

# TOBACCO USER PROFILE

A confidential tobacco use history for research and follow-up purposes. Individual information will not be published or disclosed without written consent to release information.

NAME		DAY PHONE	EVENING PHONE				
ADDRESS		CITY	STATE	ZIP CODE			
AGE	HEIGHT	WEIGHT	SEX	# IN HOUSEHOLD	# IN HOUSEHOLD USING TOBACCO	LENGTH OF USE	AMT PER DAY

What type of tobacco products do you use?  cigarettes  pipe  cigar  dip/chew

If you smoke, how much per day?  < 1/2 pack  1/2 to 1  1 to 2  > 2 packs

If you chew, how much, how often?  occasional  few times/day  1/2 can day  1 can day  
 > than can per day

How old were you when you first started using tobacco products on a regular basis? \_\_\_\_\_

Have you tried to quit before now?  yes  no If yes, how many times? \_\_\_\_\_

If you tried to quit before, what is the longest time you were free of tobacco use?  
 < 24 hours  24-72 hours  1-2 weeks  a month  2-3 months  other: \_\_\_\_\_

If you quit for more than 3 days, what was the primary trigger that got you started again?  
\_\_\_\_\_

What resources have you had to help you think about quitting, or to quit in the past?  
\_\_\_\_\_  
\_\_\_\_\_

List the people you think will be most supportive as you try to quit?  
\_\_\_\_\_

List the people you think will be least supportive as you try to quit?  
\_\_\_\_\_

CONSENT FOR CARE - I understand nicotine use is harmful to my health and I desire assistance in tobacco use cessation. My signature below acknowledges there may be potential adverse effects during the immediate withdrawal phase and I agree to hold harmless the provider assisting me in my requested tobacco cessation process.

SIGNATURE	WITNESS SIGNATURE	DATE
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## STAFF USE ONLY

THREE MONTH FOLLOW UP	DATE _____	MAINTAINING CESSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SIX MONTH FOLLOW UP	DATE _____	MAINTAINING CESSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ONE YEAR FOLLOW UP	DATE _____	MAINTAINING CESSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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