

*This selection of questions has been excerpted from the full C-TUQ Questionnaire. Items 1, 4, 5, and 6 below comprise the C-TUQ Core (short form). For the full Questionnaire, including Questions 2 and 3 and Section 4 please visit: <https://www.gem-measures.org/Public/MeasureDetail.aspx?mid=2322&cat=2>. Questionnaire domains include: cigarette and other tobacco use status, intensity, and past use; use relative to cancer diagnosis and treatment; cessation approaches and history; and secondhand smoke exposure.*

**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)**

**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.**

**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

## Section 2. Tobacco Use 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.)