**Supplementary file**

**Baseline smoking related questions**

1. How many packs of cigarettes do you smoke on average per day?
2. How old were you when you started to smoke cigarettes regularly (i.e. at least one cigarette per day)? \_\_\_\_\_\_\_\_\_\_\_\_years
3. Do you smoke Arguileh? Yes No
	1. If yes, how often **per week** do you smoke arguileh?
4. Do you smoke cigars, cigarellos or pipe? Yes No
	1. If yes, is it daily? Yes No If no, then how often per week?\_\_\_\_\_\_
5. In the past year, have you tried to quit smoking and stay off cigarettes for at least 24 hours? Yes No ***If the answer is no, move to question 11.***
	1. If yes, how many times did you stay off cigarettes for at least 24 hours? \_\_\_\_\_\_
	2. If yes, what was the longest period you stayed off cigarettes in days/weeks/months? \_\_\_\_\_\_\_\_\_
	3. If yes, when was the last time you quit smoking? \_\_\_\_\_\_\_\_\_\_\_\_\_
	4. While abstaining from smoking, did you use any help (nicotine patch, gum, other)? Yes No. If yes, what did you use?
	5. Was it helpful? Not at all Quite helpful Very helpful
6. Do you intend to stay off cigarettes or other tobacco products (cigar, cigarillo, arguileh) following discharge?

Yes No

**Follow up smoking related questions after discharge**

1. Are you still smoking since the last time we talked? *Read all 3 options:*
	1. Yes, regularly since the last interview (i.e. at least one cigarette per day).
	2. Yes, I quit for some time but then went back to smoking
	3. No, I quit

***If the answer to the question 1 above was a. (regularly since the last interview):***

* Why did you continue smoking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Have you been smoking?

 Cigarettes: Yes No. If yes, how many cigarettes per day? \_\_\_\_\_\_\_\_\_\_\_

 Arguileh: Yes No. If yes, how often per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you seriously considering quitting smoking?
1. Yes within the next 30 days
2. Yes within the next 6 months
3. No, not thinking of quitting

***If the answer to the question 1 above was b. (I quit smoking for some time but then went back smoking):***

* How many times did you attempt to quit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How long was the duration of your quit attempt(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What difficulties did you face while quitting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What triggered your relapse (emotions, alcohol, familiar situation associated with smoking, peer pressure, stress, withdrawal symptoms, testing yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If the answer to the question 1 above was c. (I quit smoking):***

* When did you quit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What triggered your decision to quit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* What facilitated your quit attempt? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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