



## ADVANCED PAIN CENTERS

### SMOKING ADDICTION QUESTIONNAIRE

Please answer the following questions.

1. The name and telephone number of your primary care physician.

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2. How long have you been smoking on a regular basis [ years]: <1 \_\_\_ 1-5 \_\_\_ 5-10 \_\_\_  
10-20 \_\_\_ >20 \_\_\_

3. What is the average number of cigarettes you smoke per day ? > 50 \_\_\_ 31-50 \_\_\_  
21-30 \_\_\_ 11-20 \_\_\_ 1-10 \_\_\_

4. How soon after you wake up do you smoke? < 30 minutes \_\_\_ 31-60 minutes \_\_\_  
>60minutes \_\_\_

5. Do you use tobacco other than cigarettes? YES NO

If yes, what do you use: \_\_\_\_\_

6. How many times have you tried to quit? 0 1 2 3 4 5

7. Have you tried quitting before? YES \_\_\_ NO \_\_\_

8. What methods have you used before to quit smoking:

Just stopped / cold turkey \_\_\_ Cut down then quit \_\_\_ Nicotine gum \_\_\_

Nicotine patch \_\_\_ Bupropion [Zyban] \_\_\_ Smoking support group \_\_\_

Individual counseling \_\_\_ Other \_\_\_\_\_

9. What is the longest period of time that you have quit smoking:

>1 year \_\_\_ 6 month to 1 year \_\_\_ 3-6 month \_\_\_ 1-3 month \_\_\_

1 week to 1 month \_\_\_ <1 week \_\_\_\_\_

10. Why do you want to quit smoking?

Health \_\_\_ Cost \_\_\_ Social pressure \_\_\_

Family reasons \_\_\_ Other: Please Explain: \_\_\_\_\_

11. What is your main concern about quitting?

Dealing with stress \_\_\_\_\_ Loss of enjoyment \_\_\_\_\_ Weight gain \_\_\_\_\_  
Craving/ breaking the habit \_\_\_\_\_ Withdrawal symptoms \_\_\_\_\_ Fear of failure \_\_\_\_\_

12. Have you ever had an adverse reaction to any medication? If yes, please specify.

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13. Please list all known allergies:

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14. Please list all medications that you are currently taking and the dosage:

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15. Are you under the care of a specialist for cardiac or any other serious conditions? If yes, then please list the name of the specialist, phone number, and the nature of the care.

<u>Specialist Name</u>	<u>Phone #</u>	<u>Nature of Care</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. What is your goal in entering this study. Please be specific:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_