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

8.1. Smoked at least 50 cigars?  
☐ Yes  ☐ No  ☐ Don’t know  ☐ Refused

8.2. Smoked a pipe at least 50 times?  
☐ Yes  ☐ No  ☐ Don’t know  ☐ Refused

8.3. Used snuff (such as Skoal, Skoal Bandit or Copenhagen) at least 20 times?  
☐ Yes  ☐ No  ☐ Don’t know  ☐ Refused

8.4. Used chewing tobacco (such as Redman, Levi Garrett or Beechnut) at least 20 times?  
☐ Yes  ☐ No  ☐ Don’t know  ☐ Refused