

PID:

Visit Date:
 dd MMM yy

Visit:

SMOKING STATUS

1. Have you ever smoked at least 100 cigarettes in your entire life? Yes No Don't know
 → Skip to Item 8.

2. How old were you when you first started smoking cigarettes? years **OR** Don't know

3. What type of smoker would you currently say you are?
 An EVERY day smoker
 A FAIRLY REGULAR (some days) smoker
 A FORMER smoker
 Don't know
 Refused

4. Have you EVER smoked cigarettes EVERY DAY for at least 6 months? Yes No Don't know

5. On the days that you smoke, on average, how many cigarettes do you smoke?
OR cigarettes **OR** Don't know
 If you are a former smoker, on the days that you smoked, on average, how many cigarettes did you smoke?

6. Over the past 30 days, on how many days did you smoke?
OR days **OR** Don't know
 If you are a former smoker, on average, on how many days did you smoke in a month?

7. (**ONLY** Former smokers) About how long has it been since you completely quit smoking cigarettes?
 years **OR** Don't know
 months
 weeks
 days

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TOBACCO (NON-CIGARETTE) - PRODUCT USE

8. In your lifetime, have you....

8.1. Smoked at least 50 cigars? Yes No Don't know Refused8.2. Smoked a pipe at least 50 times? Yes No Don't know Refused8.3. Used snuff (such as Skoal, Skoal Bandit or Copenhagen) at least 20 times? Yes No Don't know Refused8.4. Used chewing tobacco (such as Redman, Levi Garrett or Beechnut) at least 20 times? Yes No Don't know Refused