

Supplemental Material 1: RELIABILITY AND VALIDITY OF A LIFE COURSE PASSIVE SMOKE EXPOSURE QUESTIONNAIRE IN A COHORT FROM CHILDHOOD TO ADULTHOOD

Questions asked in CDAH3 questionnaire include exposure to parental smoking as follows.

We are interested in your exposure to passive smoke during childhood.

16. How old were you when you moved out of home? years of age

Think about people you lived with up to this age.

17. Was your mother ever a regular smoker?

- Yes
 No → Skip to Question 18
 Don't know → Skip to Question 18

17a. Did you live with your mother most of the time? Yes No

17b. How many years during this time did your mother smoke?

Did your mother smoke:

- 17c. Inside the house? Never Sometimes Always
17d. Inside the car? Never Sometimes Always

18. Was your father ever a regular smoker?

- Yes
 No → Skip to Question 19
 Don't know → Skip to Question 19

18a. Did you live with your father most of the time? Yes No

18b. How many years during this time did your father smoke?

Did your father smoke:

- 18c. Inside the house? Never Sometimes Always
18d. Inside the car? Never Sometimes Always

Similarly, like for parents, questions on duration of smoking and whether the smoking was inside the house were administered regarding other household members as follows.

19. Was any other household member (e.g. brother, sister) during this time a regular smoker?

Yes

No --> Skip to Section F

Don't know --> Skip to Section F

		What was his/her relationship to you? e.g. older sister, younger brother	How many years during this time did he/she smoke?	Did they smoke inside the house?		
				Never	Sometimes	Always
19a	Smoker 1		<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19b	Smoker 2		<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19c	Smoker 3		<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19d	Smoker 4		<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19e	Smoker 5		<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19f	Smoker 6		<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>