



# HCHS/SOL Tobacco Use (TBE)

ID NUMBER:

FORM CODE:TBE  
VERSION: 2,12/9/2019

Contact Occasion

Occurrence

## ADMINISTRATIVE INFORMATION

0a. Completion Date: /

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.

The following questions are about tobacco and tobacco use.

### A. Cigarette Smoking

1. Have you ever smoked at least 100 cigarettes in your entire life?

No 0  [Go to Question 11] Yes 1

2. Do you NOW smoke cigarettes daily, some days or not at all?

Daily 1  [Go to Question 3]  
Some days 2  [Go to Question 4]  
Not at all 3  [Go to Question 5]

### B. Smoke Daily

3. How many cigarettes do you smoke per day now?

Cigarettes per day (= 1 for 1 or fewer per day)

3.a. On the days that you smoke, how soon after you wake up do you typically smoke your first cigarette of the day? : number of Hrs:Min after waking [Go to Q7]

### C. Smoke Some Days

4. During the past 30 days, how many days did you smoke cigarettes?

Number of days [If Q4=0, go to Q4b]

4.a. During the past 30 days, on days that you smoked, how many cigarettes did you smoke per day?

Cigarettes per day (= 1 for 1 or fewer per day)

4.b. On the days that you smoke, how soon after you wake up do you typically smoke your first cigarette of the day? : number of Hrs:Min after waking [Go to Q7]

### D. Currently Smoke Not at All

5. How old were you when you completely stopped smoking?  Years old

6. What is the main reason you quit smoking cigarettes?

- Advice of physician 1
- Health reasons, self-initiated, including disease prevention 2
- Pressure from others, excluding physician 3
- Other 4

If other, please specify: \_\_\_\_\_

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0	3
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0	1
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**E. Smoking Cessation Aids**

7. Has a doctor ever prescribed any aids to help you quit smoking, such as nicotine replacement gum, the patch, or any type of medication?  
No 0   
Yes, currently using 1   
Yes, past use 2
8. Have you ever used any over-the-counter aids to help you quit smoking, such as nicotine replacement gum, the patch, or any type of medication?  
No 0   
Yes, currently using 1   
Yes, past use 2
9. Have you ever used behavioral or group therapy to help you quit smoking?  
No 0  Yes 1
10. Of the ENTIRE time you have or had smoked, on average how many cigarettes do you or did you smoke per day?  
 Cigarettes per day (=1 for 1 or fewer per day)

**F. Products other than cigarettes**

11. Have you ever smoked tobacco using a hookah (waterpipe), even once?  
No 0  **[Go to Question 12]** Yes 1
- 11.a. During the past 30 days, did you smoke tobacco using a hookah (waterpipe)?  
No 0  **[Go to Question 12]** Yes 1
- 11.a.1. How many days
12. Have you ever used spit tobacco, chew, dip, or "snus" tobacco (Copenhagen, Skoal, Grizzly), even once?  
No 0  **[Go to Question 13]** Yes 1
- 12.a. During the past 30 days, did you use spit tobacco, chew, dip, or "snus" tobacco (Copenhagen, Skoal, Grizzly)?  
No 0  **[Go to Question 13]** Yes 1
- 12.a.1. How many days
13. Have you ever smoked an e-cigarette or electronic cigarette (JUUL, MIG), even once?  
No 0  **[Go to Question 14]** Yes 1

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0	3
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0	1
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13.a. During the past 30 days, did you smoke an e-cigarette or electronic cigarette (JUUL, MIG)?

No 0  **[Go to Question 14]** Yes 1

13.a.1. How many days

13.a.2. Did you use e-cigarettes or vaping to help you quit smoking cigarettes?

No 0  Yes 1

14. Have you ever smoked a cigar, cigarillo or flavored cigar (Black & Mild, Swisher Sweets), even once?

No 0  **[Go to Question 15]** Yes 1

14.a. During the past 30 days, did you smoke a cigar, cigarillo or flavored cigar (Black & Mild, Swisher Sweets)?

No 0  **[Go to Question 15]** Yes 1

14.a.1. How many days

15. Not counting yourself, how many people currently living in your household smoke regularly in the home?

- None 0
- 1 person 1
- 2 people 2
- 3 people 3
- 4 or more people 4

16. During the past year, how many hours per week, on average, were you in close contact with people who were smoking? This includes time at home, at work, in a car, or other close quarters.

Hours per week

17. During the past 7 days, were you exposed to smoke from cigarettes, cigars, or pipes that someone else was smoking:

	No	Yes
Anywhere inside your home?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
In your work area?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
In a car?	0 <input type="checkbox"/>	1 <input type="checkbox"/>
In an indoor or outdoor public space?	0 <input type="checkbox"/>	1 <input type="checkbox"/>