



<<< Return >>>

Behaviors Annual Follow-Up

PID: 0	Acrostic: 0	Visit:
Date Form Completed: d_form	Administration Type: admin	
Reviewed by: compby	Language: language	English

A. Tobacco Use

1. Do you smoke cigarettes?

tqsmkcur

- 1 Yes
- 2 No

è If No,

2. Do you smoke cigarettes every day or some days?

tqsmfreq

- 1 Every day
- 2 Some

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

tqdays1 Number of days

4. On the days that you smoke, about how many cigarettes do you usually smoke per day?

tqcnt1 Number of cigarettes per day

5. For approximately how many years have you smoked this amount?

tqyears Number of years

6. Does anyone living with you now smoke cigarettes regularly inside your home?

tqinside

- 1 Yes
- 2 No

A. Please mark all the people who live with you who now smoke cigarettes regularly inside your home: **(Mark all that apply)**

tqspouse value="1" 1. Spouse or partner

tqkids value="1" 2. Son(s) or daughter(s)

tqothers value="1" 3. Other person/people

<<< READ ONLY >>>