**FTND-P**

**(Target Caregiver reporting on SO/SPOUSE)**

Is there currently a significant other (SO)/romantic partner/spouse who lives in the home and who is involved with caring for your child?

 1. No 2. Yes

*(If “no”): Skip to SIP-2L.*

The next questions are about your significant other’s SO/romantic partner/spouse cigarette use.

1.) Has your significant other (SO)/romantic partner/spouse ever smoked cigarettes (even one or two puffs)?

 1. No

 2. Yes

*(If “no”): Skip to FTND (Caregiver Present).*

*(If “yes”): Next question (#2):*

2.) Does your significant other (SO)/romantic partner/spouse currently smoke cigarettes?

1. No

2. Yes

*(If “no”): Skip to question( # 3).*

*(If “yes”): Skip to question (# 4).*

3.) Has your significant other (SO)/ romantic partner/ spouse ever smoked on a daily basis in his/her lifetime?

 1. No

 2. Yes

*(If “no”) Skip to FTND (at present).*

 *(If “yes”) Skip to FTND SO (when smoked heaviest).*

4.) At present, how soon after your SO/ romantic partner/spouse wakes up does he/she smoke his/her first cigarette?

 1. Within 5 minutes

 2. 6-30 minutes

 3. 31-60 minutes

 4. After 60 minutes

5.) At present, does your SO/ romantic partner/spouse find it difficult to refrain from smoking in places where it is forbidden (e.g., church, library, cinema, etc.).

 1. No

 2. Yes

6.) At present, which cigarette would your SO/ romantic partner/spouse hate most to give up?

 1. The first one in the morning

 2. All others

7.) At present, how many cigarettes/day does your SO/ romantic partner/spouse smoke?

 1. 10 or less

 2. 11-20

 3. 21-30

 4. 31 or more

8.) At present, does your SO/ romantic partner/spouse smoke more frequently during the first hours after waking than during the rest of the day?

 1. No

 2. Yes

9.) At present, does [SO’s name] smoke if he/she is so ill that he/she is in bed most of the day?

 1. No

 2. Yes

**FTND-H**

**(Target Caregiver reporting on SO/Spouse)**

1. During the period which your SO romantic partner//spouse smoked the heaviest, how soon after [SO’s name] wakes up does he/she smoke his/her first cigarette?

 1. Within 5 minutes

 2. 6-30 minutes

 3. 31-60 minutes

 4. After 60 minutes

2. During the period which your SO/ romantic partner/spouse smoked the heaviest, does [SO’s name] find it difficult to refrain from smoking in places where it is forbidden (e.g., church, library, cinema, etc.).

 1. No

 2. Yes

3. During the period which your SO/ romantic partner/spouse smoked the heaviest, which cigarette would [SO’s name] hate most to give up?

 1. The first one in the morning

 2. All others

4. During the period which your SO/ romantic partner/spouse smoked the heaviest, how many cigarettes/day does [SO’s name] smoke?

 1. 10 or less

 2. 11-20

 3. 21-30

 4. 31 or more

5. During the period which your SO/ romantic partner/spouse smoked the heaviest, does [SO’s name] smoke more frequently during the first hours after waking than during the rest of the day?

 1. No

 2. Yes

6. During the period which your SO/ romantic partner/spouse smoked the heaviest, does [SO’s name] smoke if he/she is so ill that he/she is in bed most of the day?

 1. No

 2. Yes