



Name: _____ Date: _____

1. Do you use tobacco in any form? _____ Yes _____ No
 If no, have you ever used tobacco _____ Yes _____ No
 How long did you use tobacco? _____ Years _____ Months
 How long ago did you stop? _____ Years _____ Months

Questions 2-10 are for current tobacco users only.

2. If you smoke, what type (circle) _____ How Many? (Number)
 Cigarettes _____ Cigarettes per day _____
 Cigars _____ Cigars per day _____
 Pipe _____ Bowls per day _____
3. If you chew/use snuff, what type? (circle) _____ How Much? (Number)
 Snuff _____ Days a can lasts _____
 Chewing _____ Ponches in a week _____
 Other (describe) _____ Amount _____? Per _____
- How long do you keep a chew in your mouth? Minutes _____
4. How many days of the week do you use tobacco? 7 6 5 4 3 2 1 (circle answers)
5. How soon after you wake do you use tobacco? Within 30 minutes? More than 30 minutes?
6. Does the person closest to you use tobacco? Yes No
7. How interested are you in stopping your use of tobacco?
 Not at all A little Somewhat Yes Very much
8. Have you tried to stop using tobacco before? Yes No
 If yes, How long ago was your last try to quit? _____ Years _____ Months
9. Have you discussed stopping with another doctor or dentist? Yes No
10. If you decide to stop using tobacco completely during the next 2 weeks, how confident are you that you would succeed? Not at all A little Somewhat Very confident

Tobacco Use Contact Record

Visit Date	Tobacco Use Y/N	Sent home with QUITLINE & Tobacco Info REFERRAL Card !	Other Information Provided (see codes)	Quit Date

CODE #

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|----------------------------------|---|
| 1) Tobacco Referral Card | 4) Set Yourself Free Brochure |
| 2) VT QUITLINE, toll free number | 5) How to Quit Cigarettes Brochure |
| 3) When Smokers Quit Pamphlet | 6) Questions about Smoking-Tobacco Health |
| | 7) Stop Smoking - Stay Trim |