Tobacco Use Survey

Date of Activity: _____   Visit for Caregiver/Adult or Child? (select one)   ☐ Caregiver/Adult   ☐ Child

Which Caregiver/Adult or Child was involved: _____   ID#: _____

Program? (select one):   ☐ Becoming a Mom   ☐ Family Planning   ☐ Maternal Child Health   ☐ PMI   ☐ TPTCM

Are you Pregnant?   ☐ Yes   ☐ No

Please look at all three sections and answer all that apply.

Section A
Please check the answer that best describes you:

PREGNANT	NOT PREGNANT
☐ I have **NEVER** smoked or have smoked less than 100 cigarettes in my lifetime.	☐ I have **NEVER** smoked or have smoked less than 100 cigarettes in my lifetime.
☐ I **STOPPED** smoking **BEFORE** I found out I was pregnant.	☐ I **STOPPED** smoking in the past **ONE YEAR**.
☐ I **STOPPED** smoking **AFTER** I found out I was pregnant, and I am not smoking now.	☐ I **STOPPED** smoking **OVER** ONE YEAR AGO.
☐ I smoke **SOME NOW**, but I **CUT DOWN, SINCE** I found out I was pregnant.	☐ I **CURRENTLY** smoke on a **LESS THAN DAILY** basis.
☐ I smoke **REGULARLY NOW**, and have **NOT CUT DOWN** since I found out I was pregnant.	☐ I **CURRENTLY** smoke on a **DAILY** basis.

Do you use electronic cigarettes or E-cigarettes?   ☐ yes   ☐ no

Do you use smokeless tobacco products?
☐ yes ☐ no   If yes, what kind of smokeless tobacco product do you use? _____

Section B
Second Hand Smoke Exposure:

1. How many smokers do you live with? _____

2. What is your relationship to the above smoker(s)? *(check all that apply)*
   ☐ partner   ☐ parent   ☐ friend   ☐ other _____

3. How often does anyone smoke inside your home or car? Would you say:
   ☐ daily   ☐ weekly   ☐ monthly   ☐ less than monthly   ☐ never

Section C
If you smoke:

1. If you smoke, in the last 30 days, how often did you smoke?   ☐ every day   ☐ some days

2. On an average day that you smoke, about how many cigarettes do you currently smoke? (by cigarette, we would like you to include cigarettes, e-cigarettes, cigars, or cigarillos like black and tans)   #_____

3. Are you interested in quitting smoking?
   ☐ yes, in the next 30 days   ☐ yes, but not now   ☐ I'm not interested in quitting

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