Section 3A - TOBACCO AND NICOTINE USE

Statement I **Now I'd like to ask you about your experiences with tobacco and nicotine. N3ASTI**

1a.	**In your ENTIRE LIFE, have you ever. . .** **Smoked at least 100 cigarettes? Include smoking tobacco in a water pipe.**	1 ☐ Yes **N3AQ1A** 2 ☐ No
b.	**Smoked at least 50 cigars?**	1 ☐ Yes **N3AQ1B** 2 ☐ No
c.	**Smoked a pipe at least 50 times?**	1 ☐ Yes **N3AQ1C** 2 ☐ No
d.	**Used snuff, such as Skoal, Skoal Bandit or Copenhagen, or moist or dipping tobacco, or chewing tobacco, such as Redman, Levi Garrett or Beechnut at least 20 times?**	1 ☐ Yes **N3AQ1D** 2 ☐ No
e.	**Used E-Cigarettes or E-Liquid?**	1 ☐ Yes **N3AQ1E** 2 ☐ No
CHECK ITEM 3.1	Is at least 1 nicotine category marked in 1a - e?	1 ☐ Yes **N3ACK31** 2 ☐ No - *SKIP to Section 3B*

	For each nicotine category reported in 1, MARK EACH NICOTINE CATEGORY CODE BOX and ask 2 through 7 for each nicotine category marked.	1 ☐ Cigarettes	2 ☐ Cigars	3 ☐ Pipe	4 ☐ Snuff/ Chewing Tobacco	5 ☐ E-Cigarettes/ E-Liquid
2a.	**About how old were you when you smoked your first FULL (cigarette/ cigar/ bowl of tobacco)?/About how old were you when you first used (snuff or chewing tobacco/E-Cigarettes or E-Liquid?)**	____ Age **N3AQ2A1**	____ Age **N3AQ2A2**	____ Age **N3AQ2A3**	____ Age **N3AQ2A4**	____ Age **N3AQ2A5**
b.	**During the last 12 months, that is, since last** *(Month one year ago)***, did you smoke at least one (cigarette/cigar/bowl of tobacco)/use at least (one pinch, dip, rub, plug, wad, or chew/E-Cigarette cartridge/4 drops of E-Liquid)?**	1 ☐ Yes 2 ☐ No **N3AQ2B1** **N3AQ3A1CONT** **N3AQ3A1UNIT**	1 ☐ Yes 2 ☐ No **N3AQ2B2** **N3AQ3A2CONT** **N2AQ3A2UNIT**	1 ☐ Yes 2 ☐ No **N3AQ2B3** **N3AQ3A3CONT** **N3AQ3A3UNIT**	1 ☐ Yes 2 ☐ No **N3AQ2B4** **N3AQ3A4CONT** **N3AQ3A4UNIT**	1 ☐ Yes 2 ☐ No **N3AQ2B5** **N3AQ3A5CONT** **N3AQ3A5UNIT**
3a.	**When was the MOST RECENT time you (smoked a/used)** *(Name of nicotine category)***?** (*****: **H** – Hour, **D** – Day, **W** – Week, **Y** – Year)	**N3AQ3A1*** ___ Hour(s) ago OR ___ Day(s) ago OR ___ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	**N3AQ3A2*** ____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	**N3AQ3A3*** ____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	**N3AQ3A4*** ____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	**N3AQ3A5*** ____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago
CHECK ITEM 3.2	Did respondent (smoke/use) (nicotine product) in the last year? *Refer to 2a or 2b, if necessary.*	1 ☐ Yes 2 ☐ No **N3ACK321**	1 ☐ Yes 2 ☐ No **N3ACK322**	1 ☐ Yes 2 ☐ No **N3ACK323**	1 ☐ Yes 2 ☐ No **N3ACK324**	1 ☐ Yes 2 ☐ No **N3ACK325**

Section 3A - TOBACCO AND NICOTINE USE (Continued)

	1 ☐ Cigarettes **N3AQ3B1**	2 ☐ Cigars **N3AQ3B2**	3 ☐ Pipe **N3AQ3B3**	4 ☐ Snuff/ Chewing Tobacco **N3AQ3B4**	5 ☐ E-Cigarettes/ E-Liquid **N3AQ3B5**
3b. *(SHOW FLASHCARD 39)* **About how often did you USUALLY (smoke/use)** *(Name of nicotine category)* **(in the past year/in the year right before you stopped)?**	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less
c1/ c2. **(On the days that you smoked (in the past year/ in the year right before you stopped), about how many (cigarettes/cigars/ bowls of tobacco) did you USUALLY smoke?)/(On the days that you used (snuff or chewing tobacco/E-Cigarettes/E-Liquid) (in the past year/in the year right before you stopped) about how many (pinches, dips, rubs, plugs, wads or chews/E-Cigarette cartridges/drops of E-Liquid) did you USUALLY use?)**	**N3AQ3C11** ____ Number	**N3AQ3C12** ____ Number	**N3AQ3C13** ____ Number	**N3AQ3C14** ____ Number	**N3AQ3C15** ____ Number of cartridges OR 0 ☐ Did not use E-Cigarettes
					____ Number of drops of E-Liquid OR 0 ☐ Did not use E-Liquid **N3AQ3C25**
c3. (*SHOW FLASHCARD 39A*) **During that time, about how many milligrams of nicotine were in your E-Cigarette cartridge or E-Liquid?**	**N3AQ3D1CONT** **N3AQ3D1UNIT**	**N3AQ3D2CONT** **N3AQ3D2UNIT**	**N3AQ3D3CONT** **N3AQ3D3UNIT**	**N3AQ3D4CONT** **N3AQ3D4UNIT**	1 ☐ 0 mg 2 ☐ 6 mg 3 ☐ 8 mg 4 ☐ 11mg 5 ☐ 12 mg 6 ☐ 14 mg 7 ☐ 16 mg 8 ☐ 18 mg 9 ☐ 24 mg 10 ☐ 36 mg 11 ☐ Other – *Specify* ________ **N3AQ3C35/ N3AQ3C35SP** **N3AQ3D5CONT** **N3AQ3D5UNIT**
d. **For how long (have/did) you (smoke(d)/use(d)) this amount?**	**N3AQ3D1*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**	**N3AQ3D2*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**	**N3AQ3D3*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**	**N3AQ3D4*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**	**N3AQ3D5*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**
4. **Did you ever (smoke/use)** *(Name of nicotine category)* **every day?**	1 ☐ Yes **N3AQ41** 2 ☐ No - *SKIP to Check Item 3.31*	1 ☐ Yes **N3AQ42** 2 ☐ No - *SKIP to Check Item 3.32*	1 ☐ Yes **N3AQ43** 2 ☐ No - *SKIP to Check Item 3.33*	1 ☐ Yes **N3AQ44** 2 ☐ No - *SKIP to Check Item 3.34*	1 ☐ Yes **N3AQ45** 2 ☐ No - *SKIP to Check Item 3.3a*
5. **About how old were you when you FIRST started (smoking/using)** *(Name of nicotine category)* **every day?**	____ Age **N3AQ51**	____ Age **N3AQ52**	____ Age **N3AQ53**	____ Age **N3AQ54**	____ Age **N3AQ55**

Section 3A - TOBACCO AND NICOTINE USE (Continued)

	1 ☐ Cigarettes	2 ☐ Cigars	3 ☐ Pipe	4 ☐ Snuff/ Chewing Tobacco	5 ☐ E-Cigarettes/ E-Liquid
6a/ 6b. Thinking back over the entire period when you were (smoking/using snuff or chewing tobacco/E-Cigarettes or E-Liquid) every day, about how many (cigarettes/cigars/ bowls of tobacco/pinches, dips, rubs, plugs, wads or chews/E-Cigarette cartridges or drops of E-Liquid) did you USUALLY (smoke/use) in a single day?	____ Number **N3AQ6A1**	____ Number **N3AQ6A2**	____ Number **N3AQ6A3**	____ Number **N3AQ6A4**	____ Number of cartridges OR 0 ☐ Did not use E-Cigarettes **N3AQ6A5**
					____ Number of drops of E-Liquid OR 0 ☐ Did not use E-Liquid **N3AQ6B5**
c. (*SHOW FLASHCARD 39A*) When you were using E-Cigarettes or E-Liquid every day, about how many milligrams of nicotine were in your E-Cigarette cartridge or E-Liquid?	**N3AQ71CONT N3AQ71UNIT**	**N3AQ72CONT N3AQ72UNIT**	**N3AQ73CONT N3AQ73UNIT**	**N3AQ74CONT N3AQ74UNIT**	1 ☐ 0 mg 2 ☐ 6 mg 3 ☐ 8 mg 4 ☐ 11mg 5 ☐ 12 mg 6 ☐ 14 mg 7 ☐ 16 mg 8 ☐ 18 mg 9 ☐ 24 mg 10 ☐ 36 mg 11 ☐ Other – *Specify* _____ **N3AQ6C5/ N3AQ6C5SP** **N3AQ75CONT N3AQ75UNIT**
7. For how long (have/did) you (smoke(d)/use(d)) this amount every day?	**N3AQ71*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**	**N3AQ72*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**	**N3AQ73*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**	**N3AQ74*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**	**N3AQ75*** ____ Day(s) **D** OR ____ Week(s) **W** OR ____ Month(s) **M** OR ____ Year(s) **Y**
CHECK ITEM 3.3 Is another nicotine category marked? **N3ACK331**	1 ☐ Yes - *Fill 2-7 in designated column for next nicotine category* 2 ☐ No - *Go to Check Item 3.32*	1 ☐ Yes - *Fill 2-7 in designated column for next nicotine category* 2 ☐ No - *Go to Check Item 3.33*	1 ☐ Yes - *Fill 2-7 in designated column for next nicotine category* 2 ☐ No - *Go to Check Item 3.34*	1 ☐ Yes - *Fill 2-7 in designated column for next nicotine category* 2 ☐ No - *Go to Check Item 3.3A*	
CHECK ITEM 3.3A Is at least 1 column in Check Item 3.2 marked "Yes"? **N3ACK33A**	1 ☐ Yes - *Ask 8a, b and c as appropriate* 2 ☐ No - *Ask 8a, only*	**N3ACK332**	**N3ACK333**	**N3ACK334**	

8a. The next few questions are about experiences that many people have had with using tobacco and nicotine, including cigarettes, cigars, a pipe, snuff, chewing tobacco, or E-Cigarettes including E-Liquid. As I read each experience, please tell me if it has EVER happened to you as a result of using ANY of these types of tobacco or nicotine. **In your ENTIRE LIFE, did you EVER ...** *(PAUSE)* *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**	**c. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**
(1) More than once WANT to stop or cut down on your tobacco or nicotine use?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A1** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B1** *in column c*	1 ☐ Yes **N3AQ8C1** 2 ☐ No

Section 3A - TOBACCO AND NICOTINE USE (Continued)

8a. **In your ENTIRE LIFE, did you EVER ...** *(PAUSE)* *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**	**c. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**
(2) **More than once TRY to stop or cut down on your tobacco or nicotine use but found you couldn't do it?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A2** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B2** *in column c*	1 ☐ Yes **N3AQ8C2** 2 ☐ No
(3) **Give up or cut down on activities that you were interested in or that gave you pleasure because tobacco or nicotine use was not permitted at the activity?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A3** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B3** *in column c*	1 ☐ Yes **N3AQ8C3** 2 ☐ No
(4) **Give up or cut down on activities that were important to you - like associating with friends or relatives or attending social activities - because tobacco or nicotine use was not permitted at the activity?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A4** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B4** *in column c*	1 ☐ Yes **N3AQ8C4** 2 ☐ No
(5) **Continue to use tobacco or nicotine even though you knew it was causing you a health problem or making a health problem worse?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A5** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B5** *in column c*	1 ☐ Yes **N3AQ8C5** 2 ☐ No
(6) **Find yourself (chain smoking/using one pinch or plug of snuff or chewing tobacco /one E-cigarette cartridge right after another)?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A6** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B6** *in column c*	1 ☐ Yes **N3AQ8C6** 2 ☐ No
(7) **Many people experience the bad aftereffects of tobacco or nicotine use on occasions when they stop or cut down on their tobacco or nicotine use.** **Within days after stopping or cutting down on your tobacco or nicotine use, did you EVER...**			
Feel depressed?	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A7** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B7** *in column c*	1 ☐ Yes **N3AQ8C7** 2 ☐ No
(8) **Have difficulty falling asleep or staying asleep?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A8** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B8** *in column c*	1 ☐ Yes **N3AQ8C8** 2 ☐ No
(9) **Have difficulty concentrating?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A9** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B9** *in column c*	1 ☐ Yes **N3AQ8C9** 2 ☐ No
(10) **Eat more than usual or gain weight (within days after cutting down on your tobacco or nicotine use)?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A10** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B10** *in column c*	1 ☐ Yes **N3AQ8C10** 2 ☐ No
(11) **Become easily irritated, angry or frustrated?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A11** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B11** *in column c*	1 ☐ Yes **N3AQ8C11** 2 ☐ No

Section 3A - TOBACCO AND NICOTINE USE (Continued)

8a. **In your ENTIRE LIFE, did you EVER ...** *(PAUSE)* *(Repeat phrase frequently)*		**b.** **Did this happen in the last 12 months?**	**c.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**
(12) **Feel anxious or nervous?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A12** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B12** *in column c*	1 ☐ Yes **N3AQ8C12** 2 ☐ No
(13) **Feel your heart beating more slowly than usual (within days after cutting down on your tobacco or nicotine use)?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A13** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B13** *in column c*	1 ☐ Yes **N3AQ8C13** 2 ☐ No
(14) **Feel more restless than usual?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to* **N3AQ8A14** *Check Item 3.4*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B14** *in column c*	1 ☐ Yes **N3AQ8C14** 2 ☐ No
CHECK ITEM 3.4 Are at least 4 items marked "Yes" in column b, items 7-14?	1 ☐ Yes **N3ACK34** 2 ☐ No – *SKIP to Check Item 3.5*		
(15) **You just mentioned that you had SOME bad aftereffects after stopping or cutting down on your tobacco or nicotine use in the last 12 months. Did at least 4 of these experiences happen around the same time DURING the last 12 months?**		1 ☐ Yes **N3AQ8B15** 2 ☐ No	
CHECK ITEM 3.5 Are at least 4 items marked "Yes" in column c, items 7-14?	1 ☐ Yes **N3ACK35** 2 ☐ No – *SKIP to (17)*		
(16) **You (also/just) mentioned that you had SOME bad aftereffects after stopping or cutting down on your tobacco or nicotine use BEFORE 12 months ago. Did at least 4 of these experiences happen around the same time BEFORE 12 months ago?**			1 ☐ Yes **N3AQ8C16** 2 ☐ No
(17) **Use tobacco or other sources of nicotine like nicotine gum or a patch to relieve or avoid any of these bad aftereffects after you stopped or cut down on your tobacco or nicotine use?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A17** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B17** *in column c*	1 ☐ Yes **N3AQ8C17** 2 ☐ No
(18) **Wake up in the middle of the night to use tobacco or nicotine?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A18** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B18** *in column c*	1 ☐ Yes **N3AQ8C18** 2 ☐ No
(19) **Often use tobacco or nicotine just after getting up or shortly after getting up in the morning?**	1 ☐ Yes ⟶ 2 ☐ No - *Go to next* **N3AQ8A19** *experience*	1 ☐ Yes ⟶ 2 ☐ No – *Mark "Yes"* **N3AQ8B19** *in column c*	1 ☐ Yes **N3AQ8C19** 2 ☐ No

Section 3A - TOBACCO AND NICOTINE USE (Continued)

8a. In your ENTIRE LIFE, did you EVER ... *(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?
(20) **Find yourself using tobacco or nicotine JUST AFTER being in a situation where tobacco or nicotine use was not permitted - like after being on a plane, at a meeting, or shopping at the mall?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A20** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B20** *in column c*	1 ☐ Yes **N3AQ8C20** 2 ☐ No
(21) **Find that you had to use much more tobacco or nicotine than you once did to get the effect you wanted?**	1 ☐ Yes 2 ☐ No - *Go to next* **N3AQ8A21** *experience*	1 ☐ Yes 2 ☐ No – *Mark "Yes"* **N3AQ8B21** *in column c*	1 ☐ Yes **N3AQ8C21** 2 ☐ No
(22) **Increase your tobacco or nicotine use because the amount you used to use didn't give you the same effect anymore?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A22** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B22** *in column c*	1 ☐ Yes **N3AQ8C22** 2 ☐ No
(23) **Have a period when you often used tobacco or nicotine more or longer than you intended to?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A23** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B23** *in column c*	1 ☐ Yes **N3AQ8C23** 2 ☐ No
(24) **Continue to use tobacco or nicotine even though you knew it made you nervous, jittery, anxious or depressed?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A24** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B24** *in column c*	1 ☐ Yes **N3AQ8C24** 2 ☐ No
(25) **More than once use tobacco or nicotine in a situation that could have been dangerous, like smoking in bed, -when using combustible materials like paint thinner, or in any other dangerous situation?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A25** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B25** *in column c*	1 ☐ Yes **N3AQ8C25** 2 ☐ No
(26) **Have arguments or problems with your spouse or partner or family or friends because of your tobacco or nicotine use?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A26** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B26** *in column c*	1 ☐ Yes **N3AQ8C26** 2 ☐ No
(27) **Continue to use tobacco or nicotine even if it was causing you problems with your family or friends?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A27** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B27** *in column c*	1 ☐ Yes **N3AQ8C27** 2 ☐ No
(28) **Have job or school problems as a result of your tobacco or nicotine use, like problems getting your work done, not doing your job well, being demoted or losing a job or being suspended, expelled or dropping out of school?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A28** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B28** *in column c*	1 ☐ Yes **N3AQ8C28** 2 ☐ No

Section 3A - TOBACCO AND NICOTINE USE (Continued)

8a. In your ENTIRE LIFE, did you EVER ... *(PAUSE)* *(Repeat phrase frequently)*		**b.** Did this happen in the last 12 months?	**c.** Did this happen before 12 months ago, that is before last *(Month one year ago)*?
(29) **Continue to use tobacco or nicotine even though it was causing you problems at school or work?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A29** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B29** *in column c*	1 ☐ Yes **N3AQ8C29** 2 ☐ No
(30) **Have a period when your tobacco or nicotine use often interfered with taking care of your home or family?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A30** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B30** *in column c*	1 ☐ Yes **N3AQ8C30** 2 ☐ No
(33) **Have a period when you spent a lot of time using tobacco or nicotine?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A33** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B33** *in column c*	1 ☐ Yes **N3AQ8C33** 2 ☐ No
(34) **Have a period of time when you spent a lot of time making sure you had enough tobacco or nicotine available?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A34** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B34** *in column c*	1 ☐ Yes **N3AQ8C34** 2 ☐ No
(35) **Have a very strong desire or urge to use tobacco or nicotine?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A35** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B35** *in column c*	1 ☐ Yes **N3AQ8C35** 2 ☐ No
(36) **Want to use tobacco or nicotine so badly that you couldn't think of anything else?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A36** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B36** *in column c*	1 ☐ Yes **N3AQ8C36** 2 ☐ No
(37) **Use tobacco or nicotine within 30 minutes of waking up?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A37** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B37** *in column c*	1 ☐ Yes **N3AQ8C37** 2 ☐ No
(38) **Use tobacco or nicotine MORE FREQUENTLY during the first hours after waking up than during the rest of the day?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A38** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B38** *in column c*	1 ☐ Yes **N3AQ8C38** 2 ☐ No
(39) **Find that your first use of tobacco or nicotine after waking up gave you more satisfaction than using tobacco or nicotine at any other time?**	1 ☐ Yes → 2 ☐ No - *Go to next* **N3AQ8A39** *experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B39** *in column c*	1 ☐ Yes **N3AQ8C39** 2 ☐ No
(40) **Find it difficult to keep from using tobacco or nicotine in places where it was prohibited?**	1 ☐ Yes → 2 ☐ No - *Go to Check* **N3AQ8A40** *Item 3.6*	1 ☐ Yes → 2 ☐ No – *Mark "Yes"* **N3AQ8B40** *in column c*	1 ☐ Yes **N3AQ8C40** 2 ☐ No

Section 3A - TOBACCO AND NICOTINE USE (Continued)

CHECK ITEM 3.6 Is more than 1 item marked in 1(a) - (e)?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.8* **N3ACK36**

CHECK ITEM 3.7 Are at least 2 Boxes in Box 1-3,(Check Item 3.4 or Box 5), Box 6-12 marked "Yes" in 8, column b?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.8* **N3ACK37**

9. What type or types of tobacco or nicotine were you using when you had SOME of these experiences you mentioned in the last 12 months?

Mark (X) all that apply.

1 ☐ Cigarettes **N3AQ91**
2 ☐ Cigars **N3AQ92**
3 ☐ Pipe **N3AQ93**
4 ☐ Snuff **N3AQ94**
5 ☐ Chewing tobacco **N3AQ95**
6 ☐ E-Cigarettes **N3AQ96**
7 ☐ E-Liquid **N3AQ97**

CHECK ITEM 3.8 Are at least 2 Boxes in Box 1-3,(Check Item 3.5 or Box 5), Box 6-12 marked "Yes" in 8, column c?

1 ☐ Yes
2 ☐ No - *SKIP to 11b* **N3ACK38**

10a. You just mentioned some experiences with using tobacco or nicotine that happened in the past, that is, before 12 months ago. Now I'd like to know if SOME of the experiences you mentioned happened around the same time in the past.

Before last *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time most days FOR AT LEAST A MONTH?**

1 ☐ Yes - *SKIP to 10d* **N3AQ10A**
2 ☐ No

b. Before last *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?**

1 ☐ Yes - *SKIP to 10d* **N3AQ10B**
2 ☐ No

c. Before last *(Month one year ago)***, was there EVER a time when SOME of these experiences happened within the same 1-year period?**

1 ☐ Yes **N3AQ10C**
2 ☐ No - *SKIP to 11b*

d. About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?

_____ Age **N3AQ10D**

e. In your entire LIFE, how many separate periods like this did you have when some of these experiences were happening around the same time?

By separate periods, I mean times that were separated by at least 1 year when you STOPPED using tobacco and nicotine entirely OR you didn't have any of the experiences you mentioned with tobacco or nicotine at all.

_____ Number **N3AQ10E**

CHECK ITEM 3.9A Is number entered in 10e, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 10h* **N3ACK39A**

10f. What was the LONGEST period you had when SOME of these experiences were happening around the same time?

_____ Month(s)
OR **N3AQ10FCONT, N3AQ10FUNIT**
_____ Year(s)

g. How old were you the MOST RECENT time when SOME of these experiences BEGAN to happen around the same time?

_____ Age - *SKIP to Check Item 3.9B* **N3AQ10G**

h. How long did this period last?

_____ Month(s)
OR **N3AQ10HCONT, N3AQ10HUNIT**
_____ Year(s)

CHECK ITEM 3.9B Is at least 1 item (1)-(14), (17)-(30), (33)-(34), or Check Item 3.4 marked "Yes" in 8, column b?

1 ☐ Yes - *SKIP to Check Item 3.9C* **N3ACK39B**
2 ☐ No

10i. About how old were you when you FINALLY STOPPED having these experiences with tobacco or nicotine? By finally stopped, I mean they never started happening again.

_____ Age **N3AQ10I**

Section 3A - TOBACCO AND NICOTINE USE (Continued)

CHECK ITEM 3.9C Is more than 1 item marked in 1a-e?

1 ☐ Yes
2 ☐ No - *SKIP to 11b* **N3ACK39C**

11a. **What type or types of tobacco or nicotine were you using when you had SOME of the experiences you mentioned with tobacco or nicotine BEFORE 12 months ago?**

Mark (X) all that apply.

1 ☐	Cigarettes	**N3AQ11A1**
2 ☐	Cigars	**N3AQ11A2**
3 ☐	Pipe	**N3AQ11A3**
4 ☐	Snuff	**N3AQ11A4**
5 ☐	Chewing tobacco	**N3AQ11A5**
6 ☐	E-Cigarettes	**N3AQ11A6**
7 ☐	E-Liquid	**N3AQ11A7**

b. **In the last 12 months, did you get into serious trouble because of your tobacco or nicotine use in a place where it was prohibited, like on an airplane, in an airport or any other place?**

1 ☐ Yes **N3AQ11B**
2 ☐ No

c. **Did this happen before 12 months ago, that is before last (***Month one year ago***)?**

1 ☐ Yes **N3AQ11C**
2 ☐ No

d. **In the last 12 months, did you more than once use tobacco or nicotine in prohibited places even though you had gotten into serious trouble for doing that before?**

1 ☐ Yes **N3AQ11D**
2 ☐ No

e. **Did this happen before 12 months ago, that is before last (***Month one year ago***)?**

1 ☐ Yes **N3AQ11E**
2 ☐ No

12. **Have you ever gone anywhere or seen anyone to get help for a reason that was related in any way to your use of tobacco or nicotine - a physician, counselor, or any other community agency or professional, or did you do anything else to help you quit or cut down on tobacco or nicotine use?**

1 ☐ Yes **N3AQ12**
2 ☐ No – *SKIP to Section 3B*

13a. **I am going to read you a list of ways people might get help for tobacco or nicotine use. For each one, please tell me if you have ever gotten this kind of help for any reason related to your tobacco or nicotine use.**

In your entire life, did you EVER...

		13a.	b. Did you do this in the last 12 months?	c. Did you do this before 12 months ago, that is before last (*Month one year ago*)?
(1)	**Go to counseling, family services, or other social services?**	1 ☐ Yes → 2 ☐ No - *Go to next treatment type* **N3AQ13A1**	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c* **N3AQ13B1**	1 ☐ Yes 2 ☐ No **N3AQ13C1**
(2)	**Go to a support group or visit an internet chat room?**	1 ☐ Yes → 2 ☐ No - *Go to next treatment type* **N3AQ13A2**	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c* **N3AQ13B2**	1 ☐ Yes 2 ☐ No **N3AQ13C2**
(3)	**Have a doctor or other health professional prescribe any medicine or drug, for example, Chantix, Wellbutrin, or Zyban?**	1 ☐ Yes → 2 ☐ No - *Go to next treatment type* **N3AQ13A3**	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c* **N3AQ13B3**	1 ☐ Yes 2 ☐ No **N3AQ13C3**
(4)	**Use nicotine patches, lozenges, or gum?**	1 ☐ Yes → 2 ☐ No - *Go to next treatment type* **N3AQ13A4**	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c* **N3AQ13B4**	1 ☐ Yes 2 ☐ No **N3AQ13C4**
(5)	**Use electronic cigarettes or E-Cigarettes, including E-Liquid?**	1 ☐ Yes → 2 ☐ No - *Go to next treatment type* **N3AQ13A5**	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c* **N3AQ13B5**	1 ☐ Yes 2 ☐ No **N3AQ13C5**

Section 3A - TOBACCO AND NICOTINE USE (Continued)

13a. In your ENTIRE LIFE, did you EVER ...		b. Did you do this in the last 12 months?	c. Did you do this before 12 months ago, that is before last (*Month one year ago*)?
(6) **Receive acupuncture, acupressure, laser or electrostimulation therapy, or meditate?**	1 ☐ Yes → 2 ☐ No *Go to next treatment type* **N3AQ13A6**	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c* **N3AQ13B6**	1 ☐ Yes 2 ☐ No **N3AQ13C6**
(7) **Use any other methods to help you quit or cut down?**	1 ☐ Yes → 2 ☐ No – *Skip to 14a* **N3AQ13A7**	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c* **N3AQ13B7**	1 ☐ Yes 2 ☐ No **N3AQ13C7**

14a. How old were you the FIRST time you went anywhere for help or saw anyone for a reason that was related to your tobacco or nicotine use?	_____ Age **N3AQ14A**
b. How old were you the MOST RECENT time you went anywhere for help or saw anyone for a reason that was related to your tobacco or nicotine use?	_____ Age **N3AQ14B** OR 0 ☐ Happened only once- *Go to Section 3B*
15. In your ENTIRE LIFE, how many times have you used any of these resources to help you quit or cut down on your tobacco or nicotine use?	_____ Number of times- *Go to Section 3B* **N3AQ15**