Harris County
Public Health
Building a Healthy Community

Tobacco Cessation Intake Form

Name: _____ Date: _____

Telephone: [Home] (___) _____ [Cell]: (___) _____

Email Address: _____

Home Address: _____

Date of Birth: ___/____/_____ Gender: □ Male □ Female

Marital Status (Circle One): Single Married Separated

Divorced Widowed

Race (Circle One): African-American White Latin-American

Asian-American Native-American Other: _____

Ethnicity (Circle One): Hispanic Non-Hispanic

Currently enrolled in school: □ No □ Yes Highest grade completed: _____

Household Salary(annual):

□$0-$5000
□$5,000-$10,000
□$10,000-$15,000
□$15,000-$20,000
□$20,000-$25,000
□$25,000-$30,000
□$30,000-$35,000
□$35,000-$40,000
□ $40,000-$45,000
□$45,000-$50,000
□$50,000-$55,000
□$55,000-$60,000
□$60,000 or more

How many people are in your household? _____

Do you have health insurance? □ No □ Yes
If yes, which benefits or health care coverage do you have? _____

Have you visited a physician in the past year? □ No □ Yes

What type of tobacco have you used?

□ Cigarettes □ E-cigarettes □ Spit Tobacco □ Cigars □ Other: _____

Do you use tobacco within 30 minutes of waking up? □ No □ Yes

How many times per day do you use tobacco? ____How many years have you used tobacco? ____

How many quit attempts have you made? ____ Have you ever relapsed? □ No □ Yes

Where do you use tobacco most often? □ In home □ Outside home □ In car □ At work

Why do you use tobacco? □ Socially □ Stress Relief □ Other: _____

Are you interested in receiving future additional information on tobacco cessation? □ No □ Yes

Which Social Media platform(s) do you use?
□ Twitter □ Facebook □ LinkedIn □ Pinterest □ Instagram □ None