





Tobacco & E-Cigarette/Vaping History Questionnaire

FRONT

Please complete **page 1**. Also, complete **page 2** if you have ever used tobacco/nicotine products. Return the questionnaire to clinic staff.

1. Have you ever used any tobacco/nicotine products listed below? (check the box)			
Tobacco/Nicotine Products	Current User <i>(Used in the past 30 days)</i>	Former User	Never User
Smoking 	Every Day <input type="checkbox"/> Some Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless/oral  Dissolvable Tobacco Nicotine Pouch Smokeless Tobacco Snus	Every Day <input type="checkbox"/> Some Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarette/vape  E-Cigarette, Vaping Devices Heated Tobacco Products	Every Day <input type="checkbox"/> Some Days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been regularly exposed to smoke or vapor in the past couple of weeks?			
	Passive Smoke Exposure <input type="checkbox"/>	Passive Vapor Exposure <input type="checkbox"/>	Never <input type="checkbox"/>

If you checked "Never" for all 3 products, you may stop.

Connect to free help for you or others:



Kick It California has free help to quit with a coach and support.
 Call: 1-800-300-8086, Spanish: 1-800-600-8191. M-F 7am-9pm, Sat 9am-5pm
 Go to kickitca.org to enroll online or chat. Download the "KICK IT" app.
 Text "Quit Smoking" or "Quit Vaping" to 66819.

Tobacco & E-Cigarette/Vaping History Questionnaire

BACK

ONLY ANSWER if you are a "CURRENT" or "FORMER" user.

SMOKING					
1. What type of product(s) do you use?	Cigarette <input type="checkbox"/>	Pipe <input type="checkbox"/>	Cigar <input type="checkbox"/>	Hookah <input type="checkbox"/>	Other:
2. How many cigarettes a day have you smoked on average? (List by time period.) <i>Cigarette number to average pack: 5 cig/day = 0.25 pack 10 cig/day = 0.50 pack 20 cig/day = 1 pack</i>	Average packs per day: _____ _____	Start Date: _____ _____	Quit Date: _____ _____		
SMOKELESS/ORAL					
3. What type of product(s) do you use?	Snuff <input type="checkbox"/>	Chew <input type="checkbox"/>	Oral nicotine <input type="checkbox"/>	Other:	
4. How many cans per week do you use on average?	Average cans per week: _____ _____	Start Date: _____ _____	Quit Date: _____ _____		
E-CIGARETTE/VAPE					
5. What do you use in your e-cigarette/vape?	Nicotine <input type="checkbox"/>	Flavored liquids <input type="checkbox"/>	THC <input type="checkbox"/>	CBD <input type="checkbox"/>	Other:
6. How many times a day do you use your e-cigarette/vape?	Average times per day: _____ _____	Start Date: _____ _____	Quit Date: _____ _____		
TREATMENT					
7. If you are a current user, are you ready to talk about help to quit tobacco/nicotine products? <input type="checkbox"/> YES <input type="checkbox"/> NO					
8. May we have Kick It California call you about free help to quit and information about medications? <input type="checkbox"/> YES <input type="checkbox"/> NO					