Supplement 1**. Questionnaire**

Study title: Exposure to tobacco smoke, concurrent short-term symptoms of respiratory, allergic, cardiovascular morbidities and health-services use among young adults in Kuwait

Q1. What is your gender?

- ☐ 1 Male
- ☐ 2 Female

Q2. What is your age (completed years)? ----------

Q3. What is your nationality?

- ☐ 1 Kuwaiti
- ☐ 2 non-Kuwaiti

Q4. What is your combined family income (KDs/Month)?

- ☐ 1 < 500
- ☐ 2 500-999
- ☐ 3 1000-1500
- ☐ 4 > 1500

Q5. What is your marital status?

- ☐ 1 Single
- ☐ 2 Married
- ☐ 3 Divorced
- ☐ 4 Widowed

Q6. Which university do you study at?

- ☐ 1 Kuwait university
- ☐ 2 GUST
- ☐ 3 AUM
- ☐ 4 AUK
- ☐ 5 ACK
- ☐ 6 Others, please specify: ……

Q7. What's your major?

- ☐ 1 College of Medicine
- ☐ 2 College of Dentistry
- ☐ 3 College of Pharmacy
- ☐ 4 College of Allied Health Sciences
- ☐ 5 College of Business Administration
- ☐ 6 College of Engineering and Petroleum
- ☐ 7 College of Architecture
- ☐ 8 College of Sciences
- ☐ 9 College of Arts
- ☐ 10 College of Education
- ☐ 11 College of Law
- ☐ 12 College of Sharia and Islamic Studies
- ☐ 13 College of Public Health
- ☐ 14 College of Social Sciences
- ☐ 15 College of Life Science
- ☐ 16 Others, please specify……

Q8. Does any of your parents' smoke/used to smoke?

- ☐ 1 Yes, both my father and mother
- ☐ 2 Yes, only my father
- ☐ 3 Yes, only my mother
- ☐ 4 None of them is smoker

Q9. Do you smoke?

- ☐ 1 No, never (**if your** answer is NO, please skip Q10 to Q19, go to Q20 and continue)
- ☐ 2 Ex-smoker (
- ☐ 3 Yes, current smoker

Q10. What kind of tobacco products do/ did you smoke?
(Choose all that apply)

- ☐ 1 Cigarettes
- ☐ 2 Waterpipe
- ☐ 3 Vape
- ☐ 4 Others

Q11. At what age (years) were you when you first smoked?

- ☐ 1 < 11
- ☐ 2 11-14
- ☐ 3 15-20
- ☐ 4 > 21

Q12. What encouraged you to smoke for the first time? (Choose all that apply)

Source of engouement for initiation smoking	Yes	no
Family	1	2
Friends	1	2
Stress/ depression	1	2
I felt curious to try it	1	2
Thought smoking is cool and enjoyable	1	2
Thought that smoking would help me to focus and concentrate better	1	2
Others (please specify) ----------		

Q13. For how long (years) have/had you been a smoker?

- ☐ 1 < 1
- ☐ 2 1-5
- ☐ 3 6-10
- ☐ 4 > 10

Q14. Approximately how many cigarettes do/did you smoke per day?

- ☐ 1 1 - 4
- ☐ 2 5 - 10
- ☐ 3 11 - 20
- ☐ 5 > 20

Q15. Have/had you ever been told about the side effects of smoking, such as yellow teeth, wrinkles, bad smell, lung cancer, chronic obstructive pulmonary disease, peptic ulcer, bladder cancer, and cardiovascular disease?

- ☐ 1 Yes
- ☐ 2 No

Q16. Have you ever thought of quitting smoking (current smokers)?

- ☐ 1 Yes
- ☐ 2 No

Q.17. Have you ever tried to quit smoking (current smokers)?

- ☐ 1 Yes
- ☐ 2 No

Q18. How interested are you in quitting smoking?

- ☐ 1 Strongly
- ☐ 2 Somewhat
- ☐ 3 A little
- ☐ 4 Not at all

Q19. Have any of your family member ever advise you to quit smoking?

- ☐ 1 Yes
- ☐ 2 No

Q20. In the past ONE year, did you suffer from any of the following symptoms/conditions? (Choose all that apply)

- ☐ 1 Cough
- ☐ 2 Chest pain
- ☐ 3 Shortness of breath
- ☐ 4 Oral infections
- ☐ 5 Difficulty Exercising
- ☐ 6 Lip discoloration (darker contour)
- ☐ 7 Nausea/vomiting
- ☐ 8 Heartburn
- ☐ 9 Others, please specify: ……

Q21. Do you think any of the symptoms/conditions mentioned in Q20 is related to your tobacco consumption?

- ☐ 1 Yes
- ☐ 2 No

Q22. Did you seek medical-care in public or private health-center in the past **ONE** year?

- ☐ 1 Yes
- ☐ 2 No

Q23. If you answered yes to Q22, how many times have you sought medical-care in the past **ONE** year?

- ☐ 1 Never
- ☐ 2 1 time
- ☐ 3 2 – 4 times
- ☐ 4 > 5 times

Q24. Have you been diagnosed with any of the following conditions in the past ONE year? (Choose all that apply)

Disease	Yes	No
Asthma	1	2
Chronic obstructive pulmonary disease (Chronic bronchitis/ Emphysema)	1	2
Eczema	1	2
Others (please specify)----------		

Q25. Do you think any of the conditions mentioned in Q24 is related to tobacco smoking?

☐ 1 Yes
☐ 2 No

Q23. Have you had any hospital admissions in the past 1 year?

☐ 1 Yes
☐ 2 No

Q24. Have you had any surgeries during in the past 1 year?

☐ 1 Yes
☐ 2 No

Q24. Would you rate your health in general as

☐ 1 Excellent
☐ 2 Very good
☐ 3 Good
☐ 4 Fair
☐ 5 Poor

Thank you for your participation!