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 _____

State _____ 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)*

- ☐ Newspaper
- ☐ Radio
- ☐ Television
- ☐ Internet / web
- ☐ Phone directory
- ☐ Flyers / brochures
- ☐ Health care provider, such as doctor, dentist, nurse: *(specify):* _____
- ☐ Family / friends
- ☐ Employer
- ☐ CareerSource
- ☐ Health insurance plan
- ☐ Community organization
- ☐ Florida Quitline
- ☐ Other *(specify)*: _____
- ☐ 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**

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**

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*

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

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)*

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

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

GO TO QUESTION 24

- ○ I have already quit
- ○ Don't know / not sure

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.

- ○ Yes
- ○ No
- ○ Don't know / not sure

GO TO QUESTION 31

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)*

About You, Continued

32. Do you consider yourself to be… *(Check one)*

- ○ Straight
- ○ Lesbian or gay
- ○ Bisexual
- ○ Other
- ○ Don't know

33. Do you consider yourself to be transgender? *(Check one)*

- ○ Yes
- ○ No
- ○ Don't know

34. Do you currently have any mental health or substance use conditions? Your answer will be kept confidential. *(Check all that apply)*

- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Bi-Polar Disorder
- ☐ Depression
- ☐ Drug or Alcohol Abuse (SUD)
- ☐ Gambling Addiction
- ☐ Generalized Anxiety Disorder
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Schizophrenia or Schizoaffective Disorder
- ☐ Other
- ☐ None
- ☐ Don't know

→ **35. Do you think that these mental health or substance use conditions might interfere with your ability to quit?** *(Check one)*

- ○ Yes
- ○ No
- ○ Don't know

Thank you for completing the registration form!