

**TOBACCO CESSATION PROGRAM
SCREENING EVALUATION SHEET**
This form is subject to the Privacy Act of 1974

NAME: _____ SPONSOR'S SSN: _____

TELEPHONE NUMBER HOME: _____ WORK: _____

FULL MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1. What is your military status?
 Active Duty
 Retired Military
 Reserves/Guard
 Military/Family Member
 Civilian – DoD

2. For active duty only, what is your rank?
 E-1 E-6 O-1 TO O-3
 E-2 E-7 O-4 TO O-6
 E-3 E-8
 E-4 E-9
 E-5 W-1 TO W-4

3. Are you male or female? Male Female

4. What is your age? _____

5. Do you currently use tobacco products? Yes No

 What for of tobacco are you using? Cigarettes
 Dip/Chew
 PipeCigar

6. How old were you (in years) when you started smoking regularly?

 Less than 10 16-18 years old
 10-12 years old 19-20 years old
 13-15 years old 21+ years old

7. How long have you smoked (in years) on a regular basis? _____

8. How many cigarettes a day do you currently smoke? _____

9. In the past when you quit smoking for more than 24 hours, what was the longest time you quit?

- Never tried 4-6 Months
 Less than 1 Month 7-12 Months
 1-3 Months 12+ Months

10. When you have stopped smoking for more than ONE day, which of the following really began to bother you?

- Never tired Anxiety
 Depression Increased appetite
 Trouble Sleeping Weight gain
 Irritability Craving Cigarettes
 Restlessness Difficulty concentrating

11. Do you have a spouse that smokes? ____ If yes, does he/she support your quitting? ____

12. Do you have any medication(s) that you take all the time? _____

13. If yes, please list the drug(s). _____

14. Do you have any chronic illnesses associated with these medicines, such as asthma, anemia, depressive symptoms or anything else? _____

15. Please rate how motivated you are in quitting your tobacco habit?

- 1----2----3----4----5----6----7----8----9----10
Not very Pretty Good Definitely

16. How did you find out about our program?

- Friend/Co-worker Newspaper RACH Web Other _____