Basic Smoking Assessment Questionnaire

Measuring tobacco use is important in any health related study. The purpose of this questionnaire is to understand your use of tobacco products over your lifetime. Please complete this questionnaire about your use of tobacco products. Select the best answer to each question. Fill in the bubble completely. Record the information in the boxes. Please do not make marks on the questionnaire except in the designated areas.

Marking Instructions
- Use number 2 pencil only.
- Make dark marks that fill the bubble completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

1. Have you ever used any form of tobacco (cigarettes, pipes, cigars, smokeless tobacco)?
   ① Yes, continue the questionnaire.
   ② No, Skip to Question #25.

2. During your entire life, have you smoked at least 100 cigarettes, which is about 5 packs of cigarettes?
   ① Yes
   ② No, Skip to Question #16.
### Questions for People Who Have Quit Smoking Cigarettes:

1. **How old were you when you first started smoking cigarettes?**
   - Age (years)
   - (Choose a number from 1 to 9)

2. **Did you usually inhale to:**
   - Your mouth only?
   - Your chest?

3. **Usually how much of the cigarette did you smoke?**
   - All of it.
   - One half.
   - Less than one half.

4. **About how many years have you been a smoker?**
   - (Example: If you smoked for 5 years and quit for 2 years and smoked again for the last 5 years, your total years of smoking cigarettes is 10 years).
   - Years
   - (Choose a number from 1 to 9)

5. **About how many years were you a smoker?**
   - (Example: If you smoked for 5 years and quit for 2 years and smoked again for 5 years before quitting, your total years of smoking cigarettes is 10 years).
   - Years
   - (Choose a number from 1 to 9)

6. **How many cigarettes on average did you smoke per day?**
   - Cigarettes
   - (Choose a number from 00 to 99)
   - *1 pack = 20 cigarettes*  
   - *If less than 1 per day, fill in bubbles 00.*

7. **How many cigarettes on average do you smoke per day?**
   - Cigarettes
   - (Choose a number from 00 to 99)

8. **Do you usually inhale to:**
   - Your mouth only?
   - Your chest?

9. **Usually how much of the cigarette did you smoke?**
   - All of it.
   - One half.
   - Less than one half.

If you quit smoking skip to question 14.

### Questions for People Who Are Still Smoking Cigarettes:

Please answer these questions for the time since you started smoking until now.

1. **How many cigarettes on average do you smoke per day?**
   - Cigarettes
   - (Choose a number from 00 to 99)

2. **Do you usually inhale to:**
   - Your mouth only?
   - Your chest?

3. **Usually how much of the cigarette did you smoke?**
   - All of it.
   - One half.
   - Less than one half.
13. About how many cigarettes did you smoke over the last three days?

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14. Please record the brand of cigarettes that you have smoked the most. If you have smoked two or more brands equally, choose only one brand.

Brand Name: 

Is this brand a menthol type cigarette?  

- Yes
- No

Does this cigarette brand have a filter?  

- Yes
- No

15. Before age 20, what was the average number of cigarettes you smoked per day?

- Number of Cigarettes Per Day
- Less Than One Per Day
- Not Applicable. Did not smoke before age 20.

16. Have you smoked a pipe or cigar at least 20 times in your life?

- Yes, Which one?  
  - Pipe
  - Cigar
  - Both
- No  
  If No, Skip to question 19.

How many times per week do you/did you smoke a pipe and/or cigar?

- Times/Week
- Less than 1 per week

17. How many years have you been or were you a pipe or cigar smoker?

(Example: If you smoked a pipe for 5 years and quit and smoked a cigar for 5 years, your total years of smoking pipes and cigars is 10 years).

18. Do you currently smoke a pipe and/or cigar?

- Yes
- No  
  How many years since you stopped smoking pipes or cigars?
Thank you for taking the time to complete this questionnaire.

20. Do you currently use smokeless tobacco (chewing tobacco, snuff)?
   1. Yes
   2. No

21. Have you ever attempted to quit any form of tobacco? (Never smokers answer no)
   1. Yes
   2. No, Skip to Question 25.

22. How many times have you quit for at least one day?

23. What are/were the reasons that you attempted to quit? (Choose all that apply)
   1. High price of cigarettes
   2. Disapproval of friends/relatives
   3. Hospitalization
   4. Restricted smoking laws
   5. It is not the thing to do anymore
   6. Unable to exercise
   7. Health problems  Please Specify:________________________
   8. Concern over health of others in household
   9. Concern about future health risks
   10. Pregnancy
   11. Other:________________________

24. Have you ever used any forms of nicotine replacement? (i.e. patch, gum)
   1. Yes, What kind?________________________
   2. No

25. Did your mother smoke cigarettes when she was pregnant with you?
   1. Yes
   2. No
   3. Don't Know

26. Did the person who took care of you most often (i.e. mother, father, grandparent, etc) smoke during your infancy/childhood?
   1. Yes, throughout my childhood (from infancy through childhood)
   2. Yes, but only when I was older than 10 years of age.
   3. No, they did not smoke cigarettes during my infancy/childhood.
   4. Don't know.

27. We want to know how much time people have been smoking around you. During the past month, approximately how many hours per day were you exposed to other people's cigarette smoke in an enclosed location (i.e. home, vehicle, work)?

   - Smokers, Please include those times you were exposed to other people's cigarette smoke while you were also smoking.
   - If less than 1 hour, round to the nearest quarter hour (15, 30 or 45 minutes).
   - If none, fill in bubbles 00.

28. Thank you for taking the time to complete this questionnaire.