

Module 20

We would like to learn about your drug, alcohol or tobacco use.
These questions are confidential.

Tobacco

1. Have you ever used tobacco products such as cigarettes, cigars, snuff, or e-cigarettes? {usetobacco}

Yes →

Have you ever tried cigarette smoking, even one or two puffs?

{evtrsmk_splq}

Yes

No →



Prefer not to answer →

Please go to Question 5

How old were you when you first tried cigarette smoking, even one or two puffs? {agefirstcig}

1 8 years old or younger

2 9 or 10 years old

3 11 or 12 years old

4 13 or 14 years old

5 15 or 16 years old

6 17 years old

7 18 years old or older

8 Prefer not to answer

2 No →

3 Prefer not to answer →

Please go to Question 9

2. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

{evrsmkda_splq}

Yes

No

Prefer not to answer

3. During the past 30 days, on how many days did you smoke cigarettes? {smkfst30_splq}

None →

Please go to Question 5

1 or 2 days

3 – 5 days

6 – 9 days

10 – 19 days

20 – 29 days

All 30 days

Prefer not to answer →

Please go to Question 5

4. During the past 30 days, on the days you smoked, about how many cigarettes did you smoke per day? {smkfst30num}

Less than 1 cigarette per day

1 cigarette per day

2 to 5 cigarettes per day

6 to 10 cigarettes per day

11 to 20 cigarettes per day

More than 20 cigarettes per day

Prefer not to answer

5. Have you ever tried smoking cigars, cigarillos, or little cigars, such as Black and Mild, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts, even one or two puffs? {evrcgr}

1 Yes →

During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars? {cgrlst30_splq}

1 None →

Please go to Question 6

2 1 or 2 days

3 3 – 5 days

4 6 – 9 days

5 10 – 19 days

6 20 – 29 days

7 All 30 days

8 Prefer not to answer →

Please go to Question 6

During the past 30 days, on the days you smoked, about how many cigars, cigarillos, or little cigars did you smoke per day (example: Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts)?

{cgrlst30num}

1 Less than 1 cigar, cigarillo, or little cigar per day

2 1 per day

3 2 to 5 per day

4 6 to 10 per day

5 11 to 20 per day

6 More than 20 per day

7 Prefer not to answer

2 No

3 Prefer not to answer

6. Have you ever used an electronic vapor product/electronic cigarette? This includes e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens. {evreleccig}

1 Yes →

During the past 30 days, on how many days did you use an electronic vapor product/electronic cigarette? {elecciglst30}

1 None

2 1 or 2 days

3 3 – 5 days

4 6 – 9 days

5 10 – 19 days

6 20 – 29 days

7 All 30 days

8 Prefer not to answer

2 No

3 Prefer not to answer

7. During the last 12 months, how many times have you stopped smoking cigarettes or using tobacco products for one day or longer because you were trying to quit smoking for good? Choose one. {quittobnum}

1 I did not smoke cigarettes or use tobacco products during the last 12 months

2 I did not try to quit smoking or using tobacco products during the last 12 months

3 1 time

4 2 times

5 3 to 5 times

6 6 to 9 times

7 10 or more times

8 Don't know

9 Prefer not to answer

8. Mark the number that shows how you feel about quitting smoking or using tobacco products.

{quittobfeel}

- 0 (no thought of quitting)
- 1
- 2 (should consider quitting someday)
- 3
- 4 (should quit but not quite ready)
- 5
- 6 (thinking about cutting down or quitting)
- 7
- 8 (have cut down and seriously considered quitting)
- 9
- 10 (ready to quit now)
- Don't know
- Prefer not to answer
- N/A (I don't currently smoke or use tobacco products)

9. Has your health care provider or another health care worker asked you if you used tobacco or smoked? {hcasktob_splq}

- Yes No Don't know Prefer not to answer

10. Has a doctor or nurse counseled you to not use tobacco or to stop smoking? {hccoutob_splq}

- Yes No Don't know Prefer not to answer

The next questions ask about being around other people's tobacco smoke.

11. During the past 7 days, on how many days did someone smoke tobacco products in your home while you were there? {smkhomedays}

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days
- 9 Don't know
- 10 Prefer not to answer

12. During the past 7 days, on how many days did you ride in a car (or other vehicle) when someone was smoking a tobacco product? {smkcardays}

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days
- 9 Don't know
- 10 Prefer not to answer

13. Inside your home (not counting decks, garages, or porches) is smoking... [{smkhome}](#)

1 Always allowed

2 Sometimes allowed

3 Never allowed

4 Don't know

5 Prefer not to answer

14. In the car or other vehicles that you and family members who live with you own or lease, is smoking... [{smkcar}](#)

1 Always allowed

2 Sometimes allowed

3 Never allowed

4 Don't know

5 Prefer not to answer

The next questions ask about your alcohol use.
These questions are confidential.

15. Have you ever used alcohol? {usealcohol}

Yes →

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? {last30Drink_splq}

Yes

No →

Don't know →

Prefer not to answer →

Please go to Question 23

No →

Prefer not to answer →

Please go to Question 23

16. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? {last30DrinkDaysWeek_splq_s4}

1 or 2 days

3 to 5 days

6 to 9 days

10 to 19 days

20 to 29 days

All 30 days

Prefer not to answer

17. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. [{last30DrinksPerDay_splq_s4}](#)

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 - 10
- 6 More than 10
- 7 Prefer not to answer

18. ***(For males only)***

Considering all types of alcoholic beverages, on how many days during the past 30 days did you have 5 or more drinks on an occasion? [{last30MoreThan5_splq_s4}](#)

- 1 0 days
- 2 1 or 2 days
- 3 3 to 5 days
- 4 6 to 9 days
- 5 10 to 19 days
- 6 20 to 29 days
- 7 All 30 days
- 8 Prefer not to answer

19. ***(For females only)***

Considering all types of alcoholic beverages, on how many days during the past 30 days did you have 4 or more drinks on an occasion? [{last30MoreThan4_splq_s4}](#)

- 1 0 days
- 2 1 or 2 days
- 3 3 to 5 days
- 4 6 to 9 days
- 5 10 to 19 days
- 6 20 to 29 days
- 7 All 30 days
- 8 Prefer not to answer

20. During the past 30 days, what is the largest number of drinks you had on any occasion?

{last30MostDrinks_splq_s4}

1

2

3

4

5 - 10

More than 10

Prefer not to answer

21. How often does drinking alcohol make it hard for you to remember to do your regular diabetes care? {alcremregdcare}

Never

Sometimes

Most days

Don't know

Prefer not to answer

22. Does someone in your life think that alcohol gets in the way of you taking care of yourself?

{alcgetsinway}

Yes

No

Maybe

Don't know

Prefer not to answer

Next we would like to ask you about your marijuana use. We keep all information you give to us confidential.

23. Have you ever used marijuana? {usemarijuana}

1 Yes →

During your life, how many times have you used marijuana?

{marijused}

- 1 1 or 2 times
- 2 3 to 9 times
- 3 10 to 19 times
- 4 20 to 39 times
- 5 40 to 99 times
- 6 100 or more times
- 7 Don't know
- 8 Prefer not to answer

During the past 30 days, on how many days did you use marijuana?

{marijlst30}

- 1 0 days
- 2 1 day
- 3 2 – 3 days
- 4 1 day/week
- 5 2 days/week
- 6 3 – 5 days/week
- 7 Almost every day or every day
- 8 Don't know
- 9 Prefer not to answer

2 No →

3 Prefer not to answer →

Please go to Question 26

24. How often does using marijuana make it hard for you to remember to do your regular diabetes care? {marijremregdcare}

- 1 Never
- 2 Sometimes
- 3 Most days
- 4 Don't know
- 5 Prefer not to answer

25. Does someone in your life think that marijuana gets in the way of you taking care of yourself?

{marijgetsinway}

1 Yes

2 No

3 Maybe

4 Don't know

5 Prefer not to answer

26. Have you ever used prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? {everusedprescrip}

1 Yes

2 No

3 Prefer not to answer

27. Have you ever used other drugs including LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, cocaine, or crystal meth? {useothdrug}

1 Yes

2 No

3 Prefer not to answer