To sign up for the Freedom From Smoking program, please fill out the information below. When complete return to Steuben County Public Health in one of the following ways:
By email to: Lorelei, Health Educator, at loreleiw@co.steuben.ny.us
By fax to: 607-664-2166
By mail or in person to: Steuben County Public Health, 3 E. Pulteney Square, Bath, NY 14810

All information on this questionnaire will be kept confidential.

Name:

Street Address:

City: State: Zip Code:

Home / Cell Phone: Work Phone:

E-mail:

Education:  ☐ elementary school  ☐ technical school / training
            ☐ high school  ☐ college / university

Gender: Age:

Your History of Tobacco Use

1. At what age did you begin to use tobacco?

2. How many cigarettes do you smoke each day?

3. How many times have you stopped smoking before?

4. What is the longest period of time you have gone without smoking since you first started?

5. Do you use tobacco in any form other than cigarettes? If YES, please check the box below:
   ☐ pipe    ☐ cigar    ☐ snuff    ☐ chewing tobacco
   ☐ other:
6. Do your friends, family, or co-workers smoke?

☐ family       ☐ friends       ☐ people at work       ☐ none of these people

7. Are your family members or significant others supporting you to quit?

<table>
<thead>
<tr>
<th></th>
<th>Supporting me</th>
<th>They don’t want me to quit</th>
<th>They don’t care</th>
<th>They don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband/wife/partner</td>
<td>☐</td>
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<td>☐</td>
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<td>Children</td>
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<td>Friends</td>
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<tr>
<td>Co-workers</td>
<td>☐</td>
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</tr>
</tbody>
</table>

8. Which of these best describes your race or ethnic group? (Check all that apply.)

☐ White       ☐ African American       ☐ Hispanic

☐ Asian / Pacific Islander       ☐ Native American / Alaskan Native

☐ Other:

☐ I prefer not to answer this question.