

HALT-C Trial

Current Cigarette Smoking – Risk Factors AS

Form # 143 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

A2. Patient initials: _____

A3. Visit number: _____

A4. Visit Date: MM / DD / YYYY ____ / ____ / _____

A5. Initials of person completing Section A: _____

Note: This is a patient administered form.

SECTION B: CIGARETTE SMOKING

The following questions are about smoking cigarettes over the past year. Circle or write in the correct answer.

B1. Do you smoke cigarettes now?

1. YES
2. NO

B2. Did you smoke cigarettes during the last 12 months?

1. YES
2. NO **(STOP HERE)**

B3. For how many months did you smoke cigarettes during the last 12 months? ____ ____

B4. On average, how many cigarettes did you smoke per day? *(Circle one number below.)*

1. 1-5 cigarettes per day
2. 6-14 cigarettes per day (1/2 pack per day)
3. 15-24 cigarettes per day (1 pack per day)
4. 25-34 cigarettes per day (1 ½ packs per day)
5. 35-44 cigarettes per day (2 packs per day)
6. 45 or more cigarettes per day (more than 2 packs per day)

Thank you for completing this questionnaire.