Participant-ID:

EuroAspire IV Germany
Follow-up interview
German original version transcribed to English (March 2020)

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 ☐ malignant disease ☐ uncertain, see free text _____	☐ cerebrovascular ☐ infection/sepsis ☐ no response	☐ other vascular ☐ other cause, see free text _____	

Participant-ID:

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*** ☐ first half of the year ☐ second half of the year ☐ uncertain ☐ no response	☐ 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		☐ 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

Participant-ID:

K5. you have chronic kidney disease (impairment of renal function)?	☐ yes ☐ yes, medical record ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ 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 ___/_____MM/ YYYY	
	K5b. Did you have a kidney transplant?		☐ yes ☐ no ☐ uncertain ☐ no response	If K5b yes, when did you have a kidney transplant ___/_____MM/ YYYY	
K6. you have COPD (chronic obstructive pulmonary disease)?	☐ yes ☐ yes, medical record ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response
K7. you have PAD (peripheral arterial occlusive disease)?	☐ yes ☐ yes, medical record ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response

Participant-ID:

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?**
K8. you have a stroke or TIA (transient ischemic attack)?	☐ yes ☐ yes, medical record ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response
If K8 yes,	K8a. What was the cause of stroke?	☐ ischemia ☐ hemorrhage ☐ uncertain ☐ no response			
K9. you have heart failure?	☐ yes ☐ yes, medical record ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ no response
K10. you have a tumor?	☐ yes ☐ yes, medical record ☐ no ☐ uncertain ☐ no response	___/____ MM/ YYYY	☐ yes ☐ no ☐ uncertain ☐ 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 _____			

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Smoking patterns	
S1. Have you ever been smoking regularly? If yes, continue with S2 If no, go to **non-smoker** page 9	☐ yes ☐ no ☐ uncertain ☐ no response
S2. Do you smoke currently? If yes, got to **current smoker** page 6 If no, got to **former smoker** page 7	☐ yes ☐ no ☐ uncertain ☐ no response

Participant-ID:

Questions to current smokers	
S3. Currently, how many cigarettes do smoke regularly at one day?	_____ cigarettes / day ☐ uncertain ☐ no response
S4. Currently, what is the time between getting up and first cigarette in the morning?	☐ x <= 5 min ☐ 5min < x <= 30min ☐ 30 min < x <= 60 min ☐ x => 60 min ☐ uncertain ☐ no response
S5. Have you ever been non-smoking for a limited period? If yes, go to **additional questions** page 8 If no, read out the following to the study participant and continue with SW1	☐ yes ☐ no ☐ uncertain ☐ no response
"In the present survey we are interested in understanding your personal motives with handling tobacco smoking."	
SW1. Would you please try to describe your most important reasons to smoke? **(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**	☐ see free text _____ _____ _____ ☐ uncertain ☐ no response

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Participant-ID:

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? If yes, go to **additional questions** page 8 If no, read out the following to the study participant and continue with SW4	☐ 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

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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?	At _____ years of age In the year _____ ☐ uncertain ☐ no response
S11. Did you stop smoking at that time from one day to the next?	☐ yes ☐ no ☐ 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)** 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 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)** Has there been an extraordinary situation or event?	☐ see free text _____ _____ ☐ uncertain ☐ no response

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

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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? **END**	☐ see free text _____ _____ ☐ uncertain ☐ no response