# 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.682 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, regular cigars, cigarillos, or little filtered cigars, water pipes or hookahs with tobacco?

HAND CARD SMQ1

| YES        | 1 |           |
|------------|---|-----------|
| NO         | 2 | (SMQ.846) |
| REFUSED    | 7 | (SMQ.846) |
| DON'T KNOW | 9 | (SMQ.846) |

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

HAND CARD SMQ1

(CHECK ALL THAT APPLY)

| Cigarettes                                    |    |           |
|---|----|-----------|
| Pipes   | 2  |           |
| Regular cigars, cigarillos or little filtered |    |           |
| cigars  | 3  |           |
| Water pipes or Hookahs with tobacco           | 4  |           |
| REFUSED                                       | 77 | (SMQ.846) |
| DON'T KNOW                                    | 99 | (SMQ.846) |

# 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.

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

HARD EDIT: RANGE 1 – 5.

I\_\_\_\_I ENTER NUMBER OF DAYS

| REFUSED    | 7 |
|------------|---|
| DON'T KNOW | 9 |

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.

I\_\_\_\_I ENTER NUMBER OF CIGARETTES

| REFUSED77    | 7 |
|--------------|---|
| DON'T KNOW99 | 9 |

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 |

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. OTHERWISE, GO TO SMQ.846.

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.

I\_\_\_\_I 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.
- OTHERWISE, GO TO SMQ.846.
- SMQ.771 During the past **5 days**, including today, on how many days did {you/he/she} smoke regular cigars, cigarillos, or little filtered cigars?

HARD EDIT: RANGE 1 – 5.

ENTER NUMBER OF DAYS

| REFUSED    | 7 |
|------------|---|
| DON'T KNOW | 9 |

### CHECK ITEM SMQ.791:

- IF 'WATER PIPE' (CODE 4) IN SMQ.692, GO TO 845.
- OTHERWISE, GO TO SMQ.846.

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 with tobacco?

HARD EDIT: RANGE 1 - 5.

ENTER NUMBER OF DAYS

| REFUSED    | 7 |
|------------|---|
| DON'T KNOW | 9 |

SMQ.846 During the past **5 days**, including today, did (you/he/she) use e-cigarettes? You may also know them as JUUL<sup>™</sup>, vape-pens, vapes, hookah-pens, e-hookahs, or vaporizers. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke?

INTERVIEWER INSTRUCTION: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

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

SMQ.849 During the past 5 days, including today, on how many days did {you/he/she} use e-cigarettes?

HARD EDIT: RANGE 1 – 5.

ENTER NUMBER OF DAYS

| REFUSED    | 7 |
|------------|---|
| DON'T KNOW | 9 |

SMQ.851 Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (PRONOUNCED SNOOSE), or dissolvable tobacco.

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) |

SMQ.853 Which of these products did {you/he/she} use?

(CHECK ALL THAT APPLY)

| Chewing tobacco | 1 |           |
|-----------------|---|-----------|
| Snuff           | 2 |           |
| Snus            | 3 |           |
| Dissolvables    | 4 |           |
| Dip             | 5 |           |
| REFUSED         | 7 | (SMQ.863) |
| DON'T KNOW      | 9 | (SMQ.863) |

## 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.
- OTHERWISE, GO TO SMQ.863.
- 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?

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.
- 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 |

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.831 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.

# |\_\_\_| (END OF SECTION) ENTER NUMBER OF DAYS

| 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) |

SMQ.862 While {you were/SP was} in a **restaurant**, did someone else smoke cigarettes or other tobacco products indoors?

| YES        | 1 |
|------------|---|
| NO         | 2 |
| REFUSED    | 7 |
| DON'T KNOW | 9 |

SMQ.870 During the last 7 days, did {you/SP} ride in a car or motor vehicle?

| YES        | 1 |           |
|------------|---|-----------|
| NO         | 2 | (SMQ.874) |
| REFUSED    | 7 | (SMQ.874) |
| DON'T KNOW | 9 | (SMQ.874) |

SMQ.872 While {you were/SP was} riding in **a car or motor vehicle**, did someone else smoke cigarettes or other tobacco products?

| YES        | 1 |
|------------|---|
| NO         | 2 |
| REFUSED    | 7 |
| DON'T KNOW | 9 |

SMQ.874 During the last 7 days, did {you/SP} spend time in a home other than {your/his/her} own?

| YES        | 1 |           |
|------------|---|-----------|
| NO         | 2 | (SMQ.878) |
| REFUSED    | 7 | (SMQ.878) |
| DON'T KNOW | 9 | (SMQ.878) |

SMQ.876 While {you were/SP was} in a home other than {your/his/her} own, did someone else smoke cigarettes or other tobacco products indoors?

| YES        | 1 |
|------------|---|
| NO         | 2 |
| REFUSED    | 7 |
| DON'T KNOW | 9 |

SMQ.878 During the last 7 days, {were you/was SP} in any other indoor area?

| YES        | 1 |           |
|------------|---|-----------|
| NO         | 2 | (SMQ.940) |
| REFUSED    | 7 | (SMQ.940) |
| DON'T KNOW | 9 | (SMQ.940) |

SMQ.880 While {you were/SP was} in the **other indoor** area, did someone else smoke cigarettes or other tobacco products?

| YES        | 1 |
|------------|---|
| NO         | 2 |
| REFUSED    | 7 |
| DON'T KNOW | 9 |

SMQ.940 The next question is about e-cigarettes.

During the last 7 days, {were you/was SP} in an **indoor** place where someone was using an e-cigarette, e-hookah, vape-pen or other similar electronic product?

| YES        | 1 |
|------------|---|
| NO         | 2 |
| REFUSED    | 7 |
| DON'T KNOW | 9 |