**TOBACCO ASSESSMENT – BASELINE**

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| REGISTERING INSTITUTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PARTICIPANT ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VISIT TYPE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VISIT DATE(MM/DD/YYYY)\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

**Instructions:**

**When a number is requested in the response, please enter a whole number (i.e. “4”) and not a range or fraction of a number.**

**Section A. Basic Cigarette Use Information**

1. Have you smoked at least 100 cigarettes (5 packs = 100 cigarettes) in your entire life?

[ ] Yes

[ ]  No → **Skip to Section B**

[ ]  Don’t know/Not sure → **Skip to Section B**

2. How old were you when you first smoked a cigarette (even one or two puffs)?

\_\_\_\_\_\_\_ Years old

3. How old were you when you first began smoking cigarettes regularly?

\_\_\_\_\_\_\_ Years old

[ ]  Check here if you have never smoked cigarettes regularly.

4. How many total years have you smoked (or did you smoke) cigarettes? Do not count any time you may have stayed off cigarettes.

\_\_\_\_\_\_ Years (If you smoked less than one year, write “1.”)

5. Onaverage when you have smoked, about how many cigarettes do you (or did you) smoke a day?(A pack usually has 20 cigarettes in it).

\_\_\_\_\_ Number of cigarettes per day

6. Do you NOW smoke cigarettes?

~~[ ]~~  Everyday

~~[ ]~~  Some days

~~[ ]~~  Not at all → **Skip to question 8**

7. How soon after you wake up do you smoke your first cigarette?

[ ]  Within 30 minutes

[ ]  After 30 minutes

8. How long has it been since you last smoked a cigarette (even one or two puffs)?

*First check which one of the following choices applies to you. Then, if applicable, write a number on the line*

*for how many days, weeks, months, or years it has been since your last cigarette.*

[ ]  I smoked a cigarette today (at least one puff)

[ ]  1-7 days → Number of days since last cigarette \_\_\_\_\_\_\_\_

[ ]  Less than 1 month → Number of weeks since last cigarette \_\_\_\_\_\_\_\_\_

[ ]  Less than 1 year → Number of months since last cigarette \_\_\_\_\_\_\_\_\_\_

[ ]  More than 1 year → Number of years since last cigarette \_\_\_\_\_\_\_\_\_\_\_

[ ]  Don’t know/Don’t remember

**Section B. Use of Other Forms of Tobacco**

9. Have you ever used other forms of tobacco, not including cigarettes?

[ ]  Yes

[ ]  No → **Skip to Section C**

10. How often do you/did you use other forms of tobacco?

[ ]  Every day → Number of times per day \_\_\_\_\_\_\_\_

[ ]  Some days → Number of days \_\_\_\_\_\_\_ per [ ]  Week[ ]  Month [ ] Year

11. Which of the following products have you ever used regularly?

 ***Check all that apply***

[ ]  Cigarettes

[ ]  E-cigarettes or other electronic nicotine delivery system

[ ]  Traditional cigars, cigarillos or filtered cigars

[ ]  Pipes

[ ]  Waterpipe

[ ]  Hookah

[ ]  Clove cigarettes or kreteks

[ ]  Bidis

[ ]  Smokeless tobacco, like dip, chew, or snuff

[ ]  Snus

[ ]  Paan with tobacco, gutka, zarda, khaini

[ ]  Other, Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. If you do not currently use other forms of tobacco, but did in the past, how long has it been since you last used other forms of tobacco regularly?

[ ]  Within the past month (0 to 1 month ago)

[ ]  Between 1 and 3 months (1 to 3 months ago)

[ ]  Between 3 and 6 months (3 to 6 months ago)

[ ]  Between 6 and 12 months (6 to 12 months ago)

[ ]  Between 1 and 5 years (1 to 5 years ago)

[ ]  Between 5 and 15 years (5 to 15 years ago)

[ ]  More than 15 years ago

[ ]  Don’t know/Not sure

[ ]  Never used other forms of tobacco regularly

**Section C. Second-Hand Smoke Exposure**

13. Are you currently living with a smoker?

[ ] Yes

[ ]  No

14. In the past 30 days, have you lived in a place where other people smoked cigarettes indoors?

[ ] Yes

[ ]  No

15. In the past 30 days, have you worked in a place where other people smoked cigarettes indoors?

[ ] Yes

[ ]  No

16. Thinking of all your childhood and adult years, have you ever lived in a place where other people smoked cigarettes indoors?

[ ]  Yes In total, for about how many years?\_\_\_\_\_\_\_ If less than 1, write “1.”

[ ]  No

17. Thinking of all the years you have worked, have you ever worked in a place where other people smoked cigarettes indoors?

[ ] Yes → In total, for about how many years?\_\_\_\_\_\_\_ If less than 1, write “1.”

[ ]  No

Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

 *(MM/DD/YYYY)*

Investigator Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_