**Supplement 1.** Survey items

|  |  |
| --- | --- |
| **Survey question** | **Response options** |
| Smoking status and smoking related variables1-6 |
| Do you currently smoke tobacco | Yes, daily  |
|  | Yes, at least once a week  |
|  | Yes, less than once a week  |
|  | No, not at all  |
| Have you smoked at least 100 cigarettes or a similar amount of tobacco in your life? | Yes  |
|  | No  |
|  | Not sure  |
| AUDIT-C Alcohol use7-9 |
| How often did you have a drink containing alcohol in the past year? | Never |
|  | Monthly or less |
|  | 2-4 times a month |
|  | 2-3 times a week |
|  | 4 or more times a week |
| How many standard drinks containing alcohol do you have on a typical day? | 0 drinks |
|  | 1 or 2 drinks |
|  | 3 or 4 drinks |
|  | 5 or 6 drinks |
|  | 7 to 9 drinks |
|  | 10 or more drinks |
| How often have you had four or more standard drinks on one occasion? | Never |
|  | Less than monthly |
|  | Monthly |
|  | Weekly |
|  | Daily or almost daily |
| Cannabis Use10 |
| Have you used cannabis (marijuana, dope, grass, hash, pot) in the last 30 days | Yes |
|  | No |
| Do you ever mix tobacco with cannabis (marijuana, dope, grass, hash, pot)? | Yes, every time I smoke |
|  | Yes, sometimes |
|  | No, never |
| GAD-2 Anxiety symptoms\*11 |
| Over the last 2 weeks, how often have you been bothered by the following problem?  | Feeling nervous, anxious or on edge |
|  | Not being able to sleep or control worrying |
| PHQ-2 Depression symptoms\*12 |
| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Little interest or pleasure in doing things |
|  | Feeling down, depressed, or hopeless |

\* on a four point Likert scale (not at all; several days; more than half the days; nearly every day).

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