



Greene County Tobacco Control Program "Always Bee Tobacco Free"

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Tobacco Questionnaire

Thank you for participating in the WIC Mom's Shower. We hope you found the information provided on secondhand smoke helpful. We are interested in supporting you with any additional needs you have concerning tobacco use prevention and cessation. Please take a moment and complete the following questionnaire.

- 1) Do you **currently** use tobacco products? If yes, list product below.
 - Yes
 - No

Product _____
(cigarettes, cigars, pipe, smokeless tobacco, etc.)

- 2) Are you interested in quitting?
 - Yes
 - No

- 3) Does someone in your home currently use tobacco products? If yes, please list product below.
 - Yes
 - No

Product _____

- 4) Do you currently allow smoking inside your vehicle?
 - Yes
 - No
 - I do not have a vehicle.

- 5) Do you currently allow smoking in your home?
 - Yes
 - No

- 6) Are you interested in making a pledge to choose not to smoke in your home and vehicle—and to not allow others to do so?
 - Yes
 - No

If you are interested in quitting tobacco or pledging to have a smoke-free home and vehicle, please complete the following, and we will contact you:

Name _____

Address _____

City, State Zip _____

Phone _____

E-mail _____

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