



# BRIEF TOBACCO TREATMENT: INTAKE FORM

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

1. **Date of Birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. **Gender**  Male  Female

3. **Height** \_\_\_\_\_ inches

4. **Weight** \_\_\_\_\_ lbs

5. **Marital Status**  
 Single  Separated  
 Married  Divorced  
 Widowed  Member, unmarried couple

6. **Current University Academic Status**  
 Freshman  Graduate Student  
 Sophomore  University Faculty/Staff  
 Junior  Does not apply  
 Senior

7. **Last Grade Completed** \_\_\_\_\_

8. **Race**  
 Black or African American  
 White or Caucasian  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 American Indian or Alaska Native  
 Some Other Race: \_\_\_\_\_

9. **Spanish, Hispanic, or Latino**  
 Yes  No

10. **Employment Status**  
 Full-time  Retired  
 Part-time  Unemployed / Laid off  
 Homemaker /Stay at home caregiver  Disabled (on disability) or on medical leave  
 Full-Time Student

11. **Age you started using tobacco** \_\_\_\_\_

12. **Total years you have used tobacco (do not count time off tobacco)** \_\_\_\_\_

13. **How soon after you wake do you smoke your first cigarette?**  
 Within 5 minutes  31-60 minutes  
 6-30 minutes  More than 60 minutes

14. **Number of people you live with who use tobacco (do not count yourself)**  
 0  2 – 3  
 1  4 or more

15. **Does your spouse or partner use tobacco?**

Yes  No partner  
 No

16. **Have your parents ever regularly used tobacco?**

Both Parents  Only Mother  
 Only Father  Don't know

17. **What percent of your close friends or co-workers use tobacco?**

Almost None  About 75%  
 About 25%  About 100%  
 About 50%  Does not apply

18. **Types of tobacco you use**

Type	Average Amount...
a. Cigarettes	Number per day:
b. Cigars	Number per week:
c. Pipe	Bowls per week:
d. Snuff/Dip	Tins per week:
e. Chew	Pouches per week:
f. Ariva Cigarettes	Tablets per week:
g. Hookah	Bowls per week:
h. Bidis	Number per week:
i. Kreteks	Number per week:
j. Herbal Cigarettes	Number per week:
k. Orbs, Sticks, or Melt-Away Strips	Number per week:
l. Other:	Number per week:

19. How much support do you expect from those closest to you (such as family, friends, co-workers and neighbors) as you work towards quitting tobacco?

- A great deal
- Much
- Some
- A little
- None at all

20. Number of times you have tried to quit tobacco in the last year (report only those times where you remained off tobacco for at least 24 hours)

\_\_\_\_\_ times

21. Methods previously used to quit tobacco (check all that apply)

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Nicotine inhaler
- Nicotine nasal spray
- Zyban / Wellbutrin
- Chantix
- Professional services
- Other: \_\_\_\_\_

22. Desire or Motivation to quit tobacco now

0 1 2 3 4 5 6 7 8 9 10  
Not At All Very Much

23. Confidence to quit tobacco

0 1 2 3 4 5 6 7 8 9 10  
Very Low Very High

24. Concern about gaining weight

0 1 2 3 4 5 6 7 8 9 10  
Not At All Very Much

25. Overall level of stress

0 1 2 3 4 5 6 7 8 9 10  
Very Low Very High

26. How many alcoholic drinks do you consume in the typical week (1 drink = 12 oz beer or 5 oz wine or 1.5 oz liquor)

- 0
- 1-3
- 4-6
- 7-10
- 11-15
- 15-20
- 21-27
- 28 or more

27. In general, how would you describe your health?

- Excellent
- Very Good
- Good
- Fair
- Poor

28. Indicate if a doctor ever told you that you have any of the following health problems

- Lung or Respiratory Disease
- Cancer or Tumors
- Cardiovascular Disease
- Kidney Disease
- Diabetes
- Allergies
- High Blood Pressure
- Liver Disease
- Digestive Problems
- Thyroid Problems
- Eating Disorder
- Obesity
- Seizures
- Bone Problems
- Schizophrenia or Psychotic Disorder
- Bipolar Disorder or Manic Depressive Disorder
- Other Depressive Disorder
- Attention Deficit / Hyperactivity Disorder (ADHD)
- Anxiety Disorder
- Alcohol or Substance Abuse
- Other Health or Mental Health Problem:

\_\_\_\_\_

29. How did you hear about this program? (Check all that apply)

- Physician/Dentist/Healthcare Provider
- Friend or Family Member
- Website/Internet or Email
- Quitline
- Newspaper/Magazine
- Flyer
- TV or Radio
- WIC program
- Health Department
- Employer
- American Lung Association
- American Cancer Society
- American Heart Association
- Other: \_\_\_\_\_

FOR OFFICE USE ONLY

PIN Number: \_\_\_\_\_

Quit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication(s) prescribed at this visit:

- NRT Patch 21 mg
- NRT Patch 14 mg
- NRT Patch 7 mg
- NRT Gum 4 mg
- NRT Gum 2 mg
- NRT Inhaler
- NRT Nasal Spray
- NRT Lozenge 4 mg
- NRT Lozenge 2 mg
- Zyban / Wellbutrin / Bupropion
- Chantix / Varenicline
- Other: \_\_\_\_\_
- None

Clinician: \_\_\_\_\_