

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH  
NATIONAL CANCER INSTITUTE (NCI)  
AND  
AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR)  
CANCER PATIENT TOBACCO USE QUESTIONNAIRE (C-TUQ)**

**Notes for use**

**Please access the latest information and updates, and share your experience, by visiting the Tobacco Use by Cancer Patients workspace at <https://www.gem-measures.org>, or by contacting Stephanie R. Land, National Cancer Institute, 240-276-6946, [landsr@mail.nih.gov](mailto:landsr@mail.nih.gov). Please also visit [http://cancercontrol.cancer.gov/brp/tcrb/research\\_topic-tobacco-use.html](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.**

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.
- Current cigarette smoking may be defined based on smoking within 30 days or within one year (item 6).
- Items 10a and 10b may be considered alternatives.
- Generic terms “treatment” and “cancer surgery” in item 7 should 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. This 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. Cognitive testing revealed that “surgery” may be interpreted as including biopsy or not.
- 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. On page 4, 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.”
- Users should insert appropriate patient study identifier and date of completion and/or assessment time point fields.

**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 (in press)

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 (in press)

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

**Section 1. Basic Tobacco Use Information**

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

- Yes  
 No ➡ **Go to Section 4.**  
 Don't know/Not sure ➡ **Go to Section 4.**

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. Tobacco Use in Relation to Cancer Diagnosis and Treatment

If you quit smoking more than 1 year before you were first told you had cancer

➔ [Go to Section 4.](#)

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**

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**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 help line or quit line
- 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 help line or quit line
- 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

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**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, 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, khaini
- None
- Other, *Please specify:* \_\_\_\_\_

## Section 5. Second-Hand Smoke Exposure

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**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.**