

BASELINE RESPIRATORY DISEASE AND SMOKE EXPOSURE QUESTIONNAIRE

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FORM CODE: RDS
VERSION: 1.0 06/08/2021

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.)

No₀ → **Go to 2**

Yes₁

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

No₀

Yes₁

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

No₀

Yes₁

3) 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).

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

No₀

Yes₁

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

years

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

No₀ → **Go to 5**

Yes₁

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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?

- No₀
 Yes₁

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

- Clear₁
 White₂
 Yellow/Tan₃
 Brown₄
 Green₅
 Other₆

4b1) If Other, please specify: _____

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

- No₀
 Yes₁

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

- No₀
 Yes₁

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?

- No₀
 Yes₁

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.)

- No₀ → **Go to 8**
 Yes₁

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?

- No₀ → **Go to 11**
 Yes₁

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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?

- No₀ → **Go to 10**
 Yes₁

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?

- No₀
 Yes₁

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

- No₀
 Yes₁

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

- No₀ → **Go to 11**
 Yes₁

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

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

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?

- No₀
 Yes₁

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

- No₀
 Yes₁

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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?

- No₀
- Yes₁

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

- No₀ → **Go to 16**
- Yes₁

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

These next questions relate to respiratory conditions.

16) Have you ever had asthma?

- No₀ → **Go to 17**
- Yes₁
- Don't know₂ → **Go to 17**

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

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

- No₀
- Yes₁
- Don't know₂

16c) Do you still have it?

- No₀
- Yes₁ → **Go to 16e**
- Don't know₂ → **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?

- No₀
- Yes₁

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

- No₀ → **Go to 18**
- Yes₁
- Don't know₂ → **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?

- No₀
- Yes₁
- Don't know₂

17c) Do you still have it?

- No₀
- Yes₁ → **Go to 17e**
- Don't know₂ → **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?

- No₀
- Yes₁

18) Have you ever had an attack of bronchitis?

- No₀ → **Go to 19**
- Yes₁
- Don't know₂ → **Go to 19**

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

- No₀
- Yes₁
- Don't know₂

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?

- No₀ → **Go to 20**
- Yes₁
- Don't know₂ → **Go to 20**

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

- No₀
- Yes₁
- Don't know₂

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?

No₀ → **Go to 21**

Yes₁

Don't know₂ → **Go to 21**

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

No₀

Yes₁

Don't know₂

20b) At about what age did it start?

years old

20c) Do you still have it?

No₀

Yes₁

Don't know₂

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

No₀

Yes₁

21) Have you ever had emphysema?

No₀ → **Go to 22**

Yes₁

Don't know₂ → **Go to 22**

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

No₀

Yes₁

Don't know₂

21b) At about what age did it start?

years old

21c) Do you still have it?

No₀

Yes₁

Don't know₂

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

No₀

Yes₁

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

No₀ → **Go to 23**

Yes₁

Don't know₂ → **Go to 23**

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

No₀

Yes₁

Don't know₂

22b) At about what age did it start?

years old

22c) Do you still have it?

No₀

Yes₁

Don't know₂

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

No₀

Yes₁

23) Have you ever had sleep apnea?

No₀ → **Go to 24**

Yes₁

Don't know₂ → **Go to 24**

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

No₀

Yes₁

Don't know₂

23b) At about what age did it start?

years old

23c) Do you still have it?

No₀

Yes₁

Don't know₂

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

No₀

Yes₁

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24) Have you ever had:

24a) Any other chest illnesses?

No₀ → **Go to 24b**

Yes₁

24a1) Please specify: _____

24b) Any chest operations?

No₀ → **Go to 24c**

Yes₁

24b1) Please specify: _____

24c) Any chest injuries?

No₀ → **Go to 25**

Yes₁

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>No₀</u> | <u>Yes₁</u> | <u>Don't know₂</u> | <u>No₀</u> | <u>Yes₁</u> | <u>Don't know₂</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: No₀ Yes₁ Don't know₂

26b) Mother: No₀ Yes₁ Don't know₂

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.)

No₀ → **Go to 34**

Yes₁

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28) How old were you when you first started regular cigarette smoking? years old

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

No₀ → **Go to 31**

Yes₁

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

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)

No₀ → **Go to 40**

Yes₁

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?

No₀ → **Go to 38**

Yes₁

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

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)

No₀ → **Go to 46**

Yes₁

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

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

No₀ → **Go to 44**

Yes₁

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?

No₀ → **Go to 52**

Yes₁

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?

No₀ → **Go to 50**

Yes₁

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

Heat-Not-Burn Use

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

No₀ → **Go to 59**

Yes₁

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53) What HNB product do/did you use?

- iQOS₁
- Glo₂
- Eclipse₃
- REVO₄
- Core₅
- HeatStick₆
- Ploom₇
- PAX₈
- Other₉

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?

- No₀ → **Go to 57**
- Yes₁

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?

- No₀ → **Go to 66**
- Yes₁

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

- Chewing tobacco₁
- Snuff/snus₂
- Dip₃
- Other₄

60a) If Other, please specify: _____

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

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

- No₀ → **Go to 64**
 Yes₁

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 home₁
 Smoking is allowed only in certain rooms₂
 Smoking is allowed in all rooms of your home₃
 Don't know₄ → **Go to 68**
 Declines to answer₅ → **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?

- No₀ → **Go to 72**
 Yes₁
 Don't know₂ → **Go to 72**
 Declines to answer₃ → **Go to 72**

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

- No₀ → **Go to 71**
 Yes₁
 Don't know₂ → **Go to 71**
 Declines to answer₃ → **Go to 71**

70) How many people in your household smoke? people

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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?

- No₀
- Yes₁
- Don't know₂
- Declines to answer₃

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

- No₀ → **Go to 75**
- Yes₁
- Don't know₂ → **Go to 75**
- Declines to answer₃ → **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

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?

- No₀ → **Go to 84**
- Yes₁
- Declines to answer₂ → **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

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

- No₀
- Yes₁
- Declines to answer₂

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

- No₀
- Yes₁
- Declines to answer₂

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

- No₀
- Yes₁
- Declines to answer₂

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

- No₀
- Yes₁
- Declines to answer₂

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

- No₀
- Yes₁
- Declines to answer₂

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?

- No₀
- Yes₁
- Declines to answer₂

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

- No₀ → **Go to 88**
- Yes₁
- Declines to answer₂ → **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

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

- No₀
- Yes₁
- Declines to answer₂

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

- No₀
- Yes₁
- Declines to answer₂

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

- No₀ → **Go to 90**
- Yes₁
- Declines to answer₂ → **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?

- No₀ → **Go to 101**
- Yes₁
- Declines to answer₂ → **Go to 101**

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

- No₀ → **Go to 95**
- Yes₁
- Declines to answer₂ → **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?

- No₀
- Yes₁
- Declines to answer₂

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

- No₀
- Yes₁
- Declines to answer₂

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

- No₀ → **Go to 100**
- Yes₁
- Declines to answer₂ → **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?

- No₀
- Yes₁
- Declines to answer₂

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

hours

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

- No₀
- 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.

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

- No₀ → **Go to 105**
- Yes₁
- Declines to answer₂ → **Go to 105**

102) Where was this location? _____

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

- No₀
- Yes₁
- Declines to answer₂

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?

- No₀ → **Go to 109**
- Yes₁
- Declines to answer₂ → **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?

- No₀
- Yes₁
- Declines to answer₂

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

- No₀
- Yes₁
- Declines to answer₂

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?

- No₀ → **Go to 112**
- Yes₁
- Declines to answer₂ → **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

| | | | | | | | | | | |
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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> ₀ | <u>Yes</u> ₁ |
|-------------------------|--------------------------|--------------------------|
| 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> ₀ | <u>Yes</u> ₁ |
|---|--------------------------|--------------------------|
| 113a) Smoking (e.g., joints, blunts, pipes, bong) | <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)**

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?

- Never₀
- 1 to 2 times₁
- 3 to 5 times₂
- 6 to 10 times₃
- 11 to 20 times₄
- 21 to 39 times₅
- 40 or more times₆
- Don't know₇
- Declines to answer₈

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

- Never₀
- 1 to 2 times₁
- 3 to 10 times₂
- 11 to 39 times₃
- 40 to 99 times₄
- 100 to 499 times₅
- 500 or more times₆
- Don't know₇
- Declines to answer₈

118) 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