SubID:\_\_\_\_\_\_\_\_\_\_\_\_

**Cigarette Smoking History - Q**

|  |  |
| --- | --- |
|  |  |
| 1. How old were you when you first tried a cigarette? | \_\_\_\_\_\_\_\_\_\_ Years Old |
| 2. Where did you first smoke? | Circle One  1. Home 2. School 3. On The Job 4. Don’t Remember 5. Other \_\_\_\_\_\_\_\_\_ |
| 3. With whom did you first smoke? | Check All That Apply \_\_\_\_ Friends/Peers  \_\_\_\_ Family  \_\_\_\_ Alone  \_\_\_\_ Don’t Remember  \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_ |
| 4. In general, how much did you enjoy smoking your first cigarette? | Circle One  1. A Lot 2. Some 3. A Little 4. Not At All 5. Don’t Remember |
| 5. How long was it before you smoked your second cigarette? | Circle One  1. On The Same Day 2. Within A Week 3. Within A Month 4. Within 6 Months 5. Within A Year 6. Over A Year 7. Don’t Remember |

(Over)

|  |  |
| --- | --- |
| 6. How old were you when you started smoking cigarettes daily? | \_\_\_\_\_\_\_ Years Old |
| 7. For about how many years have you smoked everyday?  (Do not count periods when you did not smoke.) | \_\_\_\_\_\_\_\_ Years |
| 8. On the average, how much of each cigarette do you smoke? | Circle One  1. Less Than Half 2. About Half 3. Most Or All Of It |
| 9. How deeply do you inhale the smoke? | Circle One  1. Not Deeply 2. Somewhat Deeply 3. Moderately Deeply 4. Quite Deeply |
| 10. On the average, how many cigarettes **per day** have you  smoked in the past year? (NOTE: 20 cigarettes = 1 Pack) | \_\_\_\_\_\_ Cigarettes Per Day |
| 11. How long have you been considering quitting smoking for? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12. Do you know what date you’re planning to quit smoking? | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

13. Do you live with a spouse or partner who smokes cigarettes? YES NO

14. Do any of the people that you currently live with,

other than a partner or spouse, smoke cigarettes? YES NO I live alone

# 15. How many of your friends smoke or use tobacco?

# Circle One

1. None
2. Less than half
3. About half
4. More than half
5. All

16. If someone in your household wants to smoke,

does he/she have to leave (go outside) in order to smoke? YES NO

17. Which of these statements best describes your work place’s policy for smoking in work areas?

a. Smoking is not allowed in ANY work areas

b. Smoking is allowed in SOME work areas

c. Smoking is allowed in ALL work areas

d. Not applicable, I do not work outside the home

18. How many times have you tried to quit smoking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ times

19. After you started smoking regularly, what is the

longest period of time you ever went without smoking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. How many times have you quit for: Up to 1 week \_\_\_\_\_\_\_\_\_\_\_\_\_

Between 1 week and 1 month \_\_\_\_\_\_\_\_\_\_\_\_\_

Between 1 and 3 months \_\_\_\_\_\_\_\_\_\_\_\_\_

Between 4 and 6 months \_\_\_\_\_\_\_\_\_\_\_\_\_

Between 7 and 12 months \_\_\_\_\_\_\_\_\_\_\_\_\_

More than 1 year \_\_\_\_\_\_\_\_\_\_\_\_\_

21. How long ago (years, months, or days) was your last serious quit attempt? \_\_\_\_\_\_\_\_\_\_\_\_ ago

22. How motivated are you to stop smoking at this time?

Not at all Extremely

Motivated Motivated

0 1 2 3 4 5 6 7 8 9 10

23. If you try to quit smoking within the next 30 days, how likely is it that you will be successful?

Not at all Very

Likely Likely

0 1 2 3 4 5 6 7 8 9 10

24. Do you drink caffeine? \_\_\_\_\_\_\_\_\_\_\_\_\_

25. Do you drink caffeine (e.g., coffee, tea, etc.) daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Did you have caffeine today (circle one)? YES NO

If yes: How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much did you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_