



C-TUQ USER MANUAL

Cancer Patient Tobacco Use Questionnaire

Developed by the NCI-AACR Cancer Patient
Tobacco Use Assessment Task Force

Cancer Patient Tobacco Use Questionnaire (C-TUQ): Manual for Investigators

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Introduction

A. What Is the C-TUQ?

The Cancer Patient Tobacco Use Questionnaire (C-TUQ [pronounced “C.T.U.Q.”]) is a 22-item self-report survey designed to capture information about tobacco use by cancer patients and cancer survivors. It is publicly available on the National Cancer Institute’s (NCI) Grid-Enabled Measures website at www.gem-measures.org, and in the Appendix, for use. (No permission is required.) The questionnaire was developed by NCI and the American Association for Cancer Research (NCI-AACR) Cancer Patient Tobacco Use Assessment Task Force (Task Force). The C-TUQ survey tool is divided into five domains and includes a Core (short form of 4 items) and an Extension. The questionnaire is intended to be administered at key time points during periods of cancer treatment and recovery, as described below under “Questionnaire Administration.”

B. Rationale

Findings from numerous research studies indicate that tobacco use, specifically smoking cigarettes, increases the risk of all-cause and cancer-specific mortality, and may also reduce therapeutic efficacy and increase the risks of cancer recurrence and treatment-related toxicity.[1-8] It is also known that smoking cessation improves the prognosis of patients diagnosed with cancer.[7] However, a substantial number of cancer patients and survivors continue to smoke after diagnosis.[9-13] More work is needed to fully understand how smoking cessation after diagnosis and during cancer treatment can affect treatment outcome or risks of cancer recurrence. In particular, comparisons need to be made between patients who stop smoking and then resume smoking during a period of therapy and patients who smoke continuously during therapy.[14] Furthermore, no standard measure had existed to identify and quantify tobacco use relative to the timeframes of cancer diagnosis, treatment, and survivorship.

General population measures of tobacco use history typically employ reference periods such as the past 7 or 30 days. Such items will generally not disambiguate tobacco use before or after diagnosis, surgery, and other events in cancer treatment and survivorship. For example, if a patient in his 3rd month of chemotherapy responds that he has not smoked cigarettes within the past 30 days, it may not be possible for researchers to discern whether he smoked during chemotherapy. The question “How long has it been since you last smoked a cigarette?” is captured in the proposed new questionnaire as a specific number of days, weeks, or years, which will permit researchers to compare that information with dates of events in the patient’s cancer history. However, in some cases that item alone will not reveal important distinctions. If that patient in his 3rd month of chemotherapy responds that he smoked a cigarette today, he might have smoked regularly during therapy or abstained until today. In this case, item 7, which measures smoking frequency during time periods related to cancer diagnosis and treatment, provides the needed information.

Similarly, the use of other products (combustible, smokeless, and aerosol products [e.g., electronic cigarettes]) or of cessation assistance during timeframes relative to cancer diagnosis is captured in the newly developed instrument. As such, the C-TUQ collects the specific information needed to address understudied research questions regarding the effect of tobacco use on cancer treatment and other outcomes. On the other hand, conventional 7-day or 30-day abstinence reference periods (as in constructs 10a [smoking at all within past 30 days] or 10b [number of days smoked within past 30 days]) may be needed for reporting tobacco cessation in clinical trials and identifying current smokers or tobacco users for referral to tobacco use treatment.

(Excerpt from Land and colleagues [15])

C. Background

In 2013, NCI and AACR created a task force to develop recommendations for patient-reported tobacco use measures, the timing of assessments, and research priorities surrounding the need for tobacco use assessment in cancer patients and survivors. Based on the foundation that tobacco use is an important predictive, prognostic, and possibly confounding variable in cancer research, the Task Force recognized the need to address scientific questions, such as: (1) How does tobacco diminish treatment efficacy?, (2) What are the mechanisms of tobacco effects?, and (3) What is the improvement in prognosis with cessation after diagnosis? The Task Force also identified limitations in data collection, including a lack of tobacco use assessment in clinical trials or cancer treatment practice, inconsistency in tobacco use assessment methods, and little follow-up during or after cancer treatment. The C-TUQ was designed by the Task Force to address these questions and limitations, with the recommendation that it be broadly included in cancer research.[16]

Development and Validation of the C-TUQ

Initial versions of candidate items for the C-TUQ instrument were procured from a number of established tobacco surveillance instruments and were based on Task Force prioritization of constructs. Items were then adapted by the Task Force to capture information necessary in the setting of cancer research, such as cigarette smoking during time intervals surrounding cancer diagnosis and treatment. Expert survey methodologists from Westat, Inc. then modified items based on item design best practices and constructed the organization and flow of the questionnaire (e.g., skip patterns).

In the final stage of questionnaire development, all items for the C-TUQ were subjected to cognitive testing. Cognitive testing is a clinical interviewing method used to assess item comprehension, memory retrieval, response difficulty, and the accuracy of responses to evaluate the content validity, and overall adequacy, of self-report instruments.[17, 18] Cognitive testing of the C-TUQ was conducted on 30 cancer patients and survivors at the National Institutes of Health Clinical Center in Bethesda, MD (ClinicalTrials.gov Identifier: NCT02233842) to assess and improve C-TUQ measurement items.[15] During cognitive testing, items were evaluated based on intensive probing of respondents' answers, and the basis for those answers to identify problematic wording and ordering as well as erroneous assumptions inherent within the instrument. C-TUQ items were revised accordingly to ensure ease and the accuracy of responses and to establish content validity of the measure. For more details regarding C-TUQ development and validation, see Land and colleagues (2016).[16]

Survey Items

A. Structure

The C-TUQ comprises the C-TUQ Core (a short form of 4 items) and the C-TUQ Extension (18 items for additional assessment when feasible). The full set of 22 items is divided into 5 domains: (1) Basic Tobacco Use Information; (2) Cigarette Smoking in Relation to Cancer Diagnosis and Treatment; (3) Smoking Cessation, Cessation Products, and Assistance Methods; (4) Use of Other Products; and (5) Secondhand Smoke Exposure.

B. Core Items

Items 1, 4, 5, and 6 are the Core items of this questionnaire, measuring cigarette smoking history and current status. The Task Force recommends that all of these items be asked at baseline assessment

in all cancer research studies. Items 1 and 6 are the Core items recommended for follow-up assessment in all cancer research studies. Item 1 is not necessary to collect at follow-up if the patient responded “yes” at an earlier time point.

C. Extension Items

Items 2, 3, and 7–22 are considered Extension items to capture a more detailed history, the use of other tobacco products, cessation, and secondhand exposure. The Extension also includes smoking behavior during time periods specific to the cancer treatment trajectory, providing important data not available from general population questionnaires. The Task Force recommends that these items be included in baseline and follow-up assessments. In studies for which it is not feasible to include all Extension items, any subset of items may be selected.

D. Specific Instructions

- a. A participant may be deemed a current cigarette smoker using information collected in item 6 [“How long has it been since you last smoked a cigarette (even one or two puffs)?”]. Two common definitions of “current” smoking are (1) smoking within 30 days and (2) smoking within 1 year. Either of these can be determined from the responses to item 6.
- b. Items 10a and 10b may be considered alternatives to each other.
- c. The generic terms “treatment” and “cancer surgery” in item 7 can be replaced with specific terms to suit the research, or more specific terms may be included in parentheses. “Treatment” may be replaced with a therapy specific to the research study, such as “chemotherapy,” “radiotherapy,” or the name of an experimental agent. These terms can be helpful because cognitive testing revealed that patients have differing interpretations of the term “treatment.” “Cancer surgery” may be replaced with a specific surgery, such as “mastectomy,” as appropriate to the research context. Note that cognitive testing revealed that “surgery” may be interpreted as including biopsy or not.
- d. Cognitive testing revealed that patients who have experienced more than one primary cancer may be unsure which experience to consider when responding. If the goal of the research is to capture data relative to a particular cancer experience (e.g., the initial or most recent, instructions can be added to provide that clarification). At the end of Section 1, participants are given this instruction: “On the following page you will be asked about when you were first told you had cancer. If you have been diagnosed with cancer more than once, please answer these questions about your most recent cancer diagnosis.” The phrase “most recent cancer diagnosis” in this instruction can be replaced with another term to suit the research context. For example, substitutions might be “your most recent diagnosis with breast cancer” or “your first cancer diagnosis.”

- e. Additional note: Users should insert an appropriate patient study identifier and a date of completion and/or assessment time point fields.
- f. Tested versions of the questionnaire included skip instructions so that, for example, never smokers were instructed to skip over smoking history items. Questionnaire designers should incorporate skip instructions appropriate for the set of items and the respondent population.

Questionnaire Administration

A. Respondent Population

The C-TUQ instrument was designed for adult patients who have been diagnosed with any type of cancer, for patients who are currently receiving treatment for any type of cancer, for patients who have completed cancer treatment, and for cancer survivors.

B. Administration Methods

The C-TUQ was created to be paper-based and self-administered by an individual respondent in a confidential environment. It may also be completed electronically, with computer-aided administration. In addition, the instrument can be administered orally by an interviewer as needed, such as for respondents who have been diagnosed with visual or motor impairments or with reading or neurocognitive disabilities that may prevent them from self-administering the instrument.

C. Timing of Assessment

Longitudinal tobacco use assessment is important because although many patients quit tobacco use when they are diagnosed with cancer, many who quit will later resume use. Many important research questions require that tobacco use after diagnosis and throughout treatment be recorded.[14, 16] The Task Force recommends that the C-TUQ be administered, at a minimum, at the point of study entry and at the end of treatment. Other key time points during cancer treatment at which the C-TUQ may be administered include Day 1 of each chemotherapy cycle, at the onset and conclusion of radiation therapy, at the onset and conclusion of any other systemic cancer therapy, and 6–12 months after the end of cancer treatment. Monthly questionnaire administration is also an appropriate option.

Accessibility

The C-TUQ instrument is also available in Spanish (in this document). Future work will provide complete translations of the entire C-TUQ into other languages.

As mentioned in the “Questionnaire Administration” section, oral administration of the C-TUQ may be provided for respondents who are unable to self-administer the questionnaire due to physical or cognitive disabilities. Considerations are being made to create and implement a computerized version of the questionnaire.

Acknowledgments

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Contact Information

To comment on the questionnaire and to share your experience with other users, please go to the NCI Grid-Enabled Measures website (www.gem-measures.org).

For additional information about the C-TUQ, please contact:

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Cancer Patient Tobacco Use Questionnaire (C-TUQ)

Please access background information and instructions in the C-TUQ Manual and share your experience by visiting the Tobacco Use by Cancer Patients workspace at www.gem-measures.org, or by contacting Stephanie R. Land, National Cancer Institute, at 240-276-6946, or landsr@mail.nih.gov. Please also visit http://cancercontrol.cancer.gov/brp/tcrb/research_topic-tobacco-use.html for the latest information about NCI's initiatives related to tobacco use in the context of cancer screening, treatment, and survivorship.

Please use the following reference for this measure:

NCI-AACR Cancer Patient Tobacco Use Assessment Task Force. (2016) Cancer Patient Tobacco Use Questionnaire (C-TUQ). Retrieved from: <https://cancercontrol.cancer.gov/brp/research/>.

This questionnaire was developed by the NCI-AACR Cancer Patient Tobacco Use Assessment Task Force and tested in a cognitive interview study (ClinicalTrials.gov Identifier: NCT02233842).

- Items 1, 4, 5, and 6 are Core items, recommended for baseline assessment in all cancer research studies. Items 1 and 6 are the Core items recommended for follow-up assessments in all cancer research studies.
- The remaining items are considered Extension items, and are available for inclusion as needed in baseline and follow-up assessments.

See also:

Land, Warren, Crafts, Hatsukami, Ostroff, Willis, Chollette, Mitchell, Folz, Gulley, Szabo, Brandon, Duffy, Toll. Cognitive testing of tobacco use items for administration to cancer patients and survivors in clinical research, *Cancer*. 2016;122(11):1728-1734. doi:10.1002/cncr.29964.

Land, Toll, Moinpour, Mitchell, Ostroff, Hatsukami, Duffy, Gritz, Rigotti, Brandon, Prindiville, Sarna, Schnoll, Herbst, Cinciripini, Leischow, Dresler, Fiore, Warren. Research priorities, measures, and recommendations for assessment of tobacco use in clinical cancer research, *Clinical Cancer Research*. 2016;22(8):1907-1913. doi:10.1158/1078-0432.CCR-16-0104.

CANCER PATIENT TOBACCO USE QUESTIONNAIRE (C-TUQ)

Section 1. Basic Tobacco Use Information

1. **Have you smoked at least 100 cigarettes (5 packs=100 cigarettes) in your entire life?**

- Yes
- No
- Don't know/Not sure

2. **How old were you when you first smoked a cigarette (even one or two puffs)?**

_____ Years old

3. **How old were you when you first began smoking cigarettes regularly?**

_____ Years old

Check here if you have never smoked cigarettes regularly.

4. **How many total years have you smoked (or did you smoke) cigarettes? Do not count any time you may have stayed off cigarettes.**

_____ Years *If you smoked less than one year, write "1."*

5. **On average when you have smoked, about how many cigarettes do you (or did you) smoke a day?**

A pack usually has 20 cigarettes in it.

_____ Number of cigarettes per day

6. How long has it been since you last smoked a cigarette (even one or two puffs)?

First check which one of the following choices applies to you. Then, if applicable, write a number on the line for how many days, weeks, months, or years it has been since your last cigarette.

- I smoked a cigarette today (at least one puff).
- 1-7 days. ➡ Number of days since last cigarette: _____
- Less than 1 month. ➡ Number of weeks since last cigarette: _____
- Less than 1 year. ➡ Number of months since last cigarette: _____
- More than 1 year. ➡ Number of years since last cigarette: _____
- Don't know/Don't remember

INSTRUCTIONS

On the following page you will be asked about when you were first told you had cancer. If you have been diagnosed with cancer more than once, please answer these questions about **your most recent cancer diagnosis**.

Please continue to the next page.

Section 2. Cigarette Smoking in Relation to Cancer Diagnosis and Treatment

7. During each of the following time frames, please indicate whether you smoked cigarettes every day, some days, or not at all.

	Smoked every day	Smoked some days	Didn't smoke at all	Don't know/ Not sure	Not applicable
a. The year before you were first told you had cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (I have not been diagnosed.)
b. After diagnosis, and before treatment started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (I have not been diagnosed.)
c. From 2 days before your last cancer surgery to 2 days after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (I have not had cancer surgery.)
d. During the course of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (I have not received treatment.)
e. After treatment ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (I have not completed treatment.)
f. Since your last visit to this clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (This is my first visit to this clinic.)

8. Since you were first told you had cancer, which of the following products have you used regularly?

Check all that apply.

- Cigarettes
- E-cigarettes or other electronic nicotine delivery system
- Traditional cigars, cigarillos or filtered cigars
- Pipes
- Hookah
- Clove cigarettes or kreteks
- Bidis
- Smokeless tobacco, like dip, chew, or snuff
- Snus
- Paan with tobacco, gutka, zarda, khaini
- None
- Other, *Please specify:* _____

9. Since you were first told you had cancer, what was the longest time you stayed (or have stayed) off cigarettes?

- Stayed off cigarettes entire time since diagnosis

OR

- Stayed off cigarettes less than one day
- 1-7 days. ➡ Number of days stayed off cigarettes: _____
- Less than 1 month. ➡ Number of weeks stayed off cigarettes: _____
- Less than 1 year. ➡ Number of months stayed off cigarettes: _____
- More than 1 year. ➡ Number of years stayed off cigarettes: _____
- Don't know/Don't remember

Section 3. Smoking Cessation, Cessation Products, and Assistance Methods

10a. In the past 30 days, have you smoked any cigarettes, even one or two puffs?

- Yes
- No ➡ Go to Question 11.

10b. In the past 30 days, on how many days did you smoke cigarettes?

___ Number of days *If none, write "0."*

11. Since you were first told you had cancer, which of the following products have you used to quit (or to stay off) smoking cigarettes?

Check all that apply.

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Nicotine inhaler
- Nicotine nasal spray
- Bupropion (Wellbutrin, Zyban)
- Varenicline (Chantix)
- E-cigarettes or other electronic nicotine delivery system
- None
- Other, *Please specify:* _____

12. Since you were first told you had cancer, what assistance have you used to quit (or to stay off) smoking cigarettes?

Check all that apply.

- Individual or group counseling
- A telephone helpline or quitline
- Books, pamphlets
- Videos
- A quit tobacco clinic, class, or support group
- An internet or web-based program
- A text message-based smoking cessation program
- Support of friends and family
- None
- Other, *Please specify:* _____

13. Have your cancer doctors advised you to quit smoking cigarettes?

- Yes
- No
- Not applicable; I have not smoked cigarettes since my diagnosis.

14. In the past 30 days, have you been trying to quit (or trying to stay off) smoking cigarettes?

- Yes
- No ➡ **Go to Section 4.**

15. In the past 30 days, what, if any, products have you used to quit (or to stay off) smoking cigarettes?

Check all that apply.

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Nicotine inhaler
- Nicotine nasal spray
- Bupropion (Wellbutrin, Zyban)
- Varenicline (Chantix)
- E-cigarettes or other electronic nicotine delivery system
- None
- Other, *Please specify:* _____

16. In the past 30 days, what assistance have you used to quit (or to stay off) smoking cigarettes?

Check all that apply.

- Individual or group counseling
- A telephone helpline or quitline
- Books
- Pamphlets
- Videos
- A quit tobacco clinic, class, or support group
- An internet or web-based program
- A text message-based smoking cessation program
- Support of friends and family
- None
- Other, *Please specify:* _____

Please continue to the next page.

Section 4. Use of Other Products

17. Which of the following products have you ever used regularly?

Check all that apply.

- Cigarettes
- E-cigarettes or other electronic nicotine delivery system
- Traditional cigars, cigarillos, or filtered cigars
- Pipes
- Hookah
- Clove cigarettes or kreteks
- Bidis
- Smokeless tobacco, like dip, chew, or snuff
- Snus
- Paan with tobacco, gutka, zarda, or khaini
- None
- Other, *Please specify:* _____

18. In the past 30 days, which of the following products have you used?

Check all that apply.

- Cigarettes
- E-cigarettes or other electronic nicotine delivery system
- Traditional cigars, cigarillos, or filtered cigars
- Pipes
- Hookah
- Clove cigarettes or kreteks
- Bidis
- Smokeless tobacco, like dip, chew, or snuff
- Snus
- Paan with tobacco, gutka, zarda, or khaini
- None
- Other, *Please specify:* _____

Section 5. Second-Hand Smoke Exposure

19. Are you currently living with a smoker?

- Yes
- No

20. In the past 30 days, have you...

	Yes	No
a. <u>Lived</u> in a place where other people smoked cigarettes indoors?	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Worked</u> in a place where other people smoked cigarettes indoors?	<input type="checkbox"/>	<input type="checkbox"/>

21. Thinking of all your childhood and adult years, have you ever lived in a place where other people smoked cigarettes indoors?

- Yes ➔ In total, for about how many years? _____ *If less than 1, write "1."*
 No

22. Thinking of all the years you have worked, have you ever worked in a place where other people smoked cigarettes indoors?

- Yes ➔ In total, for about how many years? _____ *If less than 1, write "1."*
 No

Thank you for completing this questionnaire.

Cancer Patient Tobacco Use Questionnaire (C-TUQ) - Spanish

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This Spanish language version was created by the National Institutes of Health Library and validated by native Spanish speaking NCI scientific personnel.

Please use the following reference for this measure:

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CUESTIONARIO SOBRE EL CONSUMO DE TABACO DE PACIENTES CON CÁNCER

CANCER PATIENT TOBACCO USE QUESTIONNAIRE (C-TUQ) (Spanish)

Sección 1. Información básica sobre el consumo de tabaco

1. ¿Ha fumado al menos 100 cigarrillos (5 cajetillas = 100 cigarrillos) en toda su vida?

- Sí
- No
- No sé / No estoy seguro

2. ¿A qué edad fumó su primer cigarrillo (incluso uno o dos pitadas)?

_____ años de edad

3. ¿A qué edad empezó a fumar cigarrillos regularmente?

_____ años de edad

Marque aquí si nunca ha fumado cigarrillos regularmente.

4. ¿Durante cuántos años en total ha fumado o fumó cigarrillos? No incluya ningún período en el que haya dejado de fumar.

_____ Años *Si fumó por menos de un año, escriba "1".*

5. En promedio, cuando fuma o ha fumado, ¿aproximadamente cuántos cigarrillos consume o consumió en un día?

Una cajetilla suele tener 20 cigarrillos.

_____ Número de cigarrillos por día

6. ¿Cuándo fue la última vez que fumó cigarrillos (incluso uno o dos pitadas)?

Primero, marque la opción que corresponda. Luego, si es el caso, escriba el número sobre la línea para indicar cuántos días, semanas, meses o años han pasado desde que fumó el último cigarrillo.

- Fumé un cigarrillo hoy (al menos una pitada).
- De 1 a 7 días. ➡ Número de días desde el último cigarrillo: _____
- Menos de 1 mes. ➡ Número de semanas desde el último cigarrillo: _____
- Menos de 1 año. ➡ Número de meses desde el último cigarrillo: _____
- Más de 1 año. ➡ Número de años desde el último cigarrillo: _____
- No sé / No recuerdo

INSTRUCCIONES

En la siguiente página, se le preguntará sobre la primera vez que se enteró de que tenía cáncer. Si ha recibido más de un diagnóstico de cáncer, conteste las preguntas en relación a **su diagnóstico de cáncer más reciente**.

Continúe a la siguiente página.

Sección 2. Consumo de cigarrillos en relación al diagnóstico y el tratamiento del cáncer

7. Para cada uno de los siguientes períodos, indique si fumó cigarrillos todos los días, algunos días o si no fumó.

	Fumó todos los días	Fumó algunos días	No fumó	No sabe/ No está seguro	No corresponde
a. Durante el año antes de que se enterara de que tenía cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (No he recibido diagnóstico.)
b. Después del diagnóstico y antes de iniciar el tratamiento	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (No he recibido diagnóstico.)
c. De 2 días antes de su última cirugía para el cáncer a 2 días después de esta.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (No me he sometido a cirugía.)
d. Durante el transcurso del tratamiento	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (No he recibido tratamiento.)
e. Después de terminar el tratamiento	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (No he terminado el tratamiento.)
f. Desde su última consulta en esta clínica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Esta es mi primera consulta en esta clínica.)

8. Desde la primera vez que se enteró de que tenía cáncer, ¿cuál de los siguientes productos ha consumido con frecuencia?

Marque todos los productos que correspondan.

- Cigarrillos
- Cigarrillos electrónicos u otros dispositivos electrónicos de nicotina
- Cigarros tradicionales, puros delgados o cigarros con filtro
- Pipas
- Narguile (hookah)
- Cigarrillos de clavo de olor o *kreteks*
- Bidis*
- Tabaco sin humo, húmedo, masticable o rapé
- Snus*
- Paan* con tabaco, *gutka*, *zarda* o *khaini*
- Ninguno
- Otro, *especifique:* _____

9. Desde la primera vez que se enteró de que tenía cáncer, ¿cuál ha sido el período más largo en el que no ha fumado o no fumó?

- No he fumado desde que recibí el diagnóstico

O

- No fumé por menos de un día
- De 1 a 7 días. ➔ Número de días en que no fumó cigarrillos: _____
- Menos de 1 mes. ➔ Número de semanas en que no fumó cigarrillos: _____
- Menos de 1 año. ➔ Número de meses en que no fumó cigarrillos: _____
- Más de 1 año. ➔ Número de años en que no fumó cigarrillos: _____
- No sabe / No recuerda

Sección 3. Dejar de fumar, productos para dejar de fumar y métodos de ayuda

10a. En los últimos 30 días, ¿ha fumado cigarrillos (incluso uno o dos pitadas)?

- Sí
- No ➔ Continúe a la pregunta 11.

10b. En los últimos 30 días, ¿cuántos días fumó cigarrillos?

___ Número de días *Si no fumó, escriba "0".*

11. Desde que se enteró de que tenía cáncer, ¿cuál de los siguientes productos ha usado para dejar de fumar o evitar fumar cigarrillos?

Marque todos los productos que correspondan.

- Parches de nicotina
- Goma de mascar de nicotina
- Tabletas de nicotina
- Inhalador de nicotina
- Aerosol nasal de nicotina
- Bupropión (Wellbutrin, Zyban)
- Vareniclina (Chantix)
- Cigarrillos electrónicos u otros dispositivos electrónicos de nicotina
- Ninguno
- Otro, *especifique:* _____

12. Desde que se enteró de que tenía cáncer, ¿qué ayuda ha usado para dejar de fumar o evitar fumar cigarrillos?

Seleccione todas las respuestas que correspondan.

- Orientación individual o grupal
- Línea telefónica de ayuda para dejar de fumar
- Libros o folletos
- Videos
- Sesiones clínicas, clases o grupos de apoyo para dejar de fumar
- Programa de Internet
- Programa para dejar de fumar mediante mensajes de texto
- Apoyo de familiares y amigos
- Ninguna
- Otra, *especifique:* _____

13. ¿Los médicos que lo tratan para el cáncer le han aconsejado que deje de fumar cigarrillos?

- Sí
- No
- No corresponde; no he fumado cigarrillos desde que recibí el diagnóstico.

14. En los últimos 30 días, ¿ha estado tratando de dejar de fumar o de evitar fumar cigarrillos?

- Sí
- No ➡ **Continúe a la sección 4.**

15. En los últimos 30 días, ¿qué productos, si es el caso, ha usado para dejar de fumar o evitar fumar cigarrillos?

Marque todos los productos que correspondan.

- Parches de nicotina
- Goma de mascar de nicotina
- Tabletas de nicotina
- Inhalador de nicotina
- Aerosol nasal de nicotina
- Bupropión (Wellbutrin, Zyban)
- Vareniclina (Chantix)
- Cigarrillos electrónicos u otros dispositivos electrónicos de nicotina
- Ninguno
- Otro, *especifique:* _____

16. En los últimos 30 días, ¿qué ayuda ha usado para dejar de fumar o evitar fumar cigarrillos?

Marque todas las respuestas que correspondan.

- Orientación individual o grupal
- Línea telefónica de ayuda para dejar de fumar
- Libros
- Folletos
- Videos
- Sesiones clínicas, clases o grupos de apoyo para dejar de fumar
- Programa de Internet
- Programa para dejar de fumar mediante mensajes de texto
- Apoyo de familiares y amigos
- Ninguna
- Otra, *especifique:* _____

Continúe en la página siguiente.

Sección 4. Uso de otros productos

17. ¿Alguna vez ha usado alguno de los siguientes productos regularmente?

Marque todos los productos que correspondan.

- Cigarrillos
- Cigarrillos electrónicos u otros dispositivos electrónicos de nicotina
- Cigarros tradicionales, puros delgados o cigarros con filtro
- Pipas
- Narguile (hookah)
- Cigarrillos de clavo de olor o *kreteks*
- Bidis*
- Tabaco sin humo, húmedo, masticable o rapé
- Snus*
- Paan* con tabaco, *gutka*, *zarda* o *khaini*
- Ninguno
- Otro, *especifique:* _____

18. En los últimos 30 días, ¿cuáles de los siguientes productos ha usado?

Seleccione todos los productos que correspondan.

- Cigarrillos
- Cigarrillos electrónicos u otros dispositivos electrónicos de nicotina
- Cigarros tradicionales, puros delgados o cigarros con filtro
- Pipas
- Narguile (hookah)
- Cigarrillos de clavo de olor o *kreteks*
- Bidis*
- Tabaco sin humo, húmedo, masticable o rapé
- Snus*
- Paan* con tabaco, *gutka*, *zarda* o *khaini*
- Ninguno
- Otro, *especifique:* _____

Sección 5. Exposición al humo en el ambiente

19. ¿Vive actualmente con un fumador?

- Sí
- No

20. En los últimos 30 días...

	Sí	No
a. ¿Ha vivido en algún lugar en donde las personas fumen cigarrillos en el interior?	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Ha trabajado en algún lugar en donde las personas fumen cigarrillos en el interior?	<input type="checkbox"/>	<input type="checkbox"/>

21. Teniendo en cuenta toda su niñez y años de adultez, ¿alguna vez ha vivido en un lugar en donde las personas fumen cigarrillos en el interior?

- Sí ➔ En total, ¿aproximadamente por cuántos años? _____ Si es menos de 1, escriba "1".
 No

22. Teniendo en cuenta todos los años en los que ha trabajado, ¿alguna vez ha trabajado en un lugar en donde las personas fumen cigarrillos en el interior?

- Sí ➔ En total, ¿aproximadamente por cuántos años? _____ Si es menos de 1, escriba "1".
 No

Gracias por completar este cuestionario.