

FOLLOW-UP RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE

ID NUMBER:		FORM CODE: RDF VERSION: 1.0 10/21/2022	Event:
0a) Date of Colle	ection:		0b) Staff Code:
Bronchoscopy S <u>Notes:</u> For the 18-n the last SOL	Sub-study visit. nonth follow-up phone call, all que JRCE contact.	estions should be answered th	follow-up visits and/or during the ninking back to the baseline visit as ng back to the 18-month follow-up
phone call a • For the Bron clinic visit; (2	s the last SOURCE contact.	estions should be answered th call; or (3) the 3-year follow-up	inking back to either: (1) the baseline

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) Since your last SOURCE *(clinic visit or telephone contact)*, do you usually have a cough? (Exclude clearing of throat.)

 $\square \operatorname{No}_0 \to \operatorname{Go to 2}$ $\square \operatorname{Yes}_1$

- 1a) Do you usually cough as much as 4 times a day, 4 or more days out of the week?
 □ No₀
 - Yes₁
- 2) Since your last SOURCE (*clinic visit or telephone contact*), do you usually cough at all upon getting up or first thing in the morning?

No ₀
Yes1

- 3) Since your last SOURCE (*clinic visit or telephone contact*), do you usually cough at all during the rest of the day or night?
 - No₀
 - Yes₁

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

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

No ₀
Yes ₁

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

	years

4) Since your last SOURCE *(clinic visit or telephone contact)*, do you usually bring up phlegm from your chest?

□ No ₀ →	Go to 5
Yes ₁	

- 4a) Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the
 - week?
 - ☐ Yes₁
- 4b) What is the color of the phlegm you bring up from your chest?

Clear ₁
White ₂
Yellow/Tan ₃
Brown ₄
Green ₅
Other ₆

4b1) If Other, please specify: _____

5) Since your last SOURCE (*clinic visit or telephone contact*), do you usually bring up phlegm from your chest upon getting up or first thing in the morning?

	No ₀
\square	Yes₁

- 6) Since your last SOURCE (*clinic visit or telephone contact*), do you usually bring up phlegm from your chest during the rest of the day or at night?
 - No₀

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?

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

years

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7) Since your last SOURCE (clinic visit or telephone contact), 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.) \square No₀ \rightarrow Go to 8 Yes₁ 7a) About how many such episodes have you had since your last SOURCE (clinic visit or telephone contact)? episodes 7b) How many years have you had at least one such episode per year? vears 8) Since your last SOURCE (clinic visit or telephone contact), have you had wheezing or whistling in your chest? \square No₀ \rightarrow Go to 11 Yes₁ 8a) About how old were you when you first had wheezing or whistling in your chest? vears old 9) Since your last SOURCE (clinic visit or telephone contact), have you had an attack of wheezing or whistling in your chest that made you feel short of breath? \square No₀ \rightarrow Go to 10 Yes₁ vears old 9a) About how old were you when you had your first such attack? 9b) Have you had 2 or more such attacks? No₀ Yes₁ 9c) Have you required medicine or treatment for such attacks? No₀ ☐ Yes₁ 10) Since your last SOURCE (clinic visit or telephone contact), have you had wheezing or whistling in your chest at any time? \square No₀ \rightarrow Go to 11 Yes₁ 10a) Since your last SOURCE (clinic visit or telephone contact), does your chest ever sound wheezy or whistling... 10a1) When you have a cold? No Yes₁ 10a2) Occasionally apart from colds? No Yes 10a3) More than once a week? No Yes₁

10a4) Most days or nights?

Yes₁

No

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11) Since your last SOURCE *(clinic visit or telephone contact)*, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection?

No ₀

- Yes₁
- 12) Since your last SOURCE (*clinic visit or telephone contact*), have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest?
 - No₀

Yes₁

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

13) Since your last SOURCE *(clinic visit or telephone contact)*, have you had wheezing or whistling in your chest at any time when you did not have a cold or the flu?

No₀

Yes₁

14) Since your last SOURCE (*clinic visit or telephone contact*), have you been bothered by watery, itchy, or burning eye when you did not have a cold or the flu?

No₀

Yes₁

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

Yes₁

15a) What is the nature of the condition: _____

These next questions relate to respiratory conditions.

16) Since your last SOURCE (*clinic visit or telephone contact*), have you been newly diagnosed by a doctor or other health professional with asthma?

|--|

Yes₁

 \Box Don't know₂ \rightarrow **Go to 17**

16a) Since your last SOURCE *(clinic visit or telephone contact)*, have you received medical treatment, taken medications, or used an inhaler for asthma?

No₀

Yes₁

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17) Since your last SOURCE <i>(clinic visit or telephone contact)</i> , have you had any hay fever (allergy involving the nose and/or eyes)?
\square No ₀ \rightarrow Go to 18
Yes ₁
☐ Don't know ₂ \rightarrow Go to 18
17a) Was it diagnosed by a doctor or other health professional?
Yes ₁
Don't know ₂
17b) Since your last SOURCE <i>(clinic visit or telephone contact)</i> , have you received medical treatment, taken medications, or used a nasal spray for hay fever?

No₀

☐ Yes₁

18) Since your last SOURCE <i>(clinic visit or telephone contact)</i> , have you had an attack of bronchitis? \Box No ₀ \rightarrow Go to 19
□ Don't know ₂ \rightarrow Go to 19
18a) Was it diagnosed by a doctor or other health professional?
☐ Yes₁
Don't know ₂
18b) How many times have you had bronchitis since your last SOURCE <i>(clinic visit or telephone contact)</i> ?
19) Since your last SOURCE <i>(clinic visit or telephone contact)</i> , have you had pneumonia or bronchopneumonia?
$\square \operatorname{No}_0 \to \operatorname{Go to 20}$
Ves ₁
☐ Don't know ₂ \rightarrow Go to 20
19a) Was it diagnosed by a doctor or other health professional?
Yes ₁
Don't know ₂
19b) How many times have you had pneumonia or bronchopneumonia since your last SOURCE <i>(clinic visit or telephone contact)</i> ?

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20) Since your last SOURCE (*clinic visit or telephone contact*), have you been newly diagnosed by a doctor or other health professional with chronic bronchitis?

 $\square \operatorname{No}_0 \to \operatorname{Go} \operatorname{to} 21$

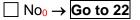
Yes₁

- \Box Don't know₂ \rightarrow **Go to 21**
 - 20a) Since your last SOURCE *(clinic visit or telephone contact)*, have you received medical treatment, taken medications, or used an inhaler for chronic bronchitis?

No₀

🗌 Yes₁

21) Since your last SOURCE (*clinic visit or telephone contact*), have you been newly diagnosed by a doctor or other health professional with emphysema?



Yes₁

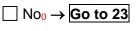
\Box Don't know ₂ \rightarrow	Go to	22
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21a) Since your last SOURCE (*clinic visit or telephone contact*), have you received medical treatment, taken medications, or used an inhaler for emphysema?

No₀

Yes₁

22) Since your last SOURCE (*clinic visit or telephone contact*), have you been newly diagnosed by a doctor or other health professional with COPD (chronic obstructive pulmonary disease)?



Yes₁

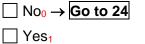
 $\Box \text{ Don't know}_2 \rightarrow \textbf{Go to 23}$

22a) Since your last SOURCE *(clinic visit or telephone contact)*, have you received medical treatment, taken medications, or used an inhaler for COPD?

No₀

Yes₁

23) Since your last SOURCE (*clinic visit or telephone contact*), have you been newly diagnosed by a doctor or other health professional with sleep apnea?



 \Box Don't know₂ \rightarrow **Go to 24**

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 23a) Since your last SOURCE <i>(clinic visit or telephone contact)</i>, have you received any treatment for sleep apnea? No₀ Yes₁
24) Since your last SOURCE (clinic visit or telephone contact), have you had:
24a) Any other chest illnesses? $\square No_0 \rightarrow Go to 24b$ $\square Yes_1$
24a1) Please specify:
24b) Any chest operations? □ No ₀ → Go to 24c □ Yes ₁
24b1) Please specify:
24c) Any chest injuries? $\square No_0 \rightarrow Go to 25$ $\square Yes_1$
24c1) Please specify:
I am now going to ask you about some common exposures.
<u>Cigarette Smoking</u> 25) Were you smoking cigarettes regularly at your last SOURCE <i>(clinic visit or telephone contact)</i> ? □ No ₀ → Go to 26 □ Yes ₁
25a) Are you currently smoking cigarettes regularly? ☐ No₀ ☐ Yes₁ → Go to 27
25b) When did you stop smoking cigarettes regularly?
$\Box \Box / \Box \Box / \Box \Box \Box \rightarrow \text{Go to 28}$
 26) Did you start smoking cigarettes regularly since your last SOURCE (clinic visit or telephone contact)? □ No₀ → Go to 31 □ Yes₁

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26a) When did you start smoking cigarettes regularly?
27) How many cigarettes do you smoke per day now? \Box cigarettes per day \rightarrow Go to 29
28) On average, since your last SOURCE <i>(clinic visit or telephone contact)</i> , how many cigarettes did you smoke per day?
cigarettes per day
 29) Were you smoking menthol cigarettes regularly at your last SOURCE (clinic visit or telephone contact)? No₀ → Go to 30 Yes₁
29a) Are you currently smoking menthol cigarettes regularly? ☐ No ₀ ☐ Yes ₁ → Go to 31
29b) When did you stop smoking menthol cigarettes regularly?
$\Box \Box / \Box \Box / \Box \Box \Box \rightarrow Go to 31$
 30) Did you start smoking menthol cigarettes regularly since your last SOURCE (clinic visit or telephone contact)? □ No₀ → Go to 31 □ Yes₁
30a) When did you start smoking menthol cigarettes regularly?
Pipe Smoking
31) Were you smoking a pipe regularly at your last SOURCE (clinic visit or telephone contact)? $\square No_0 \rightarrow Go to 32$ $\square Yes_1$
31a) Are you currently smoking a pipe regularly?
$\Box Yes_1 \rightarrow \textbf{Go to 33}$
31b) When did you stop smoking a pipe regularly?
$\square \square / \square \square / \square \square \square \square \rightarrow Go to 34$

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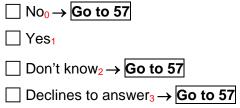
32) Did you start smoking a pipe regularly since your last SOURCE <i>(clinic visit or telephone contact)</i> ? \square No ₀ \rightarrow Go to 35
∐ Yes₁
32a) When did you start smoking a pipe regularly?
33) How much pipe tobacco do you smoke per day now? \Box ounces per day \rightarrow Go to 35
34) On average, since your last SOURCE (clinic visit or telephone contact), how many ounces of pipe tobacco did you smoke per week?
ounces per week
<u>Cigar Smoking</u>
 35) Were you smoking cigars regularly at your last SOURCE (clinic visit or telephone contact)? □ No₀ → Go to 36 □ Yes₁
35a) Are you currently smoking cigars regularly? □ No₀
\Box Yes ₁ \rightarrow Go to 37
35b) When did you stop smoking cigars regularly? $\square \square / \square \square / \square \square \square \rightarrow Go to 38$
 36) Did you start smoking cigars regularly since your last SOURCE (clinic visit or telephone contact)? □ No₀ → Go to 39 □ Yes₁
36a) When did you start smoking cigars regularly?
37) How many cigars do you smoke per day now? \Box cigars per day \rightarrow Go to 39
38) On average, since your last SOURCE <i>(clinic visit or telephone contact)</i> , how many cigars did you smoke per week?
cigars per week

ID NUMBER: FORM CODE: RDF Event:
Hookah Smoking
39) Were you smoking hookah (waterpipe) regularly at your last SOURCE (clinic visit or telephone contact)? \square No ₀ \rightarrow Go to 40
Yes ₁
39a) Are you currently smoking hookah (waterpipe) regularly?
\Box Yes ₁ \rightarrow Go to 41
39b) When did you stop smoking hookah (waterpipe) regularly? $\Box \Box / \Box \Box / \Box \Box \Box \rightarrow Go \text{ to } 42$
40) Did you start smoking hookah (waterpipe) regularly since your last SOURCE (clinic visit or telephone contact)?
$\square No_0 \rightarrow \textbf{Go to 43}$ $\square Yes_1$
40a) When did you start smoking hookah (waterpipe) regularly?
41) How long do you smoke hookah (waterpipe) per day now? \Box minutes per day \rightarrow Go to 43
42) On average, since your last SOURCE <i>(clinic visit or telephone contact)</i> , how many hookah (waterpipe) smoking sessions did you have per week?
sessions per week
Heat-Not-Burn Use
43) Were you using a Heat-Not-Burn (HNB) or heated tobacco product regularly at your last SOURCE <i>(clinic visit or telephone contact)</i> ?
$\square \operatorname{No}_0 \to \operatorname{Go} \operatorname{to} 44$ $\square \operatorname{Yes}_1$
43a) Are you currently using a HNB product regularly? ☐ No₀
\Box Yes ₁ \rightarrow Go to 45
43b) When did you stop using a HNB product regularly? $\bigcirc \bigcirc \bigcirc$

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 44) Did you start using a HNB product regularly since your last SOURCE (<i>clinic visit or telephone contact</i>)? □ No₀ → Go to 48 □ Yes₁
44a) When did you start using a HNB product regularly?
45) How many tobacco sticks/capsules do you use per day now?
\Box sticks/capsules per day \rightarrow Go to 47
46) On average, since your last SOURCE <i>(clinic visit or telephone contact)</i> , how many tobacco sticks/capsules did you use per week?
sticks/capsules per week
47) What HNB product do/did you use? iQOS1 Glo2 Eclipse3 REVO4 Core5 HeatStick6 Ploom7 PAX8 Other9 47a) If Other, please specify:
Smokeless Tobacco Use 48) Were you using a smokeless tobacco product (such as chewing tobacco, snuff/snus, dip) regularly at your last SOURCE (clinic visit or telephone contact)? □ No ₀ → Go to 49 □ Yes ₁
48a) Are you currently using a smokeless tobacco product regularly? ☐ No ₀ ☐ Yes ₁ → Go to 50
48b) When did you stop using a smokeless tobacco product regularly? $\Box \Box / \Box \Box / \Box \Box \Box \rightarrow Go to 51$

			\rightarrow Go to 51
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 49) Did you start using a smokeless tobacco product regularly since your last SOURCE (clinic visit or telephone contact)? □ No₀ → Go to 53
49a) When did you start using a smokeless tobacco product regularly?
50) How many times do you use smokeless tobacco per day now? \Box times per day \rightarrow Go to 52
51) On average, since your last SOURCE <i>(clinic visit or telephone contact)</i> , how many times did you use smokeless tobacco per week?
times per week
52) What smokeless tobacco product do/did you use? Chewing tobacco1 Snuff/snus2 Dip3 Other4
52a) If Other, please specify:
I would now like to ask you about your second-hand smoke exposures.
53) Which of the following best describes your approach to tobacco smoking in your home when you are in the house?
☐ Never allow smoking in home₁
Smoking is allowed only in certain rooms ₂
Smoking is allowed in all rooms of your home ₃
Don't know₄
☐ Declines to answer₅
54) Since your last SOURCE <i>(clinic visit or telephone contact)</i> , have you lived in the same household with someone who smoked tobacco products?



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

$\square \operatorname{No}_0 \to \mathbf{Go to 57}$
Yes1
\Box Don't know ₂ \rightarrow Go to 57
\Box Declines to answer ₃ \rightarrow Go to 57

56) How many people in your household smoke?

	elgoeg
	P

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

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

\square No ₀ \rightarrow Go to 65
Yes ₁
\Box Declines to answer ₂ \rightarrow Go to 65

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

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

No₀

Yes

Declines to answer₂

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

No₀

Yes₁

Declines to answer₂

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

No₀

Yes₁

Declines to answer₂

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

□ No₀

Declines to answer₂

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

|--|

Yes₁

Declines to answer₂

- 64) 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?
 - No₀

Yes₁

Declines to answer₂

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

 $\square No_0 \rightarrow \textbf{Go to 69}$

🗌 Yes₁

 \Box Declines to answer₂ \rightarrow **Go to 69**

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

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

No₀

Yes₁

Declines to answer₂

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

No ₀

Yes1

Declines to answer₂

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

 $\square \operatorname{No}_0 \to \operatorname{Go to 71}$ $\square \operatorname{Yes}_1$

- \Box Declines to answer₂ \rightarrow **Go to 71**
- 70) In the last seven days, how many hours did you spend traveling in a car while someone else was smoking tobacco?

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

71) Are you currently working?

$$\square No_0 → Go to 82$$

$$\square Yes_1$$

$$\square Declines to answer_2 → Go to 82$$

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

No₀ → Go to 76
Yes₁

 \Box Declines to answer₂ \rightarrow **Go to 76**

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

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

- No₀
- Yes₁
- Declines to answer₂

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

No₀

Yes₁

Declines to answer₂

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

□ No ₀ →	Go to 81
Yes ₁	

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\Box Declines to answer<sub>2</sub> \rightarrow Go to 81
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77) In the last seven days, how many times did you walk through or past this area while others were smoking?

times

78) During the last seven days, how many hours in total did you spend in an outdoor smoking are	<u>a w</u>	hil	e p	eople
were smoking?				hours

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

- Yes₁
- Declines to answer₂

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

	hours
	110013

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

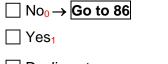
No ₀

Yes₁

Declines to answer₂

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.

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



 \Box Declines to answer₂ \rightarrow **Go to 86**

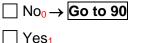
83) Where was this location? _____

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

Yes₁

Declines to answer₂

- 85) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in this outdoor location?
- 86) 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?



 \Box Declines to answer₂ \rightarrow **Go to 90**

87) 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?

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

	No ₀
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Yes₁

Declines to answer₂

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

No ₀

Yes₁

Declines to answer₂

90) 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?

$\square No_0 \rightarrow \textbf{Go to 93}$
Yes ₁
\Box Declines to answer ₂ \rightarrow Go to 93

- 91) Where was this location? _____
- 92) In the last seven days, how many hours in total were you exposed to someone else's tobacco smoke in this location?

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.

93) Since your last SOURCE *(clinic visit or telephone contact)*, have you used marijuana (cannabis, pot, or hashish) for any of the following reasons?

	<u>No</u>	<u>Yes</u>
93a) Medical treatment		
93b) Recreational use		
93c) Other		

93c1) If Other, please specify: _____

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94) Since your last SOURCE *(clinic visit or telephone contact)*, have you used marijuana in any of the following ways, even one time?

	<u>No</u> o	<u>Yes</u> 1
94a) Smoking (e.g., joints, blunts, pipes, bongs)		
94b) Vaping (e.g., pens, vapes)		
94c) Ingestion by mouth or under the tongue (e.g., edibles, tinctures, oils	s) 🗌	
94d) Other		

94d1) If Other, please specify: _____

\rightarrow	IF	No	to	item	94a	and	94b	abov	e, (Go	to	End
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 \rightarrow IF Yes to item 94a and/or 94b above, continue with the following questions (95 - 97)

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

- Never₀
- \Box 1 to 2 times₁
- \square 3 to 5 times₂
- \Box 6 to 10 times³
- 11 to 20 times₄
- 21 to 39 times₅
- 40 or more times₆
- Don't know₇
- Declines to answer₈
- 96) How many times have you used inhaled marijuana since your last SOURCE (*clinic visit or telephone contact*)?
 - Never₀
 - 1 to 2 times
 - 3 to 10 times₂
 - 11 to 39 times₃
 - 40 to 99 times₄
 - 100 to 499 times₅
 - \Box 500 or more times₆
 - Don't know₇
 - Declines to answer₈

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

In the last week₁

In the last month₂

In the last six months₃

In the last 12 months₄

More than 12 months ago₅

Don't know₆

Declines to answer₇

END OF FORM