

Initials (3): _____ Date: _____ Male Female

1. Have you used tobacco on **1 or more days** in the past 30 days/month? yes no
2. Have you used tobacco on **20 or more days** in the past 30 days/month? yes no
3. On a typical **week-day**, about how many cigarettes do you smoke **a day**? (1 pack=20) _____ or
On a typical **week-day**, about much spit tobacco do you use **a day**? _____ can(s)
4. On a typical **week-end**, about how many cigarettes do you smoke **a day**? (1 pack=20) _____ or
On a typical **week-end**, about much spit tobacco do you use **a day**? _____ can(s)
5. Right now, how would you rate your motivation to stop using tobacco?
 None low medium high very high
6. Right now, how would you rate your confidence in quitting tobacco?
 None low medium high very high
7. Which of the following statements best describes your attitude toward changing your tobacco use right now? [only one]
 - I do not plan to quit using in the next 6 months.
 - I plan to quit using in the next 6 months.
 - I plan to quit within the next 30 days.
 - I have made a serious quit attempt in the past 6 months.
 - I quit less than 6 months ago.
8. How long have you been using tobacco? _____ years or _____ months.
9. At what age did you first try smoking cigarettes? _____ years old.
At what age did you first try using spit tobacco? _____ years old.

PLEASE COMPLETE BACK SIDE ALSO ☺

Session 1 (continued)

10. Have you ever tried to quit using? yes no

a. If yes, how many times? 1-2 3-4 5-6 7 or more

b. How did you try to quit? [all that apply]

- on my own
- in a group
- nicotine replacement therapy (e.g., nicotine patch, nicotine gum, etc.)
- health provider
- other

11. Do you have a parent or guardian who currently uses tobacco? yes no

12. Do you have a brother or sister who currently uses tobacco? yes no

13. Do you have a close friend who tobacco? yes no

14. Have you ever participated in a cessation program before? yes no

If so, when? month/year _____

15. Have you ever participated in an Alternative To Suspension program before? yes no

If so, when? month/year _____

16. How old are you? _____

Thank You ☺