

Tobacco Free Florida's AHEC Tobacco Cessation Program Registration Form



We'd like to learn about you and your tobacco use. Your responses on this form will be kept confidential. If you have any questions when filling out the form, please ask your course facilitator.

Background Information

1. What is your name? *(Required)*

First name _____

Middle name _____

Last name _____

2. Today's date:

____ / ____ / ____
M M D D Y Y Y Y

3. What is your date of birth? *(Required)*

____ / ____ / ____
M M D D Y Y Y Y

4. Are you male or female? *(Check one)*

- Male **GO TO QUESTION 6**
 Female

5. Are you currently pregnant or breastfeeding?

- (Check one)*
 Yes
 No

6. What is your primary language?

- (Check one)*
 English
 Spanish
 Other

Contact Information

7. What is your address?

Address _____

City _____

Zip _____

County _____

8. What is the best phone number to reach you?

(_____) _____ - _____

- Home Cell Other

9. Can I have an alternate number as well?

(_____) _____ - _____

- Home Cell Other

10. If you have a cell phone, is it okay to send you program-related text messages? *(Check one)*

- Yes, send them to my "best" phone (question 8)
 Yes, send them to my "alternate" phone (question 9)
 No, it's not OK to send me texts

11. What is the best time to call you? *(Check one)*

- Morning: 8am-noon
 Afternoon: Noon-5pm
 Evening: 5pm-9pm
 Anytime

12. Would it be OK if we leave a voicemail if we can't reach you? *(Check one)*

- Yes
 No

13. What is your email address? *(We will not share your email. We will only send you program-related emails.)*

Heard About Program

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

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Family / friends |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Television | <input type="checkbox"/> CareerSource |
| <input type="checkbox"/> Internet / web | <input type="checkbox"/> Health insurance plan |
| <input type="checkbox"/> Phone directory | <input type="checkbox"/> Community organization |
| <input type="checkbox"/> Flyers / brochures | <input type="checkbox"/> Florida Quitline |
| <input type="checkbox"/> Health care provider, such as doctor, dentist, nurse:
(specify): _____ | <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> Don't know / not sure |

Your Current Tobacco Use

15. What types of tobacco have you used in the past 30 days? (Check all that apply)

- Cigarettes
- Cigars, cigarillos, or little cigars
Number of cigars used per day: _____
- A pipe
- Chewing tobacco, snuff, or dip
Number of cans used per week: _____
- Other types of tobacco, such as hookahs or snus (specify): _____
- None - I haven't used any tobacco in the past 30 days. **GO TO Q19 IN [Your E-Cigarette Use](#)**

17. How soon after you wake up do you smoke cigarettes or use tobacco? (Check one)

- Within 5 minutes
- 6 to 30 minutes
- 31 to 60 minutes
- After 60 minutes

18. How many cigarettes do you smoke per day on the days that you smoke?

- _____ Number of cigarettes per day (Use one number)
- Not applicable – I only use other forms of tobacco

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

- Every day
- Some days
- Not at all **GO TO Q19 IN [Your E-Cigarette Use](#)**

Your E-cigarette Use

19. Have you used an e-cigarette or other electronic "vaping" product in the past 30 days? (Check one)

- Yes
- No **GO TO Q22 IN [Your Quitting Plans](#)**
- Don't know

21. Do you intend to completely quit using e-cigarettes/e-vaping products within the next 30 days? (Check one)

- Yes
- No
- Don't know

20. How many days did you use an e-cigarette or electronic "vaping" product in the last 30 days?

_____ Number of days (enter a number between 0 and 30)

Your Quitting Plans & Experiences

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

- I plan to quit in the next 30 days
- I plan to quit in the next 6 months
- I do not plan to quit in the next 6 months
- I have already quit
- Don't know / not sure

GO TO
QUESTION
24

23. When did you last use tobacco, even a puff or pinch? (Check one)

- Less than 24 hours ago
- 24 hours to less than 7 days
- 7 days to less than 1 month
- 1 month to less than 6 months
- 6 months or more
- Don't know / not sure

24. How motivated are you to quit tobacco?

Please circle a number between 0 and 10, with 0 being "not at all motivated" and 10 being "highly motivated."

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

25. How confident are you that you can quit this

time? Please circle a 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

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

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

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

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

28. 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

29. Do you have any kind of health care coverage? (Check one). Note: This information is used only to see who is using the program. Everyone can join whether they have insurance or not.

- No GO TO QUESTION 31
- Yes
- Don't know / not sure

30. Which of the following best describes your health insurance? (Check all that apply)

- Private health insurance (this includes employer, group or individual plans, military and TriCare insurance)
- Medicare
- Medicaid
- Other (specify): _____

31. How many children under the age of 18 are living in your household?

_____ Number of children (enter one number)

Consent for Follow-up

32. One of the ways to make sure this program is doing a good job is by seeing if it helped you to quit and stay quit. Can someone contact you in the future to ask if you liked this program and if you quit? (Check one)

- Yes
- No