

Meet It Head On Confidential Baseline Tobacco Questionnaire

Name: _____ Date: _____

1. How old were you when you smoked a whole cigarette for the first time? _____yrs old.
2. During the past 30 days, on how many *days* did you smoke cigarettes? _____ days
3. During the past 30 days, *on the days you smoked*, how many cigarettes did you smoke each day? _____ *cigarettes* on the days I smoked
4. Does anyone you live with smoke? (check as many boxes as you need to)
 - no one I live with smokes
 - my mother, stepmother, or the female guardian I live with smokes
 - my father, my stepfather, or the male guardian I live with smokes
 - a brother, or sister I live with smokes
 - someone else I live with smokes
5. How many of your friends smoke?
 - all of them
 - most of them
 - some of them
 - just a few of them
 - none of them
6. Which of the people listed below ever told you that you should quit smoking? (Quitting means not smoking at all anymore. Check all that apply)
 - a parent or guardian
 - a friend
 - a family member other than a parent
 - a doctor or nurse
 - some other adult
 - no one has ever told me that I should quit smoking
7. Is it extremely difficult for you to go a half-day without using tobacco?
 - Yes
 - No
8. Do you have strong cravings for tobacco (“nic fits”)?
 - Yes
 - No
9. Do you feel a need to smoke a certain number of cigarettes each day?
 - Yes
 - No

10. Do you always smoke at certain times, like when you are on the phone or when you are with certain friends?
 Yes No
11. Do you sometimes forget to smoke cigarettes for a whole day?
 Yes No
12. Do you smoke cigarettes more after having an argument with someone?
 Yes No
13. Does the thought of never smoking cigarettes again make you feel unhappy?
 Yes No
14. In the past 12 months, have you ever tried to quit smoking cigarettes? (Remember, quitting means not smoking at all anymore.)
 Yes No
15. In the past 12 months, what is the longest time you have gone without smoking? (*If you started smoking less than a year ago, go to question 17.*)
 I did not try to go without smoking
 One day
 2-6 days (less than a week)
 one week
 two weeks
 three weeks
 four weeks or more
16. How sure are you that you could quit smoking permanently, that is, not smoke at all anymore?
 very sure somewhat sure not at all sure
17. Do you think that you will be smoking this time next year?
 definitely yes probably yes probably not definitely not
18. If you were to quit smoking, would you want to be...
 permanent
 only for awhile
 other (please describe): _____
19. Do you plan to quit smoking in the next...
 6 months
 3 months
 30 days
 week
 I am in the process of quitting
 I do not plan to quit in the next 6 months

20. Check the boxes next to all the words below that describe feelings that you experience *strongly* and *most* of the time.

upset

scared

ashamed

afraid

guilty

distressed

nervous

none of the above

hostile

irritable

jittery