



Tobacco Control Questionnaire

****Must be completed for all patients age 13 and above****

Patient Name: _____ Patient Gender: M F

Patient DOB: _____ HcXUnd'8 UH. _____

Are you a:

- Current smoker
- Former smoker
- Never smoker

How often do you smoke?

- Every day
- Some days, but not every day

How many cigarettes a day do you smoke?

- 5 or less
- 6-10
- 11-20
- 21-30
- 31 or more

How soon after you wake up do you smoke your first cigarette?

- With 5 min
- 6-30 min
- 31-60 min
- After 60min

Are you interested in quitting?

- Ready to quit
- Thinking about quitting
- Not ready to quit

****Please call 407-905-8827 or 877-552-4235 for more information. Website: www.chcfl.org**