

# Appendix K

## Smoking History Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you smoked at least one cigarette, cigar, pipe full of tobacco, or cigarillo or had one chew of tobacco in the past month?

\_\_\_\_\_ No; do not ask any of the remaining questions on this form.

\_\_\_\_\_ Yes; continue.

2. What type of tobacco product do you use predominantly? (Circle one.)

1 Cigarette      3 Pipe      5 Snuff/chewing tobacco

2 Cigar      4 Cigarillo

3. On average, in the past 6 months how many cigarettes (or other tobacco products) have you smoked per day?

\_\_\_\_\_ # of cigarettes      \_\_\_\_\_ # pipes full of tobacco      \_\_\_\_\_ # of chews

\_\_\_\_\_ # of cigars      \_\_\_\_\_ # of cigarillos

4. How old were you when you began to smoke?

\_\_\_\_\_ years of age

5. How many years have you smoked on a regular basis?

\_\_\_\_\_ # of years

6. How many times have you made a *serious* attempt to quit smoking?

\_\_\_\_\_ # of times (if never, go to question 12)

7. What was the longest time you have been off cigarettes?

\_\_\_\_\_ # of years      \_\_\_\_\_ # of months      \_\_\_\_\_ # of days

8. In what year did this occur?

\_\_\_\_\_ (year)

9. When was the last time you made a serious attempt to quit smoking?

\_\_\_\_\_ / \_\_\_\_\_

10. What prompted you to begin smoking after your last attempt to quit? (Choose only one.)

- 1 Crisis (death, illness, loss of job, family)
- 2 Chronic stress
- 3 Social/party situation
- 4 Withdrawal symptoms
- 5 Boredom
- 6 Other; please explain: \_\_\_\_\_

11. What method of stopping smoking has worked best for you in the past, if any? (Choose only one.)

- |                         |                     |
|-------------------------|---------------------|
| 1 Quit on own           | 6 Formal program    |
| 2 Pamphlets             | 7 Private therapy   |
| 3 Buddy system          | 8 Other medications |
| 4 Nicotine gum/patch    | 9 Other: _____      |
| 5 Hypnosis, acupuncture |                     |

12. Have you ever used any prescribed medication(s) like nicotine chewing patch, bupropion, or varenicline to help you stop smoking?

No

Yes      Which medication(s)? \_\_\_\_\_

Questions 13 and 14 relate to addiction. Patients smoking within 30 minutes of waking and always/usually when ill are normally highly addicted to tobacco; pharmacological therapy may be highly beneficial.

13. How soon after you wake up do you smoke your first cigarette? (Circle only one.)

1. When you first open your eyes
2. Within the first 15 minutes of waking up
3. Between 15 and 30 minutes after waking up
4. Between 30 and 60 minutes after waking up
5. Between 1 and 2 hours after waking up
6. More than 2 hours after waking up

14. Do you smoke on the days that you are so ill that you are in bed most of the day? (Circle only one.)

- 5 Always
- 4 Usually
- 3 Sometimes
- 2 Rarely
- 1 Never

15. Does the person you are closest to (spouse, companion) smoke?

No

Yes      Who is this? \_\_\_\_\_

16. Do you intend to stay off cigarettes, or other tobacco products, in the next month?

1	2	3	4	5	6	7
Definitely no	Probably	Possibly no	Maybe no	Possibly yes	Probably yes	Definitely yes

17. How often do you drink some kind of alcoholic beverage? (If you choose an answer other than “never,” proceed to question 18.)

\_\_\_\_\_ Daily or almost every day

\_\_\_\_\_ 3 or 4 times a week

\_\_\_\_\_ Once or twice a week

\_\_\_\_\_ Once or twice a month

\_\_\_\_\_ Less than once a month

\_\_\_\_\_ Never (go to question 23)

Questions 18 to 21 are the CAGE questions related to alcohol. A score of 2 or greater significantly increases the probability of alcoholism; additional screening is warranted.

18. Have you ever felt you ought to CUT DOWN on your drinking?

No

Yes

19. Have people ever ANNOYED you by criticizing your drinking?

No

Yes

20. Have you ever felt bad or GUILTY about your drinking?

No

Yes

21. Have you ever had a drink first thing in the morning (EYE OPENER) to steady your nerves or get rid of a hangover?

No

Yes

**22.** How many of these alcoholic beverages do you drink during an average week?

\_\_\_\_\_ # of 12 oz bottles or cans of beer, ale, etc.

\_\_\_\_\_ # of 4 oz glasses of wine, sherry, port, etc.

\_\_\_\_\_ # of shots (a shot = 1.5 ounces) of vodka, rum, Scotch whiskey, bourbon, tequila, or gin (including mixed drinks and cocktails)

\_\_\_\_\_ # of after-dinner drinks

**23.** How hard has it been for you not to smoke since you've been in the hospital?

1	2	3	4	5
Very easy	Easy	Moderately easy	Hard	Very hard

**24.** How severe have withdrawal symptoms been for you?

1	2	3	4	5
Not at all severe	Mildly severe	Moderately severe	Severe	Very severe

Question 25: A response of 5 or greater may indicate moderate problems with depression, suggesting a need for further screening or intervention; pharmacological therapy (bupropion SR) may be highly beneficial.

**25.** How troubled are you by feeling miserable and depressed?

1	2	3	4	5	6	7	8	9
Hardly		Slightly		Moderately		Markedly		Very severely

**26.** How confident are you that you will be able to stay off cigarettes once you are discharged from the hospital? (0% = no confidence, 100% = total confidence)

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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