

Smoking History Survey for Pregnant Women

ID#

Please look at all three sections and answer all that apply.

Section A

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, and I am not smoking now.
- 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 B

Second Hand Smoke Exposure:

1. How many smokers do you live with? _____
2. What is your relationship to the above smoker(s)? (*check all that apply*)
 partner parent friend other _____
3. How often does anyone smoke inside your home or car? Would you say:
 daily weekly monthly less than monthly never

Section C

If you smoke or have quit:

1. If you smoke, in the last 30 days, did you smoke every day or some days?
 every day some days
2. On an average day that you smoke, about how many cigarettes do you currently smoke? (by cigarette, we would like you to include cigarettes, cigars, or cigarillos like black and tans)

3. Do you use electronic cigarettes or E-cigarettes?
 yes no
4. Are you interested in quitting smoking at this time?
 yes, in the next 30 days yes, but not now I'm not ready to quit