

Registration Form and Questionnaire

Register All information on this questionnaire will be kept confidential. Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Email: _____

Studies show some communities and demographic groups have higher rates of tobacco use than others. The American Lung Association is interested in knowing who we are serving with Freedom From Smoking®. All questions in this section are optional.

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: _____

What is your age? _____

What is your gender identity?

Female Male Prefer to self-describe: _____

Do you think of yourself as (check all that apply): Straight Gay or lesbian Bisexual

Transgender Prefer to self-describe: _____

Questionnaire 3 › Your History of Tobacco Use

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

2. How many cigarettes do you smoke each day on average? _____
 Not applicable. I use a different form of tobacco.

3. How many times have you tried to quit 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 E-cigarette Other: _____

6. In which settings do you often spend time with others who smoke? (Check all that apply.)

At home At work In social situations I'm often the only one smoking

7. How supportive do you think each of these people will be of your quit attempt?

	They're supporting me	They don't want me to quit	They don't care	They don't know
Husband/wife/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How did you learn about the American Lung Association's Freedom From Smoking® Clinic?

From a family member, friend or coworker

Referred by the Lung HelpLine

From my local American Lung Association office

Found it on the American Lung Association web site

Online search

Saw an ad

I've used Freedom From Smoking® before

Other: _____

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