BRIEF TOBACCO TREATMENT: INTAKE FORM

Smoking Treatment Center

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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 ☐ Junior ☐ Graduate Student
☐ Sophomore ☐ Senior ☐ University Faculty/Staff
☐ Does not apply

7. Last Grade Completed: _____

8. Race:
☐ Black or African American
☐ White or Caucasian
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaskan Native
☐ Some Other Race: _____

9. Spanish, Hispanic or Latino?
☐ Yes ☐ No

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

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% ☐ About100%
☐ About 50% ☐ Does not apply

18. Types of tobacco you use:

Type	Average Amount
☐ Cigarettes	Number Per Day: _____
☐ Cigars	Number Per Week: _____
☐ Pipe	Bowls Per Week: _____
☐ Snuff / Dip	Tins Per Week: _____
☐ Chew	Pouches Per Week: _____
☐ Ariva Cigarettes	Tablets Per Week: _____
☐ Hookah	Bowls Per Week: _____
☐ Bidis	Number Per Week: _____
☐ Kreteks	Number Per Week: _____
☐ Herbal Cigarettes	Number Per Week: _____
☐ Orbs, Sticks or Melt-Away Strips	Number Per Week: _____
☐ Other: _____	Number Per Week: _____

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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
- ☐ A little
- ☐ Much
- ☐ None at all
- ☐ Some

20. Number of times you have tried to quit tobacco in the last year (report only those times 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 (Please Choose one):

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
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
Not at all ——— Very Much

24. Convern 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
Not at all ——— Very Much

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

- ☐ 0
- ☐ 1 - 3
- ☐ 4 - 6
- ☐ 7 - 10
- ☐ 11 - 15
- ☐ 16 - 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 Depression Disorder
- ☐ Other Depressive Disorder
- ☐ Attention Deficit / Hyperactivity Disorder (ADHD)
- ☐ Anxiety Disorder
- ☐ Alcohol or Substance Abuse
- ☐ Other Health or Mental Health Problems: _____

_____

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 Program
- ☐ Health Department
- ☐ Employer
- ☐ American Lung Association
- ☐ American Cancer Society
- ☐ American Heart Association
- ☐ Other: _____

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FOR OFFICE USE ONLY:

SCT ID Number: _____

Quit Date: _____/_____/_____

Medication(s) prescribed at this visit:

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

Clinician: _____