

Section 5: Tobacco Use

Questionnaire

5.1	¿ Have you smoked at least 100 cigarettes in your lifetime?	1. Yes	<input type="checkbox"/>	5.10
		2. No	<input type="checkbox"/>	
		3. Don't know/not sure	<input type="checkbox"/>	
5.2	¿ Do you currently smoke cigarettes?	1. Yes (one or more cigarettes per day)	<input type="checkbox"/>	
		2. No (I quit smoking).	<input type="checkbox"/>	
		3. Occasionally (less than one cigarette per day).	<input type="checkbox"/>	
5.3	¿ How old were you when you first started smoking cigarettes	1. Years of age	<input type="text"/>	
		2. Don't know/not sure	<input type="checkbox"/>	
5.4	On average, how many cigarettes have you smoked over the last 30 days?	1. Number de cigarettes per day	<input type="text"/>	
		2. Don't know/not sure	<input type="checkbox"/>	
5.5	¿ When was the last time you smoked—how long has it been since you haven't smoked at least one cigarette per day?	1. Less than 1 month	<input type="checkbox"/>	
		2. 1-6 months	<input type="checkbox"/>	
		3. 6-12 months	<input type="checkbox"/>	
		4. 1 year or more	<input type="checkbox"/>	
		5. Don't know/not sure	<input type="checkbox"/>	
5.6	¿ How long after waking do you smoke your first cigarette?	1. Within the first 5 minutes	<input type="checkbox"/>	
		2. 6-30 minutes	<input type="checkbox"/>	
		3. 31-60 minutes	<input type="checkbox"/>	
		4. After 60 minutes	<input type="checkbox"/>	
5.7	¿ Have you considered quitting smoking?	1. Yes	<input type="checkbox"/>	
		2. No	<input type="checkbox"/>	
		3. Don't know/not sure	<input type="checkbox"/>	



5.8	¿ How much time to you think it will take you to quit? (How many months from now)	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	
		5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	
		9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>	
		13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	
		17	<input type="checkbox"/>	18	<input type="checkbox"/>	19	<input type="checkbox"/>			
5.9	¿ During the past 12 months, how many times stopped smoking for at least 24 hours??	Number of times								
5.10	¿ During the past 12 months, has a health professional asked you if you smoke?	1. Yes	<input type="checkbox"/>	3. Don't recall/not sure				<input type="checkbox"/>		
		2. No	<input type="checkbox"/>							
5.11	¿ During the past 12 months, has a health professional advised you to quit smoking?	1. Yes, on one/several occasion(s), but not always						<input type="checkbox"/>		
		2. Yes, they always advise me to quit						<input type="checkbox"/>		
		3. No						<input type="checkbox"/>		
		4. Don't recall/not sure						<input type="checkbox"/>		
5.12	¿ Do you know of any regulations (restrictions, marked areas, etc.) regarding smoking in public areas, such as the office, school, other work environments, public transportation, health centers, or restaurants? How are these regulations enforced?	1. Yes, they exist and are always respected						<input type="checkbox"/>		
		2. Yes, they exist, but people often ignore them						<input type="checkbox"/>		
		3. Yes, they exist, but I don't know if people ignore them						<input type="checkbox"/>		
		4. No, they do not exist						<input type="checkbox"/>		
		5. I'm not sure if these regulations exist or not						<input type="checkbox"/>		
5.13	¿ Do you think that smoking is bad for your health?	1. Yes	<input type="checkbox"/>	3. Don't know/not sure				<input type="checkbox"/>		
		2. No	<input type="checkbox"/>							
5.14	¿ Do you think that smoking in enclosed areas or near other people can be harmful to the health of others around you??	1. Yes	<input type="checkbox"/>	3. Don't know/not sure				<input type="checkbox"/>		
		2. No	<input type="checkbox"/>							



Diagram for Rapidly Assessing a Smoker's Stage of Transition

