



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: _____