TOBACCO CESSASTION QUESTIONAIRE

Cigarette smoking status:
0 Current every day smoker
0 Current some days smoker
0 Former smoker
0 Never smoker
0 Smoker, current status unknown
0 Unknown if every smoked

Do you live with tobacco user(s)?
0 Yes 0 No

Do you butt out and relight?
0 Yes 0 No

If so, how many times per day? _____

Any tobacco use status:
0 Current user 0 Past User 0 Never used

0 Currently use cigarettes
0 Currently use pipe
0 Currently use cigars
0 Currently use smokeless
0 Currently use other-e-cig/vape, etc.

0 Previously used cigarettes
0 Previously used pipe
0 Previously used cigars
0 Previously used smokeless
0 Previously used other-e-cig/vape, etc.

If other please specify: _____

Fagerström Test:

1) How soon after you wake up do you smoke your first cigarette?
   a) Within 5 minutes (3 points)
   b) 6-30 minutes (2 points)
   c) 31-60 minutes (1 point)
   d) After 60 minutes (0 points)
2) Do you find it difficult to refrain from smoking in places where it is forbidden?
   a) Yes (1 point)
   b) No (0 points)
3) Which cigarette would you hate most to give up?
   a) The first one in the morning (1 point)
   b) All others (0 points)
4) How many cigarettes per day do you smoke?
   a) 10 or fewer (0 points)
   b) 11-20 (1 point)
   c) 21-30 (2 points)
   d) 31 or more (3 points)
5) Do you smoke more frequently during the first hours after waking than during the rest of the day?
   a) Yes (1point)
   b) No (0 points)
6) Do you smoke if you are so ill that you are in bed most of the day?
   a) Yes (1 point)
   b) No (0 points)

Proposed Scoring Cut Offs:
0-2 very low
3-4 Low
5 Medium
6-7 High (Heavy)
8-10 Very High

How many years have you been using tobacco products? _____

Type/amount of tobacco used per day: _____

Have you ever attempted to quit? 0 Yes 0 No **Approximate Date of last quit attempt**: _____

How many times have you attempted to quit tobacco? _____

Methods used in previous quit attempts:
0 Acupuncture 0 Counseling 0 Cognitive Behavioral Therapy 0 Hypnotherapy
0 Over the Counter Medication 0 Prescription Medication 0 Without Assistance (aka Cold Turkey)
0 If Other, please specify: _

Have you ever used Nicotine Replacement Therapy products? 0 Yes 0 No

If yes, what products: _____

Readiness to quit: 0 Not interested in quitting 0 Thinking about quitting within next 30 days
0 Ready to quit
Quit Date (if ready to quit): _____

Referrals: 0 Denton County Tobacco Cessation 0 Provided Quit Smoking Brochure(s)
0 Quitline (1-877-YES-QUIT) 0 No Referral
0 If Other, please specify:

Signature line indicates last line of report

Staff Name ID# _____ _____

Staff Name, Credentials	Staff ID	Signature	Date

Report Run On: _____