**TOBACCO ASSESSMENT - FOLLOW-UP**

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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.**

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_