QUITWORKS℠-NH

Tobacco Use Questionnaire

Date: __ __ / __ __ / __ __
month day year

Name:_____

1. Do you now smoke cigarettes?
❑ Yes ❑ No
If yes, how many cigarettes do you smoke a day?
_____ cigarettes

2. Do you use any of these other tobacco products?
❑ Pipe ❑ Snuff ❑ Chewing Tobacco ❑ Cigars
If yes, how many times a day?
_____ times a day

3. Does anyone in your household smoke?
❑ Yes ❑ No

4. How soon after you wake up do you smoke your first cigarette/use tobacco?
❑ Within 5 minutes ❑ 6–30 minutes ❑ 31–60 minutes ❑ More than 60 minutes

5. How interested are you in stopping smoking/using tobacco?
❑ Not at all ❑ A little ❑ Some ❑ A lot ❑ Very

6. Do you seriously intend to stop in the next month?
❑ Yes ❑ No

7. If you decided to stop completely during the next two weeks, how confident are you that you would succeed?
❑ Not at all ❑ A little ❑ Some ❑ A lot ❑ Very

Thank You!