**Vital status**

| V1. Date of follow-up interview | DD/MM/YYYY |
|--------------------------------|------------|
| V2. Vital status               | dead       | alive | uncertain | no response |

**If the participant has died**

| V3. Date of death | DD/MM/YYYY |
|-------------------|------------|
| V4. Source of information | relatives | registration office | treating institution | other source, see free text |
| V5. Cause of death | cardiovascular | cerebrovascular | other vascular | other cause, see free text |
|                    | malignant disease | infection/sepsis | no response | |
| Re-hospitalization and comorbidities |
|-------------------------------------|
| Please identify the date of the baseline interview in the data bank and include this date in the following questions. | If yes, date of admission to hospital: | If yes, has it been an emergency? |
| K1. Since the date of the baseline interview, have you been admitted to a hospital due to a heart attack? | □ yes  
□ no  
□ uncertain  
□ no response | /____  
MM/ YYYY  
or | □ yes  
□ no  
□ uncertain  
□ no response |
| K2. Since the date of the baseline interview, have you been admitted to a hospital due to a percutaneous coronary intervention? | □ yes  
□ no  
□ uncertain  
□ no response | □ first half of the year  
□ second half of the year  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response |
| K3. Since the date of the baseline interview, have you been admitted to a hospital due to a coronary artery bypass graft operation? | □ yes  
□ no  
□ uncertain  
□ no response |  | □ yes  
□ no  
□ uncertain  
□ no response |
| Since the date of the baseline interview, has your doctor told you, that ... | When have you been told? | Since the date of the baseline interview, have you been admitted to a hospital due to that diagnosis? | If yes, date of admission to hospital: | If yes, has it been an emergency? |
| K4. you have diabetes (diabetes mellitus)? | □ yes  
□ yes, medical record  
□ no  
□ uncertain  
□ no response | /____  
MM/ YYYY | □ yes  
□ no  
□ uncertain  
□ no response | /____  
MM/ YYYY | □ yes  
□ no  
□ uncertain  
□ no response |
| K5. you have chronic kidney disease (impairment of renal function)? | □ yes  
□ yes, medical record  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response |
| --- | --- | --- | --- | --- |
| If K5 yes, | K5a. Are you dependent upon dialysis treatment? | □ yes  
□ no  
□ uncertain  
□ no response | If K5a yes, since when have you been dependent upon dialysis treatment  
□ yes  
□ no  
□ uncertain  
□ no response | |
| | K5b. Did you have a kidney transplant? | □ yes  
□ no  
□ uncertain  
□ no response | If K5b yes, when did you have a kidney transplant  
□ yes  
□ no  
□ uncertain  
□ no response | |
| K6. you have COPD (chronic obstructive pulmonary disease)? | □ yes  
□ yes, medical record  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response |
| K7. you have PAD (peripheral arterial occlusive disease)? | □ yes  
□ yes, medical record  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response | □ yes  
□ no  
□ uncertain  
□ no response |
Since the date of the baseline interview, has your doctor told you, that … :

| Event                        | When have you been told? | Since the date of the baseline interview, have you been admitted to a hospital due to that diagnosis? | If yes, date of admission to hospital: | If yes, has it been an emergency? |
|------------------------------|--------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|
| **K8. you have a stroke or TIA (transient ischemic attack)?** | □ yes                   | □ yes                                                                                               | □ yes/MM/ YYYY                       | □ yes/no/uncertain/no response |
|                              | □ yes, medical record    | □ no                                                                                                 | □ no/MM/ YYYY                        | □ yes/no/uncertain/no response  |
|                              | □ no                     | □ uncertain                                                                                            | □ uncertain/MM/ YYYY                 | □ yes/no/uncertain/no response  |
|                              | □ no response             | □ no response                                                                                         | □ no response/MM/ YYYY               | □ yes/no/uncertain/no response  |
| If K8 yes,                   | K8a. What was the cause of stroke? | □ ischemia                                             | □ hemorrhage/uncertain/no response | □ yes/no/uncertain/no response |

**K9. you have heart failure?**

| Event                        | When have you been told? | Since the date of the baseline interview, have you been admitted to a hospital due to that diagnosis? | If yes, date of admission to hospital: | If yes, has it been an emergency? |
|------------------------------|--------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|
| □ yes                        | □ yes/MM/ YYYY           | □ yes                                                                                               | □ yes/MM/ YYYY                       | □ yes/no/uncertain/no response |
| □ yes, medical record        | □ no/MM/ YYYY            | □ no                                                                                                 | □ no/MM/ YYYY                        | □ yes/no/uncertain/no response  |
| □ no                         | □ uncertain/MM/ YYYY     | □ uncertain                                                                                            | □ uncertain/MM/ YYYY                 | □ yes/no/uncertain/no response  |
| □ no response                | □ no response/MM/ YYYY   | □ no response                                                                                         | □ no response/MM/ YYYY               | □ yes/no/uncertain/no response  |

**K10. you have a tumor?**

| Event                        | When have you been told? | Since the date of the baseline interview, have you been admitted to a hospital due to that diagnosis? | If yes, date of admission to hospital: | If yes, has it been an emergency? |
|------------------------------|--------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|
| □ yes                        | □ yes/MM/ YYYY           | □ yes                                                                                               | □ yes/MM/ YYYY                       | □ yes/no/uncertain/no response |
| □ yes, medical record        | □ no/MM/ YYYY            | □ no                                                                                                 | □ no/MM/ YYYY                        | □ yes/no/uncertain/no response  |
| □ no                         | □ uncertain/MM/ YYYY     | □ uncertain                                                                                            | □ uncertain/MM/ YYYY                 | □ yes/no/uncertain/no response  |
| □ no response                | □ no response/MM/ YYYY   | □ no response                                                                                         | □ no response/MM/ YYYY               | □ yes/no/uncertain/no response  |
| If K10 yes,                  | K10a. Where is your tumor localized? Is your tumor malignant or benign? | □ see free text                                                                                     | □ see free text/MM/ YYYY             | □ yes/no/uncertain/no response |
### Smoking patterns

| Question                                                                 | Options                      |
|-------------------------------------------------------------------------|------------------------------|
| S1. Have you ever been smoking regularly?                               | □ yes                        |
| If yes, continue with S2                                                | □ no                         |
| If no, go to non-smoker page 9                                          | □ uncertain                  |
| □ no response                                                           |                              |
| S2. Do you smoke currently?                                             | □ yes                        |
| If yes, got to current smoker page 6                                    | □ no                         |
| If no, got to former smoker page 7                                      | □ uncertain                  |
| □ no response                                                           |                              |
### Questions to current smokers

| Question                                                                 | Response Options                                                                 |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **S3. Currently, how many cigarettes do smoke regularly at one day?**   | ________ cigarettes / day <br>☑️ uncertain <br>☑️ no response                     |
| **S4. Currently, what is the time between getting up and first cigarette in the morning?** | ☑️ x <= 5 min <br>☑️ 5min < x <= 30min <br>☑️ 30 min < x <= 60 min <br>☑️ x => 60 min <br>☑️ uncertain <br>☑️ no response |
| **S5. Have you ever been non-smoking for a limited period?**             | ☑️ yes <br>☑️ no <br>☑️ uncertain <br>☑️ no response                               |
| If yes, go to [additional questions](#) page 8                          |                                                                                 |
| If no, read out the following to the study participant and continue with SW1 |                                                                                 |

“In the present survey we are interested in understanding your personal motives with handling tobacco smoking.”

| Question                                                                 | Response Options                                                                 |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **SW1. Would you please try to describe your most important reasons to smoke?** | ☑️ see free text <br>___________________________________________________________<br>___________________________________________________________<br>___________________________________________________________ <br>☑️ uncertain <br>☑️ no response |
| (Wait for answer and continue with the following)                       |                                                                                 |
| Are there reasons you consider positive, such as pleasure, joy or relaxation or even reasons you consider negative, such as addiction or fear of withdrawal symptoms? |                                                                                 |
| **END**                                                                |                                                                                 |
| Questions to former smokers |
|----------------------------|
| S3. How many cigarettes have you been smoking regularly one week before quitting smoking? | _______ cigarettes / day |
| | □ uncertain |
| | □ no response |
| S4. What was the time between getting up and first cigarette in the morning one week before quitting smoking? | □ x <= 5 min |
| | □ 5min < x <= 30min |
| | □ 30 min < x <= 60 min |
| | □ x => 60 min |
| | □ uncertain |
| | □ no response |
| S6. When did you quit smoking? | _______ age |
| | _______ year |
| | □ uncertain |
| | □ no response |
| S7. Did you quit smoking from one day to the next? | □ yes |
| | □ no |
| | □ uncertain |
| | □ no response |
| S8. Have you ever had been non-smoking for a limited period, before you quitted smoking? | □ yes |
| | □ no |
| | □ uncertain |
| | □ no response |

“In the present survey we are interested in understanding your personal motives with handling tobacco smoking.”

SW4. Would you please try to describe the reasons why you stopped smoking definitely? (Wait for answer and continue with the following)
Did health risks for you or others, financial issues or important life events influence your decision?
□ see free text
_______________________________
_______________________________
_______________________________
□ uncertain
□ no response

If no diagnosis / disease was mentioned in SW4, END
If a diagnosis / disease was mentioned in SW4, go to SW4b

SW4b. Did you consider this diagnosis / disease life-threatening? END
□ yes
□ no
□ uncertain
□ no response
### Additional questions for limited periods of non-smoking

Read out the following to the study participant:
“If there is more than one period of non-smoking, please remember your longest period of non-smoking”

| S9. How long has that period been?          | x <= 3 months
|                                            | 3 < x <= 6 months
|                                            | 6 < x <= 12 months
|                                            | x > 12 months
|                                            | free text
|                                            | uncertain
|                                            | no response

| S10. When did that period begin?            | x <= 3 months
|                                            | 3 < x <= 6 months
|                                            | 6 < x <= 12 months
|                                            | x > 12 months
|                                            | free text
|                                            | uncertain
|                                            | no response

| S11. Did you stop smoking at that time from one day to the next? | x <= 3 months
|                                                              | 3 < x <= 6 months
|                                                              | 6 < x <= 12 months
|                                                              | x > 12 months
|                                                              | free text
|                                                              | uncertain
|                                                              | no response

Read out the following to the study participant:
“In the present survey we are interested in understanding your personal motives with handling tobacco smoking.”

| SW2. Would you please try to describe the reasons why you tried to stop smoking at that time? (Wait for answer and continue with the following) | x <= 3 months
|                                                                                                           | 3 < x <= 6 months
|                                                                                                           | 6 < x <= 12 months
|                                                                                                           | x > 12 months
|                                                                                                           | free text
|                                                                                                           | uncertain
|                                                                                                           | no response

- Did health risks for you or others, financial issues or important life events influence your decision?

If no diagnosis/disease was mentioned in SW2, go to SW3
If a diagnosis/disease was mentioned in SW2, go to SW2b

**SW2b. Did you consider this diagnosis / disease life-threatening?**

| yes |
| no  |
| uncertain |
| no response |

| SW3. Would you please try to describe the reasons, why you restarted smoking at that time? (Wait for answer and continue with the following) | x <= 3 months
|                                                                                                           | 3 < x <= 6 months
|                                                                                                           | 6 < x <= 12 months
|                                                                                                           | x > 12 months
|                                                                                                           | free text
|                                                                                                           | uncertain
|                                                                                                           | no response

- Has there been an extraordinary situation or event?

If the study participant is a **current smoker**, go to SW1 page 6
If the study participant is a **former smoker**, go to SW4 page 7
Questions to non-smokers

Read out the following to the study participant:
“In the present survey we are interested in understanding your personal motives with handling tobacco smoking.”

| SW5. Would you please try to describe the reasons why you never started smoking? (Wait for answer and continue with the following) Did health risks for you or others, financial issues or important life events influence your decision? |
| --- |
| □ see free text |
| □ uncertain |
| □ no response |

END