

Smoking Status Questionnaire

Name: _____

Please complete the following questions if you are a current smoker. This does not include anyone who solely uses tobacco replacement products.

1.	Have you been a regular smoker during the last ten years?	
2.	What date did you start smoking?	
3.	How many cigarettes do you smoke <u>daily</u> ?	
4.	How many cigars do you smoke <u>daily</u> ?	
5.	How many ounces/grams of rolling tobacco do you smoke <u>weekly</u> ?	
6.	How many ounces/grams of pipe tobacco do you smoke <u>weekly</u> ?	