Hamilton
Public Health Services

Tobacco Use Questionnaire

Last Name: _____

First Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

A. Tobacco Use

Have you used any form of tobacco in the past six months?

☐ Yes
☐ No *(Thank you for your time. You do not need to complete the rest of this form).*

B. Goals Related to Your Tobacco Use

Please check (✓) the box beside the statement that best matches your current goals:

☐ I have quit within the past 6 months
☐ I am planning to quit in the next month
☐ I am planning to quit in the next 6 months
☐ I am not planning to quit
☐ I would like to cut back

C. Tobacco Use Pattern

1. How old were you when you became a daily smoker? _____

2. How many years have you used tobacco regularly? _____

3. What form of tobacco do you currently use (i.e. cigarettes, cigar, pipe, chew)? _____

4. How many cigarettes do you smoke each day?

☐ 10 or fewer	0
☐ 11-20	1
☐ 21-30	2
☐ 31 or more	3

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

☐ Within 5 minutes	3
☐ 5-30 minutes	2
☐ 31-60 minutes	1
☐ After 60 minutes	0

OFFICE USE ONLY

4 ____ + 5 ____ = _____

0 - 2 = light addiction
3 - 4 = moderate addiction
5 - 6 = heavy addiction

Heaviness of Smoking Index

D. Quit Smoking History

1. When did you last try to quit smoking?

☐ Never tried to quit (skip to Section E)
☐ Within the last month
☐ Within the last year
☐ Over 1 year ago
☐ Over 5 years ago

2. Why did you stop that time? _____

3. How long did you go without smoking that time? _____

4. Why did you start smoking again? _____

5. Which method(s) have you tried (e.g.: Nicotine Patch, Cold Turkey, Champix®)? _____

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E: Feelings About Changing Your Tobacco Use

Answer the following three questions with respect to the goal you set in Section B:

a. How **important** is it for you to change your tobacco use?

Not at all Important									Very Important
1	2	3	4	5	6	7	8	9	10

b. How **confident** are you that you could change your tobacco use?

Not at all Confident									Very Confident
1	2	3	4	5	6	7	8	9	10

c. How **ready** are you to change?

Not at all Ready									Very Ready
1	2	3	4	5	6	7	8	9	10

	If I continue to use tobacco…	**If I quit/cut back…**
Positives	What benefits do you get from using tobacco?	Why do you want to change your tobacco use? What would you gain by changing?
Negatives	What harm or negative effects has tobacco use caused you?	What would be hard about changing your tobacco use? What concerns do you have?

F. Smoking in Your Environment:

1. Do you or other people smoke inside your home?
   ☐ Yes ☐ No
2. Do you or other people smoke inside your car?
   ☐ Yes ☐ No ☐ NA
3. Among your friends, family, and co-workers what percentage would you say smoke?
   ☐ Almost none ☐ About half ☐ Most

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G. Use of Caffeine, Alcohol and Other Drugs

1. How much do you drink of the following caffeinated drinks per day?
   - ☐ Regular Coffee (8oz) _____
   - ☐ Tea (bags) _____
   - ☐ Cola (12oz) _____
2. Have you ever felt you should cut down on your drinking?
   - ☐ Yes 1 ☐ No 0
3. Have people annoyed you by criticizing your drinking?
   - ☐ Yes 1 ☐ No 0
4. Have you ever felt bad or guilty about your drinking?
   - ☐ Yes 1 ☐ No 0
5. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?
   - ☐ Yes 1 ☐ No 0
6. Do you currently use any of the following drugs? (check all that apply)

   ☐ Cannabis (marijuana, hash, pot)
   ☐ Amphetamines/Stimulants
   ☐ Barbiturates
   ☐ Hallucinogens
   ☐ Cocaine/Crack
   ☐ Benzodiazepines
   ☐ Heroin/Opium
   ☐ Other (specify)_____

OFFICE USE ONLY

2 __ + 3 __ + 4__ + 5 __= _____

0 - 1 = light addiction
2 – 4 = follow up required

CAGE Questionnaire for Alcohol

H. Smoking Cessation Plan:

1. Does your drug benefit plan cover quit smoking medications?
   - ☐ Yes ☐ No ☐ Don't know ☐ No Benefit Plan
2. I would like a Smokers' Helpline Quit specialist to call me to find out more about quitting smoking.
   - ☐ Yes ☐ No

Adapted From: Massachusetts General Hospital Quit Smoking Service; Centre for Addiction and Mental Health Nicotine Dependence Clinic; CAGE Questionnaire for Alcohol Use; and Heaviness of Smoking Index