Quit Smoking Now Program Registration Form

To help you quit tobacco, we'd like to learn about you and your tobacco use. These questions are used only to see who is using this program. Everyone can join the Quit Smoking Now program. Your responses on this form will be kept confidential. If you have any questions when filling out the form, please ask your Quit Smoking Now facilitator.

REGISTRATION INFORMATION

Today's Date: _____

Name: _____ _____ _____
(first) (middle) (last)

Address: _____

City: _____ Zip code: _____ Florida County: _____

Home Phone Number: _____ **Cell Phone** Number: _____

E-Mail Address: _____

HOW DID YOU HEAR ABOUT QUIT SMOKING NOW

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

- ❑ Newspaper
- ❑ Radio
- ❑ Television
- ❑ Internet / web
- ❑ Phone directory
- ❑ Flyers / brochures
- ❑ Health care provider (doctor/dentist/nurse)
- ❑ Family / friends
- ❑ Employer
- ❑ Health insurance plan
- ❑ Community organization
- ❑ Florida Quitline
- ❑ Other: _____
- ❑ *Don't know / not sure*

YOUR CURRENT TOBACCO USE

2. What types of tobacco do you use now or in the past 30 days?
(Check all that apply)

- ❑ Cigarettes
- ❑ Cigars, cigarillos, or little cigars
- ❑ A pipe
- ❑ Chewing tobacco, snuff, or dip (Number of cans used per day: _____)
- ❑ Other types of tobacco (such as hookahs, bidis, snus): _____
- ❑ *None - I haven't used any tobacco in the past 30 days. Please go to question 6.*

3. Do you currently use tobacco every day, some days, or not at all?
(Check one)

- ❑ Everyday
- ❑ Some days
- ❑ Not at all – *go to question 6.*

4. How soon after you wake up do you smoke your first cigarette?
(Check one)

- ❑ Within 5 minutes
- ❑ 6 to 30 minutes
- ❑ 31 to 60 minutes
- ❑ After 60 minutes
- ❑ *Not applicable - I only use other forms of tobacco*

5. How many cigarettes do you smoke per day on the days that you smoke?
(Check one)

- ❑ 10 or fewer cigarettes
- ❑ 11-20 cigarettes
- ❑ 21-30 cigarettes
- ❑ 31 or more cigarettes
- ❑ *Not applicable – I only use other forms of tobacco*

Continue →

Name: _____ Today's Date: _____

YOUR QUITTING PLANS & EXPERIENCES

6. Which of the following best describes your plans for tobacco use at this time?
(Check one)

- ❑ I am a tobacco user and do not plan to quit in the next 6 months
- ❑ I use tobacco, but I have decided to quit in the next 30 days
- ❑ I use tobacco, but I am planning to quit in the next 6 months
- ❑ I am an ex-tobacco user; I quit LESS than 6 months ago
- ❑ I am an ex-tobacco user: I quit MORE than 6 months ago
- ❑ *Don't know / not sure*

7. How many times have you tried to quit in the last year?
(Check one)

- ❑ None
- ❑ 1 time
- ❑ 2 times
- ❑ 3 or more times
- ❑ *Don't know / not sure*

8. How confident are you that you can quit this time? *(Please circle one number between 0 and 10, with 0 being "not at all confident" and 10 being "highly confident.")*

0	1	2	3	4	5	6	7	8	9	10
Not at all confident					Moderately confident					Highly confident

ABOUT YOU

9. In what year were you born?
(Birth year is required for registration)

__ __ __ __
Y Y Y Y

10. In what month and day were you born?
(Optional)

__ __ / __ __
M M D D

11. Are you male or female?
(Check one)

- ❑ Male
- ❑ Female → If female: are you currently pregnant or breastfeeding?
  - ❑ Yes
  - ❑ No

12. Are you Hispanic or Latino?
(Check one)

- ❑ Yes – Hispanic or Latino
- ❑ No – not Hispanic or Latino

13. What is your race? Which of these groups would you say best describes you?
(Check one)

- ❑ White
- ❑ Black or African American
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Native Hawaiian or other Pacific Islander
- ❑ More than one race
- ❑ Some other race: _____

14. What is the primary language you speak?
(Check one)

- ❑ English
- ❑ Spanish
- ❑ Creole
- ❑ Other: _____

15. What is the highest level of education you have completed?
(Check one)

- ❑ Less than high school
- ❑ High school degree / GED
- ❑ Some college / trade school
- ❑ College or university degree

16. What is your current employment status?
(Check one)

- ❑ Full-time
- ❑ Part-time
- ❑ Seasonal work
- ❑ Homemaker / stay-at-home parent
- ❑ Student
- ❑ Unemployed / laid off
- ❑ Retired
- ❑ Disabled ("on disability") or on medical leave

17. What is your current marital status?
(Check one)

- ❑ Married / partnered
- ❑ Divorced
- ❑ Separated
- ❑ Widowed
- ❑ Single (never married)
- ❑ Other

Continue →

18. What was your total household income last year?

(Check one)

- ❑ No income
- ❑ Less than $10,000 *(<$200/week)*
- ❑ $10,000 to $14,999 *($200 to $299/week)*
- ❑ $15,000 to $19,999 *($300 to $399/week)*
- ❑ $20,000 to $24,999 *($400 to $499/week)*
- ❑ $25,000 to $34,999 *($500 to $699/week)*
- ❑ $35,000 to $49,999 *($700 to $999/week)*
- ❑ $50,000 to $74,999 *($1,000 to $1,499/week)*
- ❑ $75,000 or more *($1,500/week or more)*
- ❑ *Don't know/Not sure*

19. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

Note: *This information is used only to see who is using the program. Everyone can join QSN whether they have insurance or not.*

(Check one)

- ❑ No
- ❑ Yes → If yes, what kind of coverage?
  - ❑ Private health insurance
  - ❑ Prepaid plan
  - ❑ Medicare
  - ❑ Medicaid
  - ❑ Other: _____
- ❑ *Don't know / not sure*

20. Would you say that in general your health is excellent, very good, good, fair, or poor?

(Check one)

- ❑ Excellent
- ❑ Very good
- ❑ Good
- ❑ Fair
- ❑ Poor
- ❑ *Don't know/Not sure*

21. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(Please write a number between 0 and 30)

Number of days: _____

22. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(Please write a number between 0 and 30)

Number of days: _____

23. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(Please write a number between 0 and 30)

Number of days: _____

Thank you!