Smoking Cessation Pre-Class Questionnaire

CURRENT TOBACCO USE

1. About how long have you used tobacco? _______year(s) _______months

2. What kind of tobacco products do you use?
   - Cigarettes
   - Smokeless Tobacco (Snuff or Chew)
   - Other (please describe): ______________________

3. How many cigarettes do you usually smoke per day? (1 pack = 20 cigarettes) ____cigarettes

4. How much smokeless tobacco (snuff/chew) do you usually use per day? ____dips

5. How soon after you wake up do you use tobacco?
   - Within 30 minutes
   - After 30 minutes

6. How many people in your household use tobacco? _______ people

QUITTING TOBACCO

7. How many times have you tried to quit using tobacco in the past? _______times

8. What is the longest time that you have gone without using tobacco?
   _______ year(s) _______ month(s) _______ day(s) _______ hour(s)

9. If you have tried to quit tobacco in the past, what helped you?
   - Acupuncture  □ Helped  □ Didn’t Help
   - Nicotine Patch  □ Helped  □ Didn’t Help
   - Nicotine Gum  □ Helped  □ Didn’t Help
   - Nicotine Nasal Spray  □ Helped  □ Didn’t Help
   - Zyban or Wellbutrin  □ Helped  □ Didn’t Help
   - Hypnosis  □ Helped  □ Didn’t Help
   - Cessation Program  □ Helped  □ Didn’t Help
   - Individual Counseling  □ Helped  □ Didn’t Help
   - Group Counseling  □ Helped  □ Didn’t Help
   - "Cold Turkey"  □ Helped  □ Didn’t Help
   - Exercise  □ Helped  □ Didn’t Help
   - Changing Habits  □ Helped  □ Didn’t Help
   - Willpower  □ Helped  □ Didn’t Help
   - Nothing  □ Helped  □ Didn’t Help
   - Other: ______________________  □ Helped  □ Didn’t Help
10. Do you want to quit using tobacco?  □ Yes  □ No  □ Unsure

11. What is the **ONE MOST IMPORTANT** reason you want to quit using tobacco? (Check ONE)
    □ Health  □ Money  □ Family  □ Work  □ Smells Bad  □ Social Acceptability
    □ Other (please describe) ____________________________________________________

12. How would you rate your motivation today to stop using tobacco?
    □ Not motivated at all  □ Somewhat motivated  □ Very motivated

13. Are you in recovery from alcohol or drug problem?  □ Yes  □ No
    a. If yes, how long have you been clean and sober? ____ years ____ months ____ days

14. How did you learn about this class?
    □ Friend  □ Family Member  □ Co-Worker  □ Ad in paper  □ Flyer  □ Internet  □ Doctor
    □ Other: ________________________________________________________________

**ABOUT YOU**

Name: _______________________________________________________________________

Address: ____________________________________________________________________

Home Phone: ______________________ Work Phone: _____________________________

Cell Phone: ______________________ Email: ________________________________

Date of Birth: _____________________ Gender: □ Male  □ Female  □ Transgender

Please select the race/ethnic identity which best describes you (choose one):
    □ Asian: Chinese/Japanese
    □ Pacific Islander: Vietnamese, Samoan, Filipino, etc.
    □ East Indian
    □ Black/African American
    □ Hispanic/Latino
    □ Native American
    □ White

What is the highest grade of school that you have completed?
    □ Eighth grade or less
    □ Some high school
    □ Finished high school or GED
    □ Some college
    □ Associate’s Degree
    □ Bachelor’s Degree
    □ Advanced College Degree (e.g., Masters, Doctorates)
Smoking Cessation Post-Class Questionnaire

NAME: ________________________________

1) Do you want to quit using tobacco?  □ Yes  □ No  □ Unsure

2) What is the ONE MOST IMPORTANT reason you want to quit using tobacco? (Check ONE)
   □ Health  □ Money  □ Family  □ Work  □ Smells Bad  □ Social Acceptability
   □ Other (please describe) ____________________________________________

3) How would you rate your motivation today to stop using tobacco?
   □ Not motivated at all  □ Somewhat motivated  □ Very motivated

4) How much has your motivation to stop using tobacco changed as a result of this class?
   □ Not at all  □ Little  □ Somewhat  □ Much  □ A Great Deal

5) What is ONE thing that you learned today that will help you quit using tobacco?

6) What was the MOST USEFUL part of this class?

7) How could this class be better?

8) Would you recommend this class to a friend or co-worker who is trying to quit using tobacco?  □ Yes  □ No  □ Unsure

9) Please place an “X” in the box that most closely represents your opinion.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>8a. The material was easy to understand.</td>
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<td>8b. I increased my knowledge about quitting tobacco.</td>
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<td>8c. I am more motivated to quit using tobacco.</td>
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<td>8d. I learned new tools to help me quit using tobacco.</td>
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<td>8e. I will use new ideas to quit using tobacco.</td>
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<td>8f. Overall, the class was helpful.</td>
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</table>
Smoking Cessation Post-Class Questionnaire

10) Please place an “X” in the box that most closely represents your opinion of the class leader’s abilities.

<table>
<thead>
<tr>
<th>Class leader’s ability to...</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>9a. Explain new concepts.</td>
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<td>9b. Gain participation from everyone.</td>
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<td>9c. Be sensitive to different cultures.</td>
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<td>9d. Understand needs of a diverse group.</td>
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<td>9e. Communicate effectively.</td>
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<td>9f. Respond to group’s needs and concerns.</td>
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11) Is there anything else you would like to share?
Smoking Cessation Follow-Up Survey

Client Name: ____________________________________________

Follow-Up Period: ☐ 1 Month ☐ 3 Months ☐ 6 Months

Are you currently using tobacco?  ☐ Yes  ☐ No

**IF NO**

1. About how long has it been since you COMPLETELY stopped using tobacco? ___days ___weeks ___months ___years

2. Have you used tobacco at all since taking the tobacco cessation class?  ☐ Yes  ☐ No  ☐ Don’t Know
   a. If yes, how many times? ______

3. What have you done since the class that has helped you to quit using tobacco? ________________________________
   ________________________________
   ________________________________

4. What helped you the MOST to quit using tobacco? ________________________________
   ________________________________
   ________________________________

5. Did the class help you quit using tobacco?  ☐ Yes  ☐ No  ☐ Don’t Know

**IF YES**

1. After your attempt(s) to quit, what were the reasons you started to smoke again? ________________________________
   ________________________________

2. How much tobacco do you use per day? _____cigarettes _____dips

3. Do you use less tobacco since you took the tobacco cessation class?  ☐ Yes  ☐ No  ☐ Don’t Know

4. Have you tried quitting again since the tobacco cessation class?  ☐ Yes  ☐ No  ☐ Don’t Know

5. Have you done anything since the class to help you to quit using tobacco?  ☐ Yes  ☐ No  ☐ Don’t Know
   a. If yes, what? ________________________________
      ________________________________

6. Are you interested in attending another tobacco cessation class?  ☐ Yes  ☐ No  ☐ Don’t Know

7. Is there any way we can help you try to quit again?  ☐ Yes  ☐ No  ☐ Don’t Know
   a. If yes, what? ________________________________
      ________________________________

Final Question to All Respondents: Would you recommend this cessation class to a friend or co-worker who is trying to quit using tobacco?  ☐ Yes  ☐ No  ☐ Unsure

THANK YOU FOR YOUR TIME