



## TOBACCO HISTORY QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- 1) How long have you been smoking cigarettes or using tobacco?  
 0 – 6 months  
 6 – 12 months  
 1 – 2 years  
 more than 2 years
  
- 2) When do you have your first cigarette or tobacco product of the day?  
 no particular time  
 whenever you get some from friends  
 after breakfast  
 on the way to school  
 right after you wake up
  
- 3) How often do you smoke or use tobacco?  
 at regular intervals or times during the day  
 during the week, but more on the weekends  
 more during the week and less on the weekends  
 whenever you are around others who smoke or use tobacco
  
- 4) When you do not smoke or use tobacco for a while, do you experience cravings or withdrawal symptoms?  
 Yes  
 No  
  
If yes, which symptoms do you experience?  
 weak and tired  
 sad or blue  
 irritable or cranky  
 difficulty concentrating  
 restless  
 difficulty relaxing  
 anxious or jittery
  
- 5) What people, places, or events make you crave a cigarette or tobacco product?  
 household member who smokes or uses tobacco  
 friends  
 school  
 stressful situations  
 parties  
 when you want to relax  
 sporting events  
 work  
 when you wake up  
 when you want to sleep  
 boyfriend or girlfriend  
 relative  
 when you are tired  
 when you are bored
  
- 6) What benefits do you get from smoking or using tobacco?  
 closer friendships or relationships  
 stress relief  
 more attractive



**TOBACCO HISTORY QUESTIONNAIRE**

- weight control or weight loss
  - something to fill the time (boredom relief)
  - more mature appearance
  - more fun at parties or other social events
  - increased energy
- 7) How many times have you tried to quit smoking or using tobacco?
- never tried to quit
  - 1 – 2 times
  - 3 – 5 times
  - 5 or more times
- 8) When you tried to quit before, did you use any method or aid? (check all that apply)
- nicotine gum
  - nicotine patch
  - inhaler or nasal spray
  - Zyban, Wellbutrin, or other antidepressant medicine prescribed by your doctor
  - cold turkey
  - gradually cutting down until completely quit
  - never tried to quit before
- 9) What were (are) some challenges to your quitting smoking or tobacco?
- household members who smoke or use tobacco
  - cravings
  - fear of weight gain
  - mood swings or personality changes
  - friends who smoke or use tobacco
  - girlfriend or boyfriend who smokes or uses tobacco
  - parties
  - stress
  - fitting in with your friends or a social group
  - school habit
  - fatigue
  - boredom
  - feeling sad
  - other: \_\_\_\_\_
- 10) What are some strategies or methods that helped you avoid smoking or using tobacco when you tried to quit before?
- never tried to quit before
- OR
- Please list what helped you here: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 11) What are your motivations to quit?
- health reasons
  - sports performance
  - cost
  - family
  - friend(s)
  - boyfriend or girlfriend
  - other: \_\_\_\_\_
  - other: \_\_\_\_\_
  - I am not motivated to quit at all right now