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.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

SMQ.851 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)

SMQ.853 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.

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.
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)

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	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

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