

Smoking History and Demographics

Cigarettes

What brand of cigarettes do you usually smoke?

- Camel
- Kool
- Marlboro
- Maverick
- Newport
- Pall Mall
- Santa Fe
- Seneca
- Winston
- Other (please specify):
- Don't know

You said 'other'. Please type the name of your usual cigarette brand: _____

What size cigarettes do you smoke?

- King
- Regular
- 100s
- 120s
- Other

Please specify other _____

Do you usually smoke filtered cigarettes?

- Yes
- No

Do you usually smoke menthol cigarettes?

- Yes
- No

Which phrase best describes your usual brand?

- Full Flavor
- Mediums
- Lights
- Ultra Lights
- Other

Please specify other _____

How much do you usually pay for a pack of cigarettes?

- \$2.00 or less
- \$2.01-\$4.00
- \$4.01-\$6.00
- \$6.01-\$8.00
- \$8.01-\$10.00
- \$10.01-\$12.00
- More than \$12.00

How old were you when you smoked your first cigarette?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25 or older

How old were you when you started smoking regularly? By regularly, we mean smoked every day or nearly every day for 30 straight days.

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25 or older
- Never - I have never smoked every day or nearly every day for 30 straight days

How many times have you quit smoking (no smoking for at least 24 hours) in your lifetime?

- Never
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

How old were you at the start of your most recent quit attempt? _____

For your most recent quit attempt, how long were you able to quit?

- less than one week
- 1-2 weeks
- 3-4 weeks
- 5-8 weeks
- 3-6 months
- 7-11 months
- 1-2 years
- 3-4 years
- 5 years or more

Have you had a quit attempt that lasted longer than your most recent?

- Yes
- No

How long was your longest quit attempt?

- less than one week
- 1-2 weeks
- 3-4 weeks
- 5-8 weeks
- 3-6 months
- 7-11 months
- 1-2 years
- 3-4 years
- 5 years or more

During your quit-smoking attempt(s), which of the following resources have you used to help you quit smoking?
(Select all options that apply)

- Cold turkey
- Nicotine gum
- Nicotine patch
- Nicotine lozenge
- Nicotine nasal spray, inhaler, or tablet
- Zyban, Bupropion, Wellbutrin
- E-cigarettes/vapes
- Varenicline or Chantix
- Counseling
- None of these

We care about the quality of our survey data. It is important that you carefully read each question and provide honest, accurate answers. This question is just to check that you are doing that. Which of the following is a vegetable?

- Egg
- Broccoli
- Salmon
- Chicken
- Milk

The next set of questions asks about you and your household. This information will help us understand how well participants in our research reflect the broader community.

How many adults (at least 18 years old) live in your household, including you?

- Just me
- 2 adults
- 3 adults
- 4 adults
- 5 adults
- 6 adults
- 7 adults
- 8 adults
- 9 or more adults
- prefer not to answer

How many children (17 years old or younger) live in your household?

- None
- 1 child
- 2 children
- 3 children
- 4 children
- 5 children
- 6 children
- 7 children
- 8 or more children
- prefer not to answer

Total household number _____

The next set of questions asks about you and your household. This information can help us better understand who comes to our clinic, understand things that may make it easier or harder to quit, and figure out how to choose the most helpful treatments for different groups of people.

Other than you, how many people in your household smoke tobacco? (Cigarettes or cigars)

- None
 - 1 other person
 - 2 other people
 - 3 other people
 - 4 or more other people
-

***Number of smokers in household exceeds total number of household members. Please check entered information.

On average, how much do you believe others in your household will support your plan to quit smoking?

- 0 not at all
- 1
- 2
- 3
- 4
- 5 moderately
- 6
- 7
- 8
- 9
- 10 very much

Other than you, how many people in your household use e-cigarettes to vape nicotine?

- None
- 1 other person
- 2 other people
- 3 other people
- 4 or more other people

***Number of e-smokers in household exceeds total number of household members. Please check entered information. ***

What is the highest grade or level of school you have completed or the highest degree you have received?

- 4th grade or less
- 5th or 6th grade
- 7th or 8th grade
- 9th or 10th grade
- 11th or 12th grade, no diploma
- high school graduate
- GED or equivalent
- some college, no degree
- associate degree
- bachelor's degree (example: BA, AB, BS, BBA)
- master's degree (example: MA, MS, MEng, M.ed, MBA)
- professional degree (example: MD, DDS, DVM, JD)
- doctoral degree (example: PhD, EdD)
- Prefer not to answer

What is your sexual identity?

- Heterosexual
- Gay or lesbian
- Bisexual
- Pansexual
- Asexual
- Questioning
- Queer
- Prefer to specify _____

Which of the following best describes your relationship status?

- Married
- Widow/Widower
- Divorced
- Separated
- Single, Never married
- Living with a partner
- Other _____
- Prefer not to answer

Which of the following best describes your work/employment situation?

- Working full time
- Working part-time
- Only temporarily laid off, sick leave or maternity leave
- Looking for work, unemployed
- Retired
- Disabled, permanently or temporarily
- Homemaker
- Student
- Other
- Prefer not to answer

Other work/employment situation (Specify) _____

What is your yearly household income range? (This consists of the combined incomes of all occupants of your household.)

- Less than \$15,000
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- More than \$200,000
- Prefer not to answer

Which of the following best describes the health insurance or health coverage plan that you are currently covered by?

(Choose the answer that best describes your health insurance.)

- Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.
- Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as HealthCare.gov.
- Medicare, for people 65 and older, or people with certain disabilities.
- Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or a disability.
- TRICARE or other military health care, including VA health care.
- Indian Health Service.
- Any other type of health insurance coverage.
- None. I am not covered by health insurance.
- Prefer to not answer

Have you ever been diagnosed by a healthcare provider with any of the following (select all that apply)?

- Alcohol/Drug use disorders
- Depressive disorders (e.g., major depressive disorder, persistent depressive disorder etc.)
- Anxiety disorders (e.g., general anxiety disorder, specific phobia, etc.)
- Posttraumatic stress disorder
- Obsessive-compulsive disorder
- Bipolar disorder
- Personality disorders
- Schizophrenia/schizoaffective disorder
- Another psychotic disorder
- Autism-spectrum disorder
- Attention Deficit Hyperactivity Disorder
- Mild traumatic brain injury
- Moderate-severe traumatic brain injury
- Diabetes
- Hypertension (high blood pressure)
- Asthma
- Emphysema (COPD)
- Hypothyroidism/Thyroid Disease
- Migraine Headaches
- Renal disease (kidney disease)
- Stroke
- Heart Disease, including heart attack
- Liver disease / hepatitis