# **Global Tobacco Surveillance System**

Tobacco questions for communicable disease outbreak investigations

Updated: 8 April 2020

### **Background**

Tobacco use causes multiple chronic conditions, including chronic lung disease, cancer, diabetes and heart disease. Cigarette smoking can suppress the immune system and cause heart and lung diseases. A person who smokes tobacco products may be at greater risk for, and may have a harder time recovering from, respiratory illnesses, such as COVID-19.

Tobacco use questions can be integrated into epidemiological case investigations in order to gain a better understanding about persons at risk of contracting a disease or developing severe complications. The six survey questions listed below are taken from the Global Adult Tobacco Survey (GATS). These questions can be included in surveillance to help inform analyses of risk factors. It is recommended that Q1 and Q2 on the left column below are priority questions, while Q1-Q6 on the right column below can be used when space allows for collecting additional information related to tobacco use. In addition to these recommended six questions, countries may adapt additional country specific and or product specific questions regarding tobacco use.

Priority questions for inclusion in case reports or surveillance for infectious disease investigation  Smoking tobacco refers to products where you burn the tobacco as you smoke it, including cigarettes, cigars, pipes, waterpipe with tobacco. Electronic cigarettes are asked about separately.  Q1. Do you currently smoke tobacco on a daily basis, less than daily, or not at all?  DAILY 1 1	, , , , , , , , , , , , , , , , , , , ,	Survey Questions
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Q3. On average, how many of the following products do you currently smoke each (day/week)? Also, let me know if you smoke the product, but not every (day/week). INTERVIEWER: IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY (DAY/WEEK), ENTER 888. REPORT TOTAL NUMBER, NOT IN PACKS OR CARTONS. (ADJUST CATEGORIES AS NEEDED)  a. Manufactured cigarettes? PER DAY/WEEK b. Hand-rolled cigarettes? PER DAY/WEEK c. Kreteks? PER DAY/WEEK d. Pipes full of tobacco? PER DAY/WEEK e. Cigars, cheroots, or cigarillos? PER DAY/WEEK f. Number of water pipe sessions? PER DAY/WEEK Q4. How old were you when you first tried smoking tobacco, even once? Q5. [ASK ONLY IF Q2=1 OR 2] How long has it been since you stopped smoking? [ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY – DO NOT INCLUDE RARE INSTANCES OF SMOKING]YEARS / MONTHS / WEEKS / DAYS LESS THAN 1 DAY Q6. Do you currently use electronic cigarettes or any other vaping device on a daily basis, less than daily, or not at all? DAILY 1 LESS THAN DAILY 2 NOT AT ALL 3	Smoking tobacco refers to products where you burn the tobacco as you smoke it, including cigarettes, cigars, pipes, waterpipe with tobacco. Electronic cigarettes are asked about separately.  Q1. Do you currently smoke tobacco on a daily basis, less than daily, or not at all?  DAILY 1 LESS THAN DAILY 2 NOT AT ALL 3  Q2. Do you currently use electronic cigarettes or any other vaping device on a daily basis, less than daily, or not at all?  DAILY 1 LESS THAN DAILY 2	Smoking tobacco refers to products where you burn the tobacco as you smoke it., including cigarettes, cigars, pipes, waterpipe with tobacco. Electronic cigarettes are asked about separately.  Q1. Do you currently smoke tobacco on a daily basis, less than daily, or not at all?  DAILY 1 > GO TO Q3  LESS THAN DAILY 2 > GO TO Q3  NOT AT ALL 3  Q2. In the past, have you smoked tobacco on a daily basis, less than daily, or not at all? INTERVIEWER: IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"  THE PAST, CHECK "DAILY"  DAILY 1 > GO TO Q4  LESS THAN DAILY 2 > GO TO Q4  NOT AT ALL 3 > GO TO Q4  NOT AT ALL 3 > GO TO Q6  Q3. On average, how many of the following products do you currently smoke each (day/week)? Also, let me know if you smoke the product, but not every (day/week). INTERVIEWER: IF RESPONDENT REPORT SMOKING THE PRODUCT BUT NOT EVERY (DAY/WEEK), ENTER 888. REPORT TOTAL NUMBER, NOT IN PACKS OR CARTONS. (ADJUST CATEGORIES AS NEEDED)  a. Manufactured cigarettes? PER DAY/WEEK  b. Hand-rolled cigarettes? PER DAY/WEEK  c. Kreteks? PER DAY/WEEK  d. Pipes full of tobacco? PER DAY/WEEK  c. Cigars, cheroots, or cigarillos? PER DAY/WEEK  d. Pipes full of tobacco? PER DAY/WEEK  f. Number of water pipe sessions? PER DAY/WEEK  Q4. How old were you when you first tried smoking tobacco, even once?  Q5. [ASK ONLY IF Q2=1 OR 2] How long has it been since you stopped smoking? [ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY – DO NOT INCLUDE RARE INSTANCES OF SMOKING] YEARS / MONTHS / WEEKS / DAYS  LESS THAN 1 DAY  Q6. Do you currently use electronic cigarettes or any other vaping device on a daily basis, less than daily, or not at all?  DAILY 1  LESS THAN DAILY 2

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#### **Indicators**

Q1: Current tobacco smokers (daily/less than daily)

Q2: Former tobacco smokers (daily/less than daily)

Q3: Current cigarette (or other smoking tobacco product) smokers

Q3: Cigarettes (or other smoking tobacco product) smoked per day

Q4: Age of tobacco smoking initiation

Q4 and Q5: Duration of tobacco smoking

Q6 (Q2): Current electronic cigarette users (daily/less than daily)

#### References

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For additional information if you have questions regarding these questions, please contact GTSSInfo@cdc.gov.

