



Smoking Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____ Term 10 15 20 30 ____ UL

1. Have you ever used tobacco or nicotine products? ____ Yes ____ No

(If yes, what type of product did you use)?

____ Cigarettes

____ Cigar

____ Pipe

____ Other: _____

Additional comments: _____
