 6 months or longer?
   No   0 [ ] \( \rightarrow \) GO TO QUESTION 9
   Yes  1 [ ]

5c. For how many years in total did you quit smoking?
   [ ] [ ] Years \( \rightarrow \) GO TO QUESTION 7

D. Currently Smoke Not at All
6. How old were you when you completely stopped smoking?
   [ ] [ ] Years old

6a. When you were a smoker, did you ever quit smoking for 6 months or longer before you completely stopped smoking?
   No   0 [ ] \( \rightarrow \) GO TO QUESTION 7
   Yes  1 [ ]

6b. During the time that you were a smoker, for how many years in total did you quit smoking?
   [ ] [ ] Years

E. Smoking Cessation
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: ________________________

8a. 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  1 [ ]

8b. 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  1 [ ]

8c. Have you ever used behavioral or group therapy to help you quit smoking?
   No   0 [ ]
   Yes  1 [ ]

9. 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 \((1 = 1 \text{ or fewer per day})\)
F. Pipe Smoking
10. Have you ever smoked a pipe regularly? *(Regularly means more than 12 oz. of tobacco in a lifetime.)*
   - No 0
   - Yes 1

G. Cigar Smoking
11. Have you ever smoked cigars regularly? *(Regularly means more than 1 cigar/week for one year at any time in your life.)*
   - No 0
   - Yes 1

H. Second-hand Smoke Exposure
12. Before age 13, did you live with a regular cigarette smoker who smoked in your home?
   - No 0
   - Yes 1
   - Don’t know 9

13. Did your mother (or the primary female caregiver who lived in your home) smoke in your home?
   - No 0
   - Yes 1
   - Don’t know 9

14. 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

15. Since age 13 have you ever lived with a regular cigarette smoker (not including yourself) who smoked in your home?
   - No 0
   - Yes 1

16. 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