

## FOLLOW-UP RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE

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FORM CODE: RDF  
VERSION: 1.0 10/21/2022

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

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed during the participant's SOURCE follow-up visits and/or during the Bronchoscopy Sub-study visit.

**Notes:**

- For the 18-month follow-up phone call, all questions should be answered thinking back to the baseline visit as the last SOURCE contact.
- For the 3-year follow-up clinic visit, all questions should be answered thinking back to the 18-month follow-up phone call as the last SOURCE contact.
- For the Bronchoscopy Sub-study visit, all questions should be answered thinking back to either: (1) the baseline clinic visit; (2) the 18-month follow-up phone call; or (3) the 3-year follow-up clinic visit as the last SOURCE contact that precedes the Pre-Bronchoscopy Visit 1.

**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.)

- 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) 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<sub>0</sub>  
 Yes<sub>1</sub>

3) Since your last SOURCE (*clinic visit or telephone contact*), 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).**

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

- No<sub>0</sub> → **Go to 5**  
 Yes<sub>1</sub>

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) 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<sub>0</sub>  
 Yes<sub>1</sub>

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?

- 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

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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.)

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

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?

years

8) Since your last SOURCE (*clinic visit or telephone contact*), have you had wheezing or whistling in your chest?

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

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

years 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?

- 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 had 2 or more such attacks?

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

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

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

10) Since your last SOURCE (*clinic visit or telephone contact*), have you had wheezing or whistling in your chest at any time?

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

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<sub>0</sub>  Yes<sub>1</sub>
- 10a2) Occasionally apart from colds?  No<sub>0</sub>  Yes<sub>1</sub>
- 10a3) More than once a week?  No<sub>0</sub>  Yes<sub>1</sub>
- 10a4) Most days or nights?  No<sub>0</sub>  Yes<sub>1</sub>

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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<sub>0</sub>

Yes<sub>1</sub>

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?

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) 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?

No<sub>0</sub>

Yes<sub>1</sub>

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?

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

No<sub>0</sub> → **Go to 17**

Yes<sub>1</sub>

Don't know<sub>2</sub> → **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?

No<sub>0</sub>

Yes<sub>1</sub>

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17) Since your last SOURCE (*clinic visit or telephone contact*), have you 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) Was it diagnosed by a doctor or other health professional?

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

17b) Since your last SOURCE (*clinic visit or telephone contact*), have you received medical treatment, taken medications, or used a nasal spray for hay fever?

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

18) Since your last SOURCE (*clinic visit or telephone contact*), have you 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) How many times have you had bronchitis since your last SOURCE (*clinic visit or telephone contact*)?

times

19) Since your last SOURCE (*clinic visit or telephone contact*), have you 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) How many times have you had pneumonia or bronchopneumonia since your last SOURCE (*clinic visit or telephone contact*)?

times

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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?

No<sub>0</sub> → **Go to 21**

Yes<sub>1</sub>

Don't know<sub>2</sub> → **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?

No<sub>0</sub>

Yes<sub>1</sub>

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

No<sub>0</sub> → **Go to 22**

Yes<sub>1</sub>

Don't know<sub>2</sub> → **Go to 22**

21a) Since your last SOURCE (*clinic visit or telephone contact*), have you received medical treatment, taken medications, or used an inhaler for emphysema?

No<sub>0</sub>

Yes<sub>1</sub>

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)?

No<sub>0</sub> → **Go to 23**

Yes<sub>1</sub>

Don't know<sub>2</sub> → **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?

No<sub>0</sub>

Yes<sub>1</sub>

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?

No<sub>0</sub> → **Go to 24**

Yes<sub>1</sub>

Don't know<sub>2</sub> → **Go to 24**

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23a) Since your last SOURCE (*clinic visit or telephone contact*), have you received any treatment for sleep apnea?

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

24) Since your last SOURCE (*clinic visit or telephone contact*), have you 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 am now going to ask you about some common exposures.**

Cigarette Smoking

25) Were you smoking cigarettes regularly at your last SOURCE (*clinic visit or telephone contact*)?

- No<sub>0</sub> → **Go to 26**  
 Yes<sub>1</sub>

25a) Are you currently smoking cigarettes regularly?

- No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to 27**

25b) When did you stop smoking cigarettes regularly?

/   /     → **Go to 28**

26) Did you start smoking cigarettes regularly since your last SOURCE (*clinic visit or telephone contact*)?

- No<sub>0</sub> → **Go to 31**  
 Yes<sub>1</sub>

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26a) When did you start smoking cigarettes regularly?

/   /

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

cigarettes per day → **Go to 29**

28) On average, since your last SOURCE (*clinic visit or telephone contact*), 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*)?

No<sub>0</sub> → **Go to 30**

Yes<sub>1</sub>

29a) Are you currently smoking menthol cigarettes regularly?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 31**

29b) When did you stop smoking menthol cigarettes regularly?

/   /     → **Go to 31**

30) Did you start smoking menthol cigarettes regularly since your last SOURCE (*clinic visit or telephone contact*)?

No<sub>0</sub> → **Go to 31**

Yes<sub>1</sub>

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*)?

No<sub>0</sub> → **Go to 32**

Yes<sub>1</sub>

31a) Are you currently smoking a pipe regularly?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 33**

31b) When did you stop smoking a pipe regularly?

/   /     → **Go to 34**



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32) Did you start smoking a pipe regularly since your last SOURCE (*clinic visit or telephone contact*)?

No<sub>0</sub> → **Go to 35**

Yes<sub>1</sub>

32a) When did you start smoking a pipe regularly?

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

|                      |                      |                                  |
|----------------------|----------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | ounces per day → <b>Go to 35</b> |
|----------------------|----------------------|----------------------------------|

34) On average, since your last SOURCE (*clinic visit or telephone contact*), how many ounces of pipe tobacco did you smoke per week?

|                      |                      |                 |
|----------------------|----------------------|-----------------|
| <input type="text"/> | <input type="text"/> | ounces per week |
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Cigar Smoking

35) Were you smoking cigars regularly at your last SOURCE (*clinic visit or telephone contact*)?

No<sub>0</sub> → **Go to 36**

Yes<sub>1</sub>

35a) Are you currently smoking cigars regularly?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 37**

35b) When did you stop smoking cigars regularly?

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |                   |
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36) Did you start smoking cigars regularly since your last SOURCE (*clinic visit or telephone contact*)?

No<sub>0</sub> → **Go to 39**

Yes<sub>1</sub>

36a) When did you start smoking cigars regularly?

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
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37) How many cigars do you smoke per day now?

|                      |                      |                                  |
|----------------------|----------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | cigars per day → <b>Go to 39</b> |
|----------------------|----------------------|----------------------------------|

38) On average, since your last SOURCE (*clinic visit or telephone contact*), how many cigars did you smoke per week?

|                      |                      |                 |
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| <input type="text"/> | <input type="text"/> | cigars per week |
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Hookah Smoking

39) Were you smoking hookah (waterpipe) regularly at your last SOURCE (*clinic visit or telephone contact*)?

No<sub>0</sub> → **Go to 40**

Yes<sub>1</sub>

39a) Are you currently smoking hookah (waterpipe) regularly?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 41**

39b) When did you stop smoking hookah (waterpipe) regularly?

/   /     → **Go to 42**

40) Did you start smoking hookah (waterpipe) regularly since your last SOURCE (*clinic visit or telephone contact*)?

No<sub>0</sub> → **Go to 43**

Yes<sub>1</sub>

40a) When did you start smoking hookah (waterpipe) regularly?

/   /

41) How long do you smoke hookah (waterpipe) per day now?    minutes per day → **Go to 43**

42) On average, since your last SOURCE (*clinic visit or telephone contact*), 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 (*clinic visit or telephone contact*)?

No<sub>0</sub> → **Go to 44**

Yes<sub>1</sub>

43a) Are you currently using a HNB product regularly?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 45**

43b) When did you stop using a HNB product regularly?

/   /     → **Go to 46**

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44) Did you start using a HNB product regularly since your last SOURCE (*clinic visit or telephone contact*)?

No<sub>0</sub> → **Go to 48**

Yes<sub>1</sub>

44a) When did you start using a HNB product regularly?

/   /

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

sticks/capsules per day → **Go to 47**

46) On average, since your last SOURCE (*clinic visit or telephone contact*), how many tobacco sticks/capsules did you use per week?

sticks/capsules per week

47) 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>

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<sub>0</sub> → **Go to 49**

Yes<sub>1</sub>

48a) Are you currently using a smokeless tobacco product regularly?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 50**

48b) When did you stop using a smokeless tobacco product regularly?

/   /     → **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*)?

- No<sub>0</sub> → **Go to 53**
- Yes<sub>1</sub>

49a) When did you start using a smokeless tobacco product regularly?

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
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| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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50) How many times do you use smokeless tobacco per day now?   times per day → **Go to 52**

51) On average, since your last SOURCE (*clinic visit or telephone contact*), how many times did you use smokeless tobacco per week?

times per week

52) 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>

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 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>
- Declines to answer<sub>5</sub>

54) Since your last SOURCE (*clinic visit or telephone contact*), have you lived in the same household with someone who smoked tobacco products?

- No<sub>0</sub> → **Go to 57**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 57**
- Declines to answer<sub>3</sub> → **Go to 57**

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

- No<sub>0</sub> → **Go to 57**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 57**
- Declines to answer<sub>3</sub> → **Go to 57**

56) How many people in your household smoke?

people

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

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

- No<sub>0</sub> → **Go to 65**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **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?

hours

59) 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>

60) 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>

61) 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>

62) 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>

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63) 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>

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?

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

65) 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 69**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **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?   hours

67) 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>

68) 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>

69) 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 71**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **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?   hours

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

71) Are you currently working?

- No<sub>0</sub> → **Go to 82**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 82**

72) 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 76**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **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?   hours

74) 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>

75) 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>

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

- No<sub>0</sub> → **Go to 81**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 81**

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 area while people were smoking?   hours

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79) 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>

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

hours

81) 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.**

82) 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 86**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **Go to 86**

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

84) 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>

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

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?

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



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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<sub>0</sub>
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub>

89) 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>

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?

- No<sub>0</sub> → **Go to 93**
- Yes<sub>1</sub>
- Declines to answer<sub>2</sub> → **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?   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.**

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> <sub>0</sub>   | <u>Yes</u> <sub>1</sub>  |
|------------------------|--------------------------|--------------------------|
| 93a) Medical treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| 93b) Recreational use  | <input type="checkbox"/> | <input type="checkbox"/> |
| 93c) Other             | <input type="checkbox"/> | <input type="checkbox"/> |

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> <sub>0</sub>   | <u>Yes</u> <sub>1</sub>  |
|--|--------------------------|--------------------------|
| 94a) Smoking (e.g., joints, blunts, pipes, bong)                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 94b) Vaping (e.g., pens, vapes)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 94c) Ingestion by mouth or under the tongue (e.g., edibles, tinctures, oils) | <input type="checkbox"/> | <input type="checkbox"/> |
| 94d) Other   | <input type="checkbox"/> | <input type="checkbox"/> |

94d1) If Other, please specify: \_\_\_\_\_

→ **IF No to item 94a and 94b above, Go to End**

→ **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?

- 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>

96) How many times have you used inhaled marijuana since your last SOURCE (*clinic visit or telephone contact*)?

- 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>

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

97) 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**