**TOBACCO ASSESSMENT - FOLLOW-UP**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.**

1. Do you NOW smoke cigarettes?

Everyday

Some days

Not at all → **Skip to Question 3.**

Never smoked **→ Skip to Question 4**

2. On average, when you 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

3. 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 whole 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

4. Since your last visit, have you used other forms of tobacco, not including cigarettes?

Yes

No (**End)**

5. 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

6. Since your last visit, which of the following products have you used? ***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, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. 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

The following instructions pertain to questions 8 - 10. During each of the following time frames, please indicate whether you smoked cigarettes every day, some days, or not at all.

8. During study treatment

Smoked every day

Smoked some days

Did not smoke at all

Don’t know/not sure

Not applicable

9. After the end of study treatment

Smoked every day

Smoked some days

Did not smoke at all

Don’t know/not sure

Not applicable (I have not completed the study treatment)

10. Since your last visit to this clinic

Smoked every day

Smoked some days

Did not smoke at all

Don’t know/not sure

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

*(MM/DD/YYYY)*

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