

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 Contact VERSION: A 8/30/07 Occasion SEQ #										
Acrostic:										
ADMINISTRATIVE INFORMATION Oa. Completion Date: Day Year Ob. 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 □ 										
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 Daily4. 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 Contact VERSION: A 8/30/07 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 Health reasons, self-initiated, including disease prevention 2 Pressure from others, excluding physician Other 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)									

Tobacco Use Form (TBE) Page 2 of 3

ID NUMBER:								FORM CODE: TBE VERSION: A 8/30/07	_	Contact Occasion	SEQ#
G. Cigar Sm	oking	smok						No 0 Yes 1			z. of tobacco in a lifetime.) gar/week for one year at any
H. Second-h 12. Before aç							gula	r cigarette smoker No 0 Yes 1 Don't know 9	→ GO	TO QUE	STION 14
13. Did your	mothei	r (or	the p	orim	ary f	ema	ale (caregiver who lived No 0 ☐ Yes 1 ☐ Don't know 9 ☐	in you	r home) s	smoke in your home?
14. Not coun home?	ting yo	urse	lf, ho	ow n	nany	pec	ople	None 1 person 2 people 3 people	0 1 2 3	→ GO T→ GO T	TO QUESTION 16 TO QUESTION 16 TO QUESTION 16 TO QUESTION 16
15. Since again your ho		ave y	ou e	ever	lived	d wit	th a	4 or more people regular cigarette si No 0 Yes 1	4 📋 moker	<u> </u>	ding yourself) who smoked
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											