



Tobacco Questionnaire

Name: Last _____ First _____
CARES ID: _____

Have you ever used any of the following tobacco products? Mark any you've used.

- Cigarettes
- Cigars, cigarillos or little cigars
- Chewing tobacco, snuff or dip
- Electronic cigarettes or e-cigarettes
- Smoking tobacco from a hookah or waterpipe
- Pipe filled with tobacco (not waterpipe)
- Snus
- Dissolvable tobacco products
- Bidis (small brown cigarettes wrapped in a leaf)

If yes...

At what age did you first use any of these products? _____

How frequently do you use any of these products?

- Less than once a month
- 1-2 times a month
- 1-2 times a week
- Daily
- Don't use the product