

## BASELINE RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE

ID NUMBER:

FORM CODE: RDS  
VERSION: 3.0 05/31/2022

Event: \_\_\_\_\_

0a) Date of Collection:  /  /

0b) Staff Code:

**Instructions:** This form should be completed during the participant's clinic visit. Please answer all of the questions.

**I would now like to ask you detailed questions about your experiences with respiratory disease and smoke exposure.**

**The following questions relate to respiratory symptoms.**

1) Do you usually have a cough? (Exclude clearing of throat.)

No<sub>0</sub> → **Go to 2**

Yes<sub>1</sub>

1a) Do you usually cough as much as 4 times a day, 4 or more days out of the week?

No<sub>0</sub>

Yes<sub>1</sub>

2) Do you usually cough at all upon getting up or first thing in the morning?

No<sub>0</sub>

Yes<sub>1</sub>

3) Do you usually cough at all during the rest of the day or night?

No<sub>0</sub>

Yes<sub>1</sub>

**If Yes to any of the questions above (1, 2, 3), please answer the following questions (3a and 3b).**

3a) Do you cough like this on most days, for 3 consecutive months or more during the year?

No<sub>0</sub>

Yes<sub>1</sub>

3b) How many years have you had this cough?

years

4) Do you usually bring up phlegm from your chest?

No<sub>0</sub> → **Go to 5**

Yes<sub>1</sub>

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4a) Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week?

- No<sub>0</sub>  
 Yes<sub>1</sub>

4b) What is the color of the phlegm you bring up from your chest?

- Clear<sub>1</sub>  
 White<sub>2</sub>  
 Yellow/Tan<sub>3</sub>  
 Brown<sub>4</sub>  
 Green<sub>5</sub>  
 Other<sub>6</sub>

4b1) If Other, please specify: \_\_\_\_\_

5) Do you usually bring up phlegm from your chest upon getting up or first thing in the morning?

- No<sub>0</sub>  
 Yes<sub>1</sub>

6) Do you usually bring up phlegm from your chest during the rest of the day or at night?

- No<sub>0</sub>  
 Yes<sub>1</sub>

**If Yes to any of the questions above (4, 5, 6), please answer the following questions (6a and 6b).**

6a) Do you bring up phlegm like this on most days, for 3 consecutive months or more during the year?

- No<sub>0</sub>  
 Yes<sub>1</sub>

6b) How many years have you had trouble with phlegm?   years

7) In the last 12 months, have you had periods or episodes of cough with phlegm that lasted 1 week or more? (If you usually have cough and phlegm, please count only periods or episodes of increased cough and phlegm.)

- No<sub>0</sub> → **Go to 8**  
 Yes<sub>1</sub>

7a) About how many such episodes have you had in the last 12 months?   episodes

7b) How many years have you had at least one such episode per year?   years

8) Have you ever had wheezing or whistling in your chest?

- No<sub>0</sub> → **Go to 11**  
 Yes<sub>1</sub>

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8a) About how old were you when you first had wheezing or whistling in your chest?

years old

9) Have you ever had an attack of wheezing or whistling in your chest that made you feel short of breath?

- No<sub>0</sub> → **Go to 10**  
 Yes<sub>1</sub>

9a) About how old were you when you had your first such attack?

years old

9b) Have you ever had 2 or more such attacks?

- No<sub>0</sub>  
 Yes<sub>1</sub>

9c) Have you ever required medicine or treatment for such attacks?

- No<sub>0</sub>  
 Yes<sub>1</sub>

10) In the last 12 months, have you had wheezing or whistling in your chest at any time?

- No<sub>0</sub> → **Go to 11**  
 Yes<sub>1</sub>

10a) In the last 12 months, does your chest ever sound wheezy or whistling...

- |                                      |  |   |
|--------------------------------------|--|---|
| 10a1) When you have a cold?          | <input type="checkbox"/> No <sub>0</sub> | <input type="checkbox"/> Yes <sub>1</sub> |
| 10a2) Occasionally apart from colds? | <input type="checkbox"/> No <sub>0</sub> | <input type="checkbox"/> Yes <sub>1</sub> |
| 10a3) More than once a week?         | <input type="checkbox"/> No <sub>0</sub> | <input type="checkbox"/> Yes <sub>1</sub> |
| 10a4) Most days or nights?           | <input type="checkbox"/> No <sub>0</sub> | <input type="checkbox"/> Yes <sub>1</sub> |

11) In the last 12 months, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12) In the last 12 months, have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest?

- No<sub>0</sub>  
 Yes<sub>1</sub>

**Questions 13-14 are about symptoms that occur when you do not have a cold or the flu.**

13) In the last 12 months, have you had wheezing or whistling in your chest at any time?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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14) In the last 12 months, have you been bothered by watery, itchy, or burning eye when you did not have a cold or the flu?

- No<sub>0</sub>
- Yes<sub>1</sub>

15) Are you unable to walk due to a condition other than shortness of breath?

- No<sub>0</sub> → **Go to 16**
- Yes<sub>1</sub>

15a) What is the nature of the condition: \_\_\_\_\_

**These next questions relate to respiratory conditions.**

16) Have you ever had asthma?

- No<sub>0</sub> → **Go to 17**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 17**

16a) At about what age did it start?   years old

16b) Was it diagnosed by a doctor or other health professional?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

16c) Do you still have it?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to 16e**
- Don't know<sub>2</sub> → **Go to 16e**

16d) If you no longer have it, at what age did it stop?   years old

16e) In the last 12 months, have you received medical treatment, taken medications, or used an inhaler for asthma?

- No<sub>0</sub>
- Yes<sub>1</sub>

17) Have you ever had any hay fever (allergy involving the nose and/or eyes)?

- No<sub>0</sub> → **Go to 18**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 18**

17a) At about what age did it start?   years old

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17b) Was it diagnosed by a doctor or other health professional?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

17c) Do you still have it?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to 17e**
- Don't know<sub>2</sub> → **Go to 17e**

17d) If you no longer have it, at what age did it stop?

years old

17e) In the last 12 months, have you received medical treatment, taken medications, or used a nasal spray for hay fever?

- No<sub>0</sub>
- Yes<sub>1</sub>

18) Have you ever had an attack of bronchitis?

- No<sub>0</sub> → **Go to 19**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 19**

18a) Was it diagnosed by a doctor or other health professional?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

18b) At about what age did you first have bronchitis?

years old

18c) How many times have you had bronchitis?

times

19) Have you ever had pneumonia or bronchopneumonia?

- No<sub>0</sub> → **Go to 20**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 20**

19a) Was it diagnosed by a doctor or other health professional?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

19b) At about what age did you first have pneumonia or bronchopneumonia?

years old

19c) How many times have you had pneumonia or bronchopneumonia?

times

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20) Have you ever had chronic bronchitis?

No<sub>0</sub> → **Go to 21**

Yes<sub>1</sub>

Don't know<sub>2</sub> → **Go to 21**

20a) Was it diagnosed by a doctor or other health professional?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>2</sub>

20b) At about what age did it start?

years old

20c) Do you still have it?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>2</sub>

20d) In the last 12 months, have you received medical treatment, taken medications, or used an inhaler for chronic bronchitis?

No<sub>0</sub>

Yes<sub>1</sub>

21) Have you ever had emphysema?

No<sub>0</sub> → **Go to 22**

Yes<sub>1</sub>

Don't know<sub>2</sub> → **Go to 22**

21a) Was it diagnosed by a doctor or other health professional?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>2</sub>

21b) At about what age did it start?

years old

21c) Do you still have it?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>2</sub>

21d) In the last 12 months, have you received medical treatment, taken medications, or used an inhaler for emphysema?

No<sub>0</sub>

Yes<sub>1</sub>

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22) Have you ever had COPD (chronic obstructive pulmonary disease)?

- No<sub>0</sub> → **Go to 23**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 23**

22a) Was it diagnosed by a doctor or other health professional?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

22b) At about what age did it start?

years old

22c) Do you still have it?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

22d) In the last 12 months, have you received medical treatment, taken medications, or used an inhaler for COPD?

- No<sub>0</sub>
- Yes<sub>1</sub>

23) Have you ever had sleep apnea?

- No<sub>0</sub> → **Go to 24**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 24**

23a) Was it diagnosed by a doctor or other health professional?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

23b) At about what age did it start?

years old

23c) Do you still have it?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

23d) In the last 12 months, have you received any treatment for sleep apnea?

- No<sub>0</sub>
- Yes<sub>1</sub>

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24) Have you ever had:

24a) Any other chest illnesses?

No<sub>0</sub> → **Go to 24b**

Yes<sub>1</sub>

24a1) Please specify: \_\_\_\_\_

24b) Any chest operations?

No<sub>0</sub> → **Go to 24c**

Yes<sub>1</sub>

24b1) Please specify: \_\_\_\_\_

24c) Any chest injuries?

No<sub>0</sub> → **Go to 25**

Yes<sub>1</sub>

24c1) Please specify: \_\_\_\_\_

**I would now like to ask you about your family history of respiratory disease.**

25) Were either of your natural parents told by a doctor they had a chronic lung condition such as:

	25a) Father			25b) Mother		
	<u>No<sub>0</sub></u>	<u>Yes<sub>1</sub></u>	<u>Don't know<sub>2</sub></u>	<u>No<sub>0</sub></u>	<u>Yes<sub>1</sub></u>	<u>Don't know<sub>2</sub></u>
Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26) Were either of your natural parents ever a cigarette smoker?

26a) Father:  No<sub>0</sub>       Yes<sub>1</sub>       Don't know<sub>2</sub>

26b) Mother:  No<sub>0</sub>       Yes<sub>1</sub>       Don't know<sub>2</sub>

**I am now going to ask you about some common exposures.**

Cigarette Smoking

27) Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for one year at any time in your life.)

No<sub>0</sub> → **Go to 34**

Yes<sub>1</sub>



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27a) Have you ever smoked menthol cigarettes?

No<sub>0</sub> → **Go to 28**

Yes<sub>1</sub>

27b) How long have you or did you smoke menthol cigarettes?

years

28) How old were you when you first started to smoke cigarettes regularly?

years old

29) Do you smoke cigarettes as of one month ago?

No<sub>0</sub> → **Go to 31**

Yes<sub>1</sub>

30) How many cigarettes do you smoke per day now?

cigarettes per day → **Go to 33**

31) How old were you when you completely stopped smoking?

years old → **Go to 31a**

31a) When did you stop smoking cigarettes completely?

/   /

32) On average, how many cigarettes did you smoke per day?

cigarettes per day → **Go to 34**

33) Approximately how many cigarettes have you smoked in the last 24 hours?

cigarettes

Pipe Smoking

34) Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime)

No<sub>0</sub> → **Go to 40**

Yes<sub>1</sub>

35) How old were you when you first started to smoke a pipe regularly?

years old

36) Do you smoke a pipe as of one month ago?

No<sub>0</sub> → **Go to 38**

Yes<sub>1</sub>

37) How much pipe tobacco do you smoke per day now?

ounces per day → **Go to 40**

38) How old were you when you completely stopped smoking a pipe?

years old

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39) On average, how many ounces of pipe tobacco did you smoke per week?   ounces per week

Cigar Smoking

40) Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for one year at any time in your life)

No<sub>0</sub> → **Go to 46**

Yes<sub>1</sub>

41) How old were you when you first started to smoke cigars regularly?   years old

42) Do you smoke cigars as of one month ago?

No<sub>0</sub> → **Go to 44**

Yes<sub>1</sub>

43) How many cigars do you smoke per day now?   cigars per day → **Go to 46**

44) How old were you when you completely stopped smoking cigars?   years old

45) On average, how many cigars did you smoke per week?   cigars per week

Hookah Smoking

46) Have you ever smoked hookah (waterpipe) regularly?

No<sub>0</sub> → **Go to 52**

Yes<sub>1</sub>

47) How old were you when you first started to smoke hookah (waterpipe) regularly?   years old

48) Do you smoke hookah (waterpipe) as of one month ago?

No<sub>0</sub> → **Go to 50**

Yes<sub>1</sub>

49) How long do you smoke hookah (waterpipe) per day now?    minutes per day → **Go to 52**

50) How old were you when you completely stopped smoking hookah (waterpipe)?   years old

51) On average, how many hookah (waterpipe) smoking sessions did you have per week?

sessions per week

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Heat-Not-Burn Use

52) Have you ever used a Heat-Not-Burn (HNB) or heated tobacco product regularly?

- No<sub>0</sub> → **Go to 59**
- Yes<sub>1</sub>

53) What HNB product do/did you use?

- iQOS<sub>1</sub>
- Glo<sub>2</sub>
- Eclipse<sub>3</sub>
- REVO<sub>4</sub>
- Core<sub>5</sub>
- HeatStick<sub>6</sub>
- Ploom<sub>7</sub>
- PAX<sub>8</sub>
- Other<sub>9</sub>

53a) If Other, please specify: \_\_\_\_\_

54) How old were you when you first started using HNB regularly?

years old

55) Do you use HNB as of one month ago?

- No<sub>0</sub> → **Go to 57**
- Yes<sub>1</sub>

56) How many tobacco sticks/capsules do you use per day now?

sticks/capsules per day → **Go to 59**

57) How old were you when you completely stopped using HNB?

years old

58) On average, how many tobacco sticks/capsules did you use per week?

sticks/capsules per week

Smokeless Tobacco Use

59) Have you ever used a smokeless tobacco product regularly?

- No<sub>0</sub> → **Go to 66**
- Yes<sub>1</sub>

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60) What smokeless tobacco product do/did you use?

- Chewing tobacco<sub>1</sub>
- Snuff/snus<sub>2</sub>
- Dip<sub>3</sub>
- Other<sub>4</sub>

60a) If Other, please specify: \_\_\_\_\_

61) How old were you when you first started using smokeless tobacco regularly?   years old

62) Do you use smokeless tobacco as of one month ago?

- No<sub>0</sub> → **Go to 64**
- Yes<sub>1</sub>

63) How many times do you use smokeless tobacco per day now?   times per day → **Go to 66**

64) How old were you when you completely stopped using smokeless tobacco?   years old

65) On average, how many times did you use smokeless tobacco per week?   times per week

**I would now like to ask you about your second-hand smoke exposures.**

66) Which of the following best describes your approach to tobacco smoking in your home when you are in the house?

- Never allow smoking in home<sub>1</sub>
- Smoking is allowed only in certain rooms<sub>2</sub>
- Smoking is allowed in all rooms of your home<sub>3</sub>
- Don't know<sub>4</sub> → **Go to 68**
- Declines to answer<sub>5</sub> → **Go to 68**

67) How many years has this been your approach to smoking in your home?   years

68) Since age 18, have you ever lived in the same household with someone who smoked tobacco products?

- No<sub>0</sub> → **Go to 72**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 72**
- Declines to answer<sub>3</sub> → **Go to 72**

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69) Do you currently live in the same household with someone who smokes tobacco products?

- No<sub>0</sub> → **Go to 71**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 71**
- Declines to answer<sub>3</sub> → **Go to 71**

70) How many people in your household smoke?   people

71) Since age 18, for how many years in total have you lived in the same household with someone else who smokes tobacco products?   years

72) Did your mother smoke cigarettes when she was pregnant with you before you were born?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>
- Declines to answer<sub>3</sub>

73) Growing up until age 18, were there any adults in your household who smoked at home?

- No<sub>0</sub> → **Go to 75**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 75**
- Declines to answer<sub>3</sub> → **Go to 75**

74) Was this your father, your mother, or someone else? (*check all that apply*)

- 74a)  Father
- 74b)  Mother
- 74c)  Other
- 74d)  Don't know
- 74e)  Declines to answer

74c1) If Other, please specify: \_\_\_\_\_

75) Growing up until age 18, for how many years in total did you live in the same household with someone else who smoked tobacco products?   years

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**I would now like to ask you about any smoke exposure that may have occurred in the last seven days.**

76) Has anyone smoked tobacco in your home during the last seven days?

No<sub>0</sub> → **Go to 84**

Yes<sub>1</sub>

Declines to answer<sub>2</sub> → **Go to 84**

77) During the last seven days, how many hours in total were you exposed to someone else's tobacco smoke at home?   hours

78) During the last seven days, did you enter a room in your home that was visibly smoky?

No<sub>0</sub>

Yes<sub>1</sub>

Declines to answer<sub>2</sub>

79) In the last seven days, did you smell tobacco smoke in your home?

No<sub>0</sub>

Yes<sub>1</sub>

Declines to answer<sub>2</sub>

80) During the last seven days, did you experience red eyes or eye irritation?

No<sub>0</sub>

Yes<sub>1</sub>

Declines to answer<sub>2</sub>

81) During the last seven days, did you experience runny nose or nose irritation?

No<sub>0</sub>

Yes<sub>1</sub>

Declines to answer<sub>2</sub>

82) During the last seven days, did you experience coughing, wheezing, or chest tightness?

No<sub>0</sub>

Yes<sub>1</sub>

Declines to answer<sub>2</sub>

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83) In the last seven days, did you take any extra handheld spray inhalers for breathing or lung problems after exposure to tobacco smoke in your home?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub>

84) In the last seven days, have you visited another person's home where someone was smoking tobacco products indoors?

- No<sub>0</sub> → **Go to 88**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 88**

85) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in another person's home?   hours

86) During the last seven days, did you enter a room in another person's home that was visibly smoky?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub>

87) In the last seven days, did you smell tobacco smoke in another person's home?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub>

88) In the last seven days, have you traveled by car or other vehicle with someone else who was smoking tobacco products?

- No<sub>0</sub> → **Go to 90**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 90**

89) In the last seven days, how many hours did you spend traveling in a car while someone else was smoking tobacco?   hours

**I would now like to ask you about any smoke exposure at your workplace.**

90) Are you currently working?

- No<sub>0</sub> → **Go to 101**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 101**

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91) During the last seven days, did anyone smoke tobacco inside your workplace, that is, while you were working indoors?

No<sub>0</sub> → **Go to 95**

Yes<sub>1</sub>

Declines to answer<sub>2</sub> → **Go to 95**

92) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke inside your workplace?   hours

93) During the last seven days, did you enter a room in your workplace that was visibly smoky?

No<sub>0</sub>

Yes<sub>1</sub>

Declines to answer<sub>2</sub>

94) In the last seven days, did you smell tobacco smoke in your workplace?

No<sub>0</sub>

Yes<sub>1</sub>

Declines to answer<sub>2</sub>

95) Is there an outdoor area at your workplace where cigarette smokers routinely gather or congregate to smoke?

No<sub>0</sub> → **Go to 100**

Yes<sub>1</sub>

Declines to answer<sub>2</sub> → **Go to 100**

96) In the last seven days, how many times did you walk through or past this area while others were smoking?   times

97) During the last seven days, how many hours in total did you spend in an outdoor smoking area while people were smoking?   hours

98) While walking through or past this area, did you smell smoke?

No<sub>0</sub>

Yes<sub>1</sub>

Declines to answer<sub>2</sub>

99) In the last seven days, how many hours did you spend near coworkers who were smoking tobacco outdoors?   hours



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100) During the last seven days, did you smell tobacco smoke while working outdoors?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub>

**I would now like to ask you about any smoke exposure at an outdoor location, in a bar or other place of entertainment, or any other location.**

101) In the last seven days, have you been at an outdoor location (besides work) where someone was smoking tobacco products outside?

- No<sub>0</sub> → **Go to 105**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 105**

102) Where was this location? \_\_\_\_\_

103) During the last seven days, did you smell tobacco smoke in this outdoor location?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub>

104) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in this outdoor location?   hours

105) In the last seven days or nights, were you in a bar, nightclub, cocktail lounge, sports arena, or concert hall where someone else was smoking tobacco products?

- No<sub>0</sub> → **Go to 109**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 109**

106) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in a bar or other place of entertainment?   hours

107) During the last seven days, did you enter a room in a bar or other place of entertainment that was visibly smoky?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub>

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108) In the last seven days, did you smell tobacco smoke in a bar or other place of entertainment?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub>

109) I have asked you about exposure to someone else's tobacco smoke in your home, friend's home, work, outdoor locations, and bars or nightclubs. In the last seven days, was there any other location where you were exposed to tobacco smoke?

- No<sub>0</sub> → **Go to 112**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 112**

110) Where was this location? \_\_\_\_\_

111) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in this location?   hours

**The following questions are about cannabis (marijuana, hashish) or other products containing THC, which includes marijuana ingredients or oil. DO NOT include products that you apply to your skin like CBD lotions. Please remember that all information that you give us is confidential, and only certified personnel will have access to this information.**

112) Have you ever used marijuana (cannabis, pot, or hashish) for any of the following reasons?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>
112a) Medical treatment	<input type="checkbox"/>	<input type="checkbox"/>
112b) Recreational use	<input type="checkbox"/>	<input type="checkbox"/>
112c) Other	<input type="checkbox"/>	<input type="checkbox"/>

112c1) If Other, please specify: \_\_\_\_\_

113) Have you ever used marijuana in any of the following ways, even one time?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>
113a) Smoking (e.g., joints, blunts, pipes, bonges)	<input type="checkbox"/>	<input type="checkbox"/>
113b) Vaping (e.g., pens, vapes)	<input type="checkbox"/>	<input type="checkbox"/>
113c) Ingestion by mouth or under the tongue (e.g., edibles, tinctures, oils)	<input type="checkbox"/>	<input type="checkbox"/>
113d) Other	<input type="checkbox"/>	<input type="checkbox"/>

113d1) If Other, please specify: \_\_\_\_\_

→ **IF No to item 113a and 113b above, Go to End**

→ **IF Yes to item 113a and/or 113b above, continue with the following questions (114 - 118)**

ID NUMBER:										
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114) At what age did you first try inhaled marijuana?

years old

115) How many years have you used inhaled marijuana (sum any non-consecutive years)?

years

116) How many times have you used inhaled marijuana in the last 30 days?

- Never<sub>0</sub>
- 1 to 2 times<sub>1</sub>
- 3 to 5 times<sub>2</sub>
- 6 to 10 times<sub>3</sub>
- 11 to 20 times<sub>4</sub>
- 21 to 39 times<sub>5</sub>
- 40 or more times<sub>6</sub>
- Don't know<sub>7</sub>
- Declines to answer<sub>8</sub>

117) How many times have you used inhaled marijuana in your lifetime?

- Never<sub>0</sub>
- 1 to 2 times<sub>1</sub>
- 3 to 10 times<sub>2</sub>
- 11 to 39 times<sub>3</sub>
- 40 to 99 times<sub>4</sub>
- 100 to 499 times<sub>5</sub>
- 500 or more times<sub>6</sub>
- Don't know<sub>7</sub>
- Declines to answer<sub>8</sub>

118) When was the last time you used inhaled marijuana?

- In the last week<sub>1</sub>
- In the last month<sub>2</sub>
- In the last six months<sub>3</sub>
- In the last 12 months<sub>4</sub>
- More than 12 months ago<sub>5</sub>
- Don't know<sub>6</sub>
- Declines to answer<sub>7</sub>

**END OF FORM**