

Freedom From Smoking

Registration Form and Questionnaire



All information on this questionnaire will be kept confidential. Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Education: elementary school technical school/training
 high school college/university

Gender: _____ Age: _____

Questionnaire 3

Your History of Tobacco Use

1. At what age did you begin to use tobacco ? _____

2. How many cigarettes do you smoke each day? _____

3. How many times have you stopped smoking before? _____

4. What is the longest period of time you have gone without smoking since you first started? _____

Freedom From Smoking

Registration Form and Questionnaire



Questionnaire 3 (continued)

Your History of Tobacco Use

5. Do you use tobacco in any form other than cigarettes?

If YES, please check the box below:

- pipe cigar snuff chewing tobacco
- other: _____

6. Do your friends, family, or co-workers smoke?

- family friends people at work none of these people

7. Are your family members or significant others supporting you to quit?

	Supporting me	They don't want me to quit	They don't care	They don't know
Husband/wife/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How did you learn about the American Lung Association's Freedom From Smoking Clinic?

- newspaper radio word of mouth TV
- Other: _____

9. Which of these best describes your race or ethnic group? (Check all that apply.)

- White African American Hispanic Asian/Pacific Islander
- Native American/Alaskan Native Other: _____
- I prefer not to answer this question.