TOBACCO – SMQ
Target Group: SPs 20+ (CAPI)

SMQ.680 The following questions ask about use of tobacco or nicotine products in the past 5 days.

During the past 5 days, did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff, nicotine patches, nicotine gum, or any other product containing nicotine?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES ............................................................... 1
NO ............................................................... 2 (END OF SECTION)
REFUSED .................................................... 7 (END OF SECTION)
DON'T KNOW ............................................... 9 (END OF SECTION)

SMQ.690 Which of these products did you use? (CHECK ALL THAT APPLY)

VERBAL INSTRUCTIONS TO SP:
Please select all that you used.

Cigarettes ...................................................... 1
Pipes ............................................................. 2
Cigars ............................................................ 3
Chewing tobacco ........................................... 4
Snuff .............................................................. 5
Nicotine patches, gum, or other nicotine product ....................................................... 6
REFUSED .................................................... 77
DON'T KNOW ............................................... 99

BOX 2

CHECK ITEM SMQ.700:
IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.
IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.
IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.820.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.710.
SMQ.710  During the past 5 days (including today), on how many days did {you/he/she} smoke cigarettes?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER NUMBER OF DAYS</td>
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REFUSED .....................................................  7
DON'T KNOW ...............................................  9

SMQ.720  During the past 5 days, on the days {you/he/she} smoked, how many cigarettes did {you/he/she} smoke each day?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

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<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>ENTER NUMBER OF CIGARETTES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

SMQ.725  When did {you/he/she} smoke {your/his/her} last cigarette? Was it . . .

today, .....................................................  1
yesterday, or .............................................  2
3 to 5 days ago? .........................................  3
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

BOX 3

CHECK ITEM SMQ.730:  
IF ‘PIPES’ (CODE 2) IN SMQ.690, GO TO SMQ.740.  
IF ‘CIGARS’ (CODE 3) IN SMQ.690, GO TO SMQ.770.  
IF ‘CHEW’ (CODE 4) IN SMQ.690, GO TO SMQ.800.  
IF ‘SNUFF’ (CODE 5) IN SMQ.690, GO TO SMQ.817.  
IF ‘NICOTINE PRODUCT’ (CODE 6) IN SMQ.690, GO TO SMQ.830.  
IF ‘REFUSED’ (CODE 77) OR ‘DON’T KNOW’ (CODE 99) IN SMQ.690, GO TO SMQ.740.
SMQ.740  During the past 5 days (including today), on how many days did {you/he/she} smoke a pipe?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

[ ]________
ENTER NUMBER OF DAYS

REFUSED .....................................................  7
DON'T KNOW ...............................................  9

SMQ.750  During the past 5 days, on the days {you/he/she} smoked a pipe, how many pipes did {you/he/she} smoke each day?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

[ ]________
ENTER NUMBER OF PIPES

REFUSED .....................................................  77
DON'T KNOW ...............................................  99

SMQ.755  When did {you/he/she} smoke {your/his/her} last pipe? Was it . . .

today, .............................................................  1
yesterday, or ..................................................  2
3 to 5 days ago? ............................................  3
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

BOX 4

CHECK ITEM SMQ.760:
IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.770.
SMQ.770 During the past 5 days (including today), on how many days did you/he/she smoke cigars?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|
ENTER NUMBER OF DAYS

REFUSED ..................................................... 7
DONT KNOW ................................................... 9

SMQ.780 During the past 5 days, on the days you/he/she smoked cigars, how many cigars did you/he/she smoke each day?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|___|
ENTER NUMBER OF CIGARS

REFUSED ..................................................... 77
DONT KNOW ................................................... 99

SMQ.785 When did you/he/she smoke your/his/her last cigar? Was it . . .

today, ............................................................. 1
yesterday, or ................................................... 2
3 to 5 days ago? ............................................. 3
REFUSED ..................................................... 7
DONT KNOW ................................................... 9

BOX 5

CHECK ITEM SMQ.790:
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.800.
SMQ.800  During the past **5 days** (including today), on how many days did {you/he/she} use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

<table>
<thead>
<tr>
<th>ENTER NUMBER OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED .........................  7</td>
</tr>
<tr>
<td>DON'T KNOW ......................  9</td>
</tr>
</tbody>
</table>

SMQ.815  When did {you/he/she} last use chewing tobacco? Was it . . .

today...........................................  1
yesterday, or................................  2
3 to 5 days ago?.............................  3
REFUSED ......................................  7
DON'T KNOW ..................................  9

**BOX 5A**

CHECK ITEM SMQ.816:
IF ‘SNUFF’ (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF ‘NICOTINE PRODUCT’ (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF ‘REFUSED’ (CODE 77) OR ‘DON’T KNOW’ (CODE 99) IN SMQ.690, GO TO SMQ.817.

SMQ.817  During the past **5 days** (including today), on how many days did {you/he/she} use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

<table>
<thead>
<tr>
<th>ENTER NUMBER OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED .........................  7</td>
</tr>
<tr>
<td>DON'T KNOW ......................  9</td>
</tr>
</tbody>
</table>

SMQ.819  When did {you/he/she} last use snuff? Was it . . .

today...........................................  1
yesterday, or................................  2
3 to 5 days ago?.............................  3
REFUSED ......................................  7
DON'T KNOW ..................................  9
BOX 6

CHECK ITEM SMQ.820:
IF ‘NICOTINE PRODUCT’ (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF ‘REFUSED’ (CODE 77) OR ‘DON'T KNOW’ (CODE 99) IN SMQ.690, GO TO
SMQ.830.
OTHERWISE, GO TO END OF SECTION.

SMQ.830 During the past 5 days (including today), on how many days did {you/he/she} use any product containing nicotine to help {you/him/her} stop smoking? Include nicotine patches, gum, or any other product containing nicotine.

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

ENTER NUMBER OF DAYS

REFUSED .....................................................  7
DON'T KNOW ............................................... 9

SMQ.840 When did {you/he/she} last use a product containing nicotine? Was it . .

today .......................................................... 1
yesterday, or .............................................. 2
3 to 5 days ago? .......................................... 3
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9