**SAMPLE OF A QUESTIONNAIRE**

**1. About how many cigarettes have you smoked in your entire life?**

a. 10 cigarettes or less

b. 11 - 100 cigarettes (up to 5 packs)

c. More than 100 cigarettes (more than 5 packs)

**2. At any time in your life, have you smoked 1 or more cigarettes per day for 30 days straight?**

a. Yes

b. No

**3. Do you currently use any of the following tobacco or nicotine products? Chewing tobacco or snuff, cigars, tobacco pipes, clove cigarettes or bidis, nicotine replacement products such as gum or patch, or any other tobacco products besides cigarettes?**

a. Yes

b. No

**4. When was the last time you smoked?**

a. Over 12 months (1 year) ago -> GO TO QUESTION #12

b. Between 1 and 12 months (1 year) ago -> GO TO QUESTION #12

c. Within the last 30 days (1 month) -> GO TO QUESTION #5

5.  **During the past 30 days (1 month) on how many days did you smoke cigarettes?**

a. Every day or almost every day

b. Some days

c. No days

**6. How soon after you wake up do you smoke your first cigarette?**

a. After 60 minutes

b. 31-60 minutes

c. 6-30 minutes

d. Within 5 minutes

**7. I find it difficult to refrain from smoking where it is forbidden.**

a. Strongly Agree

b. Agree

c. Neutral

d. Disagree

e. Strongly Disagree

**8. Which cigarette would you hate most to give up?**

a. The first cigarette in the morning

b. Any other

**9. How many cigarettes a day do you smoke?**

a. 10 cigarettes or less

b. 11-20

c. 21-30

d. 31 or more

**10. Do you smoke more frequently during the first hours after waking than during the rest of the day?**

a. No

b. Yes