

Thank you for participating in this research today!

Have you ever smoked a cigarette, even one or two puffs?

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW
- ☐ REFUSED

How many cigarettes have you smoked in your entire life? A pack usually has 20 cigarettes in it.

- ☐ 1 or more puffs but never a whole cigarette
- ☐ 1 to 10 cigarettes (about 1/2 pack total)
- ☐ 11 to 20 cigarettes (about 1/2 pack to 1 pack)
- ☐ 21 to 50 cigarettes (more than 1 pack but less than 3 packs)
- ☐ 51 to 99 (more than 2 1/2 packs but less than 5 packs)
- ☐ 100 or more cigarettes (5 packs or more)
- ☐ DON'T KNOW
- ☐ REFUSED

Do you now smoke cigarettes?

- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ DON'T KNOW
- ☐ REFUSED

When did you last smoke a cigarette?

- ☐ In the past hour
- ☐ Sometime today
- ☐ Yesterday
- ☐ Day before yesterday
- ☐ Three or more days ago
- ☐ DON'T KNOW
- ☐ REFUSED

On average, about how many cigarettes do you now smoke each day? A pack usually has 20 cigarettes in it.

- ☐ I ___|___| Cigarettes per day
- ☐ I ___|___| Packs per day
- ☐ DON'T KNOW
- ☐ REFUSED

On how many of the past 30 days did you smoke cigarettes?

- ☐ I ___|___|
- ☐ DON'T KNOW
- ☐ REFUSED

On average, on those days that you smoked, how many cigarettes did you usually smoke each day? A pack usually has 20 cigarettes in it.

- ☐ I ___|___| Cigarettes per day
- ☐ I ___|___| Packs per day
- ☐ DON'T KNOW
- ☐ REFUSED

Do you have a regular brand of cigarettes or roll-your-own cigarette tobacco that you usually smoke?

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW
- ☐ REFUSED

If you do have a regular brand of cigarettes or roll-your-own cigarette tobacco that you usually smoke, please write the full brand below. Please include all descriptors like "Light," "100s," "Menthol," "Box," etc.

- ☐ BRAND: _____
- ☐ DON'T KNOW
- ☐ REFUSED

About how long have you been smoking your regular brand of cigarettes or roll-your-own cigarette tobacco?

- ☐ I ___ I ___ I DAYS
- ☐ I ___ I ___ I MONTHS
- ☐ I ___ I ___ I YEARS
- ☐ DON'T KNOW
- ☐ REFUSED

Date of birth?

____/____/____
MM`/ DD / YYYY

- ☐ DON'T KNOW
- ☐ REFUSE

Age?

- ☐ Less than 18 years old
- ☐ 18 to 24 years old
- ☐ 25 to 29 years old
- ☐ 30 years old or older
- ☐ DON'T KNOW
- ☐ REFUSED

What is your gender?

- ☐ Male
- ☐ Female
- ☐ DON'T KNOW
- ☐ REFUSED

Are you Hispanic, Latino, or of Spanish origin? Choose all that apply.

- ☐ No, not of Hispanic, [Latino I Latina I Latino or Latina], or Spanish origin
- ☐ Yes, Mexican, Mexican American, [Chicano I Chicana I Chicano or Chicana]
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Another Hispanic, Latino, or Spanish origin
- ☐ DON'T KNOW / REFUSED

What is your race? Choose all that apply.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro Samoan
- ☐ Other Pacific Islander

What is your main job title or occupation? _____

Are you currently:

- ☐ Looking for paid work
- ☐ A student not looking for paid work
- ☐ A homemaker or caregiver not looking for paid work
- ☐ Retired
- ☐ Unable to work for physical or mental health reasons
- ☐ Unable to work due to other reasons
- ☐ None of the above
- ☐ DON'T KNOW
- ☐ REFUSED

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

- ☐ Less than high school
- ☐ Some high school, no diploma
- ☐ GED
- ☐ High school graduate—diploma
- ☐ Some college but no degree
- ☐ Associate degree—occupational/vocational
- ☐ Associate degree—academic program
- ☐ Bachelor's degree (ex: BA, AB, BS)
- ☐ Master's degree (ex: MA, MS, MEng, Med, MSW)
- ☐ Professional school degree (ex: MD, DDS)

Are you currently enrolled in a degree program?

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW
- ☐ REFUSED

[IF ENROLLED IN A DEGREE PROGRAM:] Which type of degree program are you currently enrolled in?

- ☐ Technical/vocational program
- ☐ 2-year degree program
- ☐ 4-year degree program
- ☐ Graduate/professional program
- ☐ Other type of degree program
- ☐ DON'T KNOW
- ☐ REFUSED

Which of the following categories best describes your total household income in the past 12 months?

This is the total income before taxes of all persons in your household combined. Please include money from jobs, relatives, pensions, dividends, interest, social security payments or retirement benefits, net income from business, farm or rent, and any other money received by household members.

- ☐ Less than \$10,000
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ DON'T KNOW
- ☐ REFUSED