

Adult Tobacco Use Questionnaire

1. In the past year, have you used tobacco products (cigarettes or e-cigarettes)?
 Yes No
2. In the past 30 days, on how many days have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?
 Yes No
3. In the past year, on how many days have you used tobacco products (cigarettes or e-cigarettes)?
 Yes No

Adolescent Tobacco Use Screening Questionnaire*

1. Do you have friends who use any tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco) in the past year?
 Yes No
2. In the past year, have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?
 Yes No
3. In the past 30 days, on how many days have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?
 Yes No
4. In the past 90 day, on how many days have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?
 Yes No
5. In the past year, on how many days have you used tobacco products (cigarettes or e-cigarettes)?
 Yes No

**Questions derived from the Brief Screening Instrument for Adolescent Tobacco, Alcohol, and Drug Use (BSTAD).*