

# Smoking Exposure Core

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Collection date of smoking exposure information:

\_\_\_\_\_  
(DD-MM-YYYY)

## SMOKING EXPOSURE

Does anyone in the participant's household smoke  
cigarettes or other tobacco-based products?

- ☐ Yes  
☐ No

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(If Yes) How many members in the household smoke?

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(If Yes) How frequently do they smoke?

- ☐ Once, daily  
☐ More than once, daily  
☐ Weekly  
☐ Infrequently

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H3ABioNet & H3Africa Phenotype Standards