QUIT KIT INTAKE QUESTIONNAIRE

Date: _____

Name: _____ Gender: ☐1 Male ☐2 Female Age: _____

School: _____

Home phone #: (____) _____ Cell phone #: (____) _____

Email: _____

1. When do you plan on quitting? ☐1 As soon as possible ☐2 Within the next few months
   ☐3 Within the next year ☐4 Haven't thought about it

2. What type of tobacco do you use? Approximately how often? (check all that apply):

☐ a. cigarettes	☐1 1-5 a day	☐2 6-10 a day	☐3 11-15 a day	☐4 16-20 a day (	☐5 >20 a day
☐ b. chew	☐1 1-5 a day	☐2 6-10 a day	☐3 11-15 a day	☐4 16-20 a day	☐5 >20 a day
☐ c. cigars	☐1 1-2 x's a month	☐2 3-4 x's a month	☐3 1-2 x's a week	☐4 3-5 x's a week	☐5 at least 1x daily
☐ d. hookah	☐1 1-2 x's a month	☐2 3-4 x's a month	☐3 1-2 x's a week	☐4 3-5 x's a week	☐5 at least 1x daily

3. How long have you used: a. cigarettes? _____years_____months c. cigars? _____years_____months
   b. chew? _____years_____months d. hookah? _____years_____months

4. How have you tried to stop tobacco use before? ☐0 Never tried

Check all that apply

- ☐1 Cold turkey
- ☐2 Changing behavior
- ☐3 Quit smoking group
- ☐4 Family & friends
- ☐5 Support group
- ☐6 Websites
- ☐7 Over the counter nicotine replacement (patch, gum)
- ☐8 Prescription nicotine replacement (inhaler, spray)
- ☐9 other prescription medication (bupropion, zyban, chantix)
- ☐10 Other: _____

I would prefer to be contacted for a follow-up by: ☐1 Email: _____

☐2 home phone: _____ ☐3 cell phone: _____ ☐4 other phone: _____

Funded by: California Department of Public Health, Tobacco Control Program Statewide Project

SMOKE-FREE Vocational Institutions
Learn * Work * Breathe

STAND

BREATHE CALIFORNIA of Sacramento-Emigrant Trails
The Clean Air and Healthy Lungs People Since 1917

BELOW IS FOR STAFF USE ONLY

QUIT KIT FOLLOW-UP SURVEY

1st F/U due:	Date _____of F/U	Compl-_____eted by_____	☐1 Invalid Phone	☐2 Invalid email	☐3 No response	☐4 Other: _____
2nd F/U due:	Date _____of F/U	Compl-_____eted by_____	☐1 Invalid Phone	☐2 Invalid email	☐3 No response	☐4 Other: _____

Quit Kit received: ☐1 Event ☐2 Internet request

1ST FOLLOW-UP

Date: _____

1. How important is it that you quit using tobacco? ☐1 Not at all ☐2 Not very much ☐3 Not sure ☐4 Somewhat ☐5 Very much

2. Are you currently smoking or using tobacco? ☐1 No ☐2 Yes

No

3. Have you used any tobacco since your original quit day? ☐1 No ☐2 Yes
   a. Type(s) ☐1 Cigarettes ☐2 Chew/Spit ☐3 Cigars ☐4 Hookah ☐5 Other: _____
   b. How often? ☐1 Once ☐2 2-3 times ☐3 4-5times ☐4 6-10 times ☐5 >10times
   c. Reason for using tobacco after quit? _____
4. How many days since you last used tobacco? _____
5. Quit Kit helpful in assisting to quit using tobacco? ☐1 No ☐2 Yes
6. Besides the Quit Kit, were any other resources used to assist in quitting?
   ☐1 No ☐2 Yes
   a. If yes, what? (./all that apply)
   ☐1 Friends/Family ☐5 Over the counter nicotine (patch, gum, lozenges)
   ☐2 Quit smoking program ☐6 Prescription nicotine: nasal spray, inhaler
   ☐3 Support groups ☐7 Other prescriptions: Zyban (bupropion) Chantix
   ☐4 Websites ☐8 1-800 NO-BUTTS
   ☐9 Other: _____
7. Comments:

Yes

3. On a typical day, how many times do you use tobacco?

a. cigarettes	☐0 None	☐1 1-5	☐2 6-10	☐3 11-15	☐4 16-20	☐5 >20
b. chew	☐0 None	☐1 1-5	☐2 6-10	☐3 11-15	☐4 16-20	☐5 >20
c. cigars	☐0 None	☐1 1x	☐2 >1			
d. hookah	☐0 None	☐1 1x	☐2 >1			

4. Do you think you have reduced the # of times you use tobacco since we talked with you?
   ☐1 No, why not? _____
   ☐2 Yes, how did the Quit Kit help?
5. What best fits you right now? (./ on one response)
   ☐1 I have no thoughts of quitting
   ☐2 I need to quit someday
   ☐3 I should quit, but I'm not ready
   ☐4 I am thinking about quitting
   ☐5 I am trying to quit or cut down right now
6. Comments:

2ND FOLLOW-UP

Date: _____

1. **Are you currently smoking or using tobacco?** ☐1 No ☐2 Yes

No

2. Have you used any tobacco since your original quit day? ☐1 No ☐2 Yes
   a. Type ☐1 Cigarettes ☐2 Chew/Spit ☐3 Cigars ☐4 Hookah ☐5 Other: _____
   b. How often? ☐1 Once ☐2 2-3 times ☐3 4-5times ☐4 6-10 times ☐5 >10times
   c. Reason for using tobacco after quit? _____
   d. When had cravings, what did you do? (./all that apply) ☐1 Delay ☐2 Distract ☐3 Dialogue ☐4 Drink H20 ☐5 Do Something ☐6 Deep breathing ☐7 Other
   e. How did you quit again?
   ☐0 Quit Kit ☐5 Over the counter nicotine (patch, gum, lozenges)
   ☐1 Friends & family ☐6 Prescription nicotine: nasal spray, inhaler
   ☐2 Quit smoking program ☐7 Other prescriptions: Zyban, (Bupropion) Chantix
   ☐3 Support Group ☐8 1-800 NO-BUTTS
   ☐4 Websites ☐9 Other: _____
3. How many days since you last used tobacco? _____
4. Was Quit Kit helpful in assisting you to quit? ☐1 No ☐2 Yes
5. Comments:

Yes

2. On a typical day, how many times do you use tobacco?

a. cigarettes	0 None	1 1-5	☐2 6-10	☐3 11-15	☐4 16-20	☐5 >20
b. chew	☐0 None	☐1 1-5	☐2 6-10	☐3 11-15	☐4 16-20	☐5 >20
c. cigars	☐0 None	☐1 1x	☐2 >1			
d. hookah	☐0 None	☐1 1x	☐2 >1			

3. Do you think you have reduced the # of times you use tobacco since we talked with you?
   ☐1 No, why not? _____
   ☐2 Yes, how did the Quit Kit help? _____
4. What best fits you right now? (./ on one response)
   ☐1 I have no thoughts of quitting
   ☐2 I need to quit someday
   ☐3 I should quit, but I'm not ready
   ☐4 I am thinking about quitting
   ☐5 I am trying to quit or cut down right now
7. Comments: