



SMOKING HISTORY SURVEY FOR PREGNANT WOMEN

Please read all three sections and answer all that apply.

SECTION I (please check the answer that best describes you)

- I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.
- I STOPPED smoking BEFORE I found out I was pregnant.
- I STOPPED smoking AFTER I found out I was pregnant.
- I smoke SOME now, but I CUT DOWN since I found out I was pregnant.
- I smoke REGULARLY now, and have NOT CUT DOWN since I found out I was pregnant.

SECTION II: Household Environment

1. How many smokers live with you? _____
2. What is your relationship with the above smoker(s)? (*check all that apply*)
 Partner Parent Friend Other _____
3. Where do they smoke? (*check all that apply*)
 inside your home outside your home in the car away from home
 Other _____
4. Do you ever allow people to smoke in your home? Yes No

SECTION III: If you Smoke or have Quit:

1. How many cigarettes a day do you or did you smoke? _____
2. How many years have you or did you smoke? _____
3. If you currently smoke, how soon after waking do you smoke?
 immediately within _____ minutes within _____ hours times vary
4. Where do/did you smoke? (*check all that apply*)
 inside your home outside your home in the car away from home
 Other _____
5. If you quit, when was the last time you smoke?
 < 6 months 6-12 months > 1 year