# 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.

### Survey Questions

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<th>Priority questions for inclusion in case reports or surveillance for infectious disease investigation</th>
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| **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  
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 > 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”  
DAILY 1 > GO TO Q4  
LESS THAN DAILY 2 > 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 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  |
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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


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