

ACOG SMOKING SURVEY

NAME: _____ DATE: ____/____/____

1. Tobacco use (please circle)

- a. Current
- b. Former (skip to question 5)
- c. Never (please return to receptionist)

2. Do you consider yourself a causal smoker (please circle)

Yes No

3. How many cigarettes do you smoke?

_____ per day

_____ per week

4. Do you smoke (please circle all that apply)

- a. At home
- b. During work
- c. In social situations
- d. In the car
- e. On the telephone
- f. When drinking
- g. When stressed

5. How many years have you smoked? _____

After completing, please return to the receptionist