



Public reporting burden for this collection of information is estimated to average 03 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.

OMB#: 0925-0584
Exp. 2/28/2011

HCHS/SOL Tobacco Use Questionnaire

ID NUMBER:

FORM CODE: TBE
VERSION: A 8/30/07

Contact Occasion SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

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 10**
Yes 1

2. How old were you when you first started to smoke cigarettes fairly regularly?
 Years old
 Never smoked cigarettes regularly

3. Do you NOW smoke daily, some days or not at all?
Daily 1 > **GO TO QUESTION 4**
Some days 2 > **GO TO QUESTION 5**
Not at all 3 > **GO TO QUESTION 6**

B. Smoke Daily

4. How many cigarettes do you smoke per day now?
 Cigarettes per day (1 = 1 or fewer per day)

4a. Did you ever quit smoking for 6 months or longer?
No 0 > **GO TO QUESTION 9**
Yes 1

4b. For how many years in total did you quit smoking?
 Years > **GO TO QUESTION 7**

C. Smoke Some Days

5. During the past 30 days, how many days did you smoke cigarettes?
 Number of days

5a. During the past 30 days, on days that you smoked, how many cigarettes did you smoke per day?
 Cigarettes per day (1 = 1 or fewer per day)

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: TBE
VERSION: A 8/30/07

Contact
Occasion

--

SEQ #

5b. Did you ever quit smoking for 6 months or longer?

No 0 → **GO TO QUESTION 9**
Yes 1

5c. For how many years in total did you quit smoking?

Years → **GO TO QUESTION 7**

D. Currently Smoke Not at All

6. How old were you when you completely stopped smoking?

Years old

6a. When you were a smoker, did you ever quit smoking for 6 months or longer before you completely stopped smoking?

No 0 → **GO TO QUESTION 7**
Yes 1

6b. During the time that you were a smoker, for how many years in total did you quit smoking?

Years

E. Smoking Cessation

7. 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: _____

8a. 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 1

8b. 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 1

8c. Have you ever used behavioral or group therapy to help you quit smoking?

No 0
Yes 1

9. 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 = 1 or fewer per day)

