The following questions are about your cigarette use.

1)Have you ever smoked e-cigarettes?

1. yes, in the past month (go to 1A)
2. yes, in the past 6 months
3. yes, in the past year
4. yes, but not in the past year
5. no, never

1A)(If yes in the past month)

 How often did you smoke e-cigarettes in the past month?

1. every day
2. several times a week
3. every week
4. two or three times
5. once

2. In the past year, how often have you smoked a cigarette (*excluding* e-cigarettes)?

 1. Everyday

 2. 4 or 5 days/week

 3. 2 or 3 days/week

 4. 1 day/week

 5. 2-3 days/month

 6. 1 day/month

 7. Once or twice

 8. Not at all (***If ‘Not at all’, ask:***

 8a.Have you ever smoked a cigarette (even one or two puffs)?

1. No
2. Yes

3. Have you smoked a cigarette in the past 90 days?

 1. Yes

 2. No

4. Now, think of a *typical* week in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, how much and for how long you typically smoked in a week during that 90 day period.

 For each day of the week in the calendar below, fill in the **number of cigarettes typically smoked on that day** in the box. Enter “0” if none.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Number of *Cigarettes*** |  |  |  |  |  |  |  |

5. Now, think of your *heaviest smoking week* in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, how much and for how long you typically smoked in a week during your *heaviest smoking week* in the 90 day period.

 For each day of the week in the calendar below, fill in the **number of cigarettes typically smoked on that day** in the box. Enter “0” if none.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Number of *Cigarettes*** |  |  |  |  |  |  |  |