TOBACCO – SMQ
Target Group: SPs 12+ (CAPI)

BOX 1

CHECK ITEM SMQ.859:
IF SP AGED 12-17, GO TO SMQ.860.
OTHERWISE, CONTINUE.

SMQ.681 The following questions ask about use of tobacco products in the past 5 days.

During the past 5 days, including today, did {you/he/she} smoke cigarettes, pipes, cigars, little cigars or cigarillos, water pipes, hookahs, or e-cigarettes?

YES ............................................................... 1
NO ................................................................. 2 (SMQ.851)
REFUSED ..................................................... 7 (SMQ.851)
DON'T KNOW ............................................... 9 (SMQ.851)

SMQ.692 Which of these products did {you/he/she} smoke?

(CHECK ALL THAT APPLY)

Cigarettes…………………………………………………. 1
Pipes ……………………………………………………… 2
Cigars, or little cigars, or cigarillos…………………. 3
Water pipes or Hookahs………………………… 4
E-cigarettes……………………………………………… 5
REFUSED ………………………………………………….. 77 (SMQ.851)
DON'T KNOW …………………………………………. 99 (SMQ.851)

BOX 2

CHECK ITEM SMQ.701:
IF 'CIGARETTES' (CODE 1) IN SMQ.692, GO TO SMQ.710.
IF 'PIPES' (CODE 2) IN SMQ.692, GO TO SMQ.740.
IF 'CIGARS' (CODE 3) IN SMQ.692, GO TO SMQ.771.
IF 'WATER PIPES OR HOOKAHS' (CODE 4) IN SMQ.692, GO TO SMQ.845.
IF 'E-CIGARETTE' (CODE 5) IN SMQ.692, GO TO SMQ.849.

SMQ.710 During the past 5 days, including today, on how many days did {you/he/she} smoke cigarettes?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

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

SMQ-1
SMQ.720 During the past **5 days**, including today, 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.

HARD EDIT: RANGE 1 – 95.

|___|___|
ENTER NUMBER OF CIGARETTES

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.731:
IF ‘PIPES’ (CODE 2) IN SMQ.692, GO TO SMQ.740.
IF ‘CIGARS’ (CODE 3) IN SMQ.692, GO TO SMQ.771.
IF ‘WATER PIPES OR HOOKAHS’ (CODE 4) IN SMQ.692, GO TO SMQ.845.
IF ‘E-CIGARETTE’ (CODE 5) IN SMQ.692, GO TO SMQ.849.
OTHERWISE, GO TO SMQ.851.

SMQ.740 During the past **5 days**, including today, on how many days did {you/he/she} smoke a pipe?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

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

**BOX 4**

CHECK ITEM SMQ.761:
IF ‘CIGARS’ (CODE 3) IN SMQ.692, GO TO SMQ.771.
IF ‘WATER PIPES OR HOOKAH’ IN SMQ.692, GO TO SMQ.845.
IF ‘E-CIGARETTE’ (CODE 5) IN SMQ.692, GO TO SMQ.849.
OTHERWISE, GO TO SMQ.851.
SMQ.771 During the past 5 days, including today, on how many days did (you/he/she) smoke cigars, or little cigars or cigarillos?

HARD EDIT: RANGE 1 – 5.

[___]
ENTER NUMBER OF DAYS

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

BOX 5
CHECK ITEM SMQ.791:
IF 'WATER PIPE' (CODE 4) IN SMQ.692, GO TO 845.
IF 'E-CIGARETTE' (CODE 5) IN SMQ.692, GO TO 849.
OTHERWISE, GO TO SMQ.851.

SMQ.845 During the past 5 days, including today, on how many days did (you/he/she) smoke tobacco in a water pipe or Hookah?

HARD EDIT: RANGE 1 – 5.

[___]
ENTER NUMBER OF DAYS

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

BOX 6
CHECK ITEM SMQ.847:
IF 'E-CIGARETTE' (CODE 5) IN SMQ.692, GO TO 849.
OTHERWISE, GO TO SMQ.851.

SMQ.849 During the past 5 days, including today, on how many days did (you/he/she) smoke an e-cigarette?

HARD EDIT: RANGE 1 – 5.

[___]
ENTER NUMBER OF DAYS

REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
Smokeless tobacco products are placed in the mouth or nose and include chewing tobacco, snuff, snus, or dissolvables.

During the past 5 days, including today, did {you/he/she} use any smokeless tobacco?

(Please do not include nicotine replacement products like patches, gum, lozenge, or spray which are considered products to help {you/him/her} stop smoking.)

YES ............................................................... 1
NO ................................................................. 2 (SMQ.863)
REFUSED ..................................................... 7 (SMQ.863)
DON’T KNOW ............................................... 9 (SMQ.863)

Which of these products did {you/he/she} use?

(CHECK ALL THAT APPLY)

Chewing tobacco ........................................... 1
Snuff .............................................................. 2
Snus .............................................................. 3
Dissolvables .................................................. 4
REFUSED ..................................................... 7 (SMQ.863)
DON’T KNOW ............................................... 9 (SMQ.863)

BOX 7

CHECK ITEM SMQ.855:
- IF ‘CHEWING’ (CODE 1) IN SMQ.853, GO TO SMQ.800.
- IF ‘SNUFF’ (CODE 2) IN SMQ.853, GO TO SMQ.817.
- IF ‘SNUS’ (CODE 3) IN SMQ.853, GO TO SMQ.857.
- IF ‘DISSOLVABLES’ (CODE 4) IN SMQ.853, GO TO SMQ.861.

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?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED ..................................................... 7
DON’T KNOW ............................................... 9
BOX 8

CHECK ITEM SMQ.818:
IF ‘SNUFF’ (CODE 2) IN SMQ.853, GO TO SMQ.817.
IF ‘SNUS’ (CODE 3) IN SMQ.853, GO TO SMQ.857.
IF DISSOLVABLES (CODE 4) IN SMQ.853, GO TO SMQ.861.
OTHERWISE, GO TO SMQ.863.

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?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED .....................................................  7
DON’T KNOW ...............................................  9

BOX 9

CHECK ITEM SMQ.821:
IF ‘SNUS’ (CODE 3) IN SMQ.853, GO TO SMQ.857.
IF DISSOLVABLES (CODE 4) IN SMQ.853, GO TO SMQ.861.
OTHERWISE, GO TO SMQ.863.

SMQ.857  During the past 5 days, including today, on how many days did {you/he/she} use snus?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED .....................................................  7
DON’T KNOW ...............................................  9

BOX 10

CHECK ITEM SMQ.859:
IF DISSOLVABLES (CODE 4), CONTINUE.
OTHERWISE, GO TO SMQ.863.
SMQ.861 During the past 5 days, including today, on how many days did {you/he/she} use dissolvables such as strips or orbs?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

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

SMQ.863 During the past 5 days, including today, did {you/he/she} use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?

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

SMQ.830 During the past 5 days, including today, on how many days did {you/he/she} use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

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

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

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

SMQ.860 The next questions are about {your/his/her} exposure to other people’s tobacco smoke.

During the last 7 days, did {you/SP} spend time in a restaurant?

YES ............................................................... 1
NO ................................................................. 2 (SMQ.870)
REFUSED ..................................................... 7 (SMQ.870)
DON'T KNOW ............................................... 9 (SMQ.870)
<table>
<thead>
<tr>
<th>SMQ.862</th>
<th>While {you were/SP was} in a <strong>restaurant</strong>, did someone else smoke cigarettes or other tobacco products indoors?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YES</strong> ........................................................................................................ 1</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong> ........................................................................................................... 2</td>
</tr>
<tr>
<td></td>
<td><strong>REFUSED</strong> .................................................................................................. 7</td>
</tr>
<tr>
<td></td>
<td><strong>DON'T KNOW</strong> ............................................................................................ 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMQ.870</th>
<th>During the last 7 days, did {you/SP} ride in a <strong>car or motor vehicle</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YES</strong> ........................................................................................................ 1</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong> ......................................................................................................... 2 (SMQ.874)</td>
</tr>
<tr>
<td></td>
<td><strong>REFUSED</strong> ................................................................................................ 7 (SMQ.874)</td>
</tr>
<tr>
<td></td>
<td><strong>DON'T KNOW</strong> ......................................................................................... 9 (SMQ.874)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMQ.872</th>
<th>While {you were/SP was} riding in a <strong>car or motor vehicle</strong>, did someone else smoke cigarettes or other tobacco products?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YES</strong> ........................................................................................................ 1</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong> ........................................................................................................... 2</td>
</tr>
<tr>
<td></td>
<td><strong>REFUSED</strong> .................................................................................................. 7</td>
</tr>
<tr>
<td></td>
<td><strong>DON'T KNOW</strong> ............................................................................................ 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMQ.874</th>
<th>During the last 7 days, did {you/SP} spend time in a <strong>home other than</strong> (your/his/her) <strong>own</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YES</strong> ........................................................................................................ 1</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong> ......................................................................................................... 2 (SMQ.878)</td>
</tr>
<tr>
<td></td>
<td><strong>REFUSED</strong> ................................................................................................ 7 (SMQ.878)</td>
</tr>
<tr>
<td></td>
<td><strong>DON'T KNOW</strong> ......................................................................................... 9 (SMQ.878)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMQ.876</th>
<th>While {you were/SP was} in a <strong>home other than</strong> (your/his/her) <strong>own</strong>, did someone else smoke cigarettes or other tobacco products indoors?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YES</strong> ........................................................................................................ 1</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong> ........................................................................................................... 2</td>
</tr>
<tr>
<td></td>
<td><strong>REFUSED</strong> .................................................................................................. 7</td>
</tr>
<tr>
<td></td>
<td><strong>DON'T KNOW</strong> ............................................................................................ 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMQ.878</th>
<th>During the last 7 days, {were you/was SP} in any <strong>other indoor area</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YES</strong> ........................................................................................................ 1</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong> ......................................................................................................... 2 (END OF SECTION)</td>
</tr>
<tr>
<td></td>
<td><strong>REFUSED</strong> ................................................................................................ 7 (END OF SECTION)</td>
</tr>
<tr>
<td></td>
<td><strong>DON'T KNOW</strong> ......................................................................................... 9 (END OF SECTION)</td>
</tr>
</tbody>
</table>
While you were in the other indoor area, did someone else smoke cigarettes or other tobacco products?

YES ...............................................................  1
NO .....................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9