

LABEL ME QUESTIONNAIRE

Circle the appropriate answer.

1. Have you used tobacco products in the last 30 days?
(This includes cigarettes, cigarillos, pipes, cigars, chew tobacco, snus, snuff, waterpipes, and betelnut).
Yes No

If no, go to Question 2 and consider completing the pledge form on Side 2
If yes, continue with question 3

2. Have you ever tried even one puff? Or some chew?
If so, how long ago? _____
3. How many cigarettes per day (or week) do you smoke? _____
How many times per day (or week) do you chew? _____

On a scale from 1 to 10, where 10 is extremely ready, how ready are you to quit tobacco for good? (circle one)

1 2 3 4 5 6 7 8 9 10

I would like to speak with a PACT Professional about quitting tobacco.

Yes No

I would like to know what my options are.

Yes No

Student Name: _____

Cell Number: _____

Email: _____

Date: _____

"I Pledge to.....

Signature: _____

Date: _____

Examples:

1. I PLEDGE to remain tobacco free for the rest of my life
2. I PLEDGE to not smoke at parties so that I don't get addicted
3. I PLEDGE to have a heart-to-heart with my Mom about quitting.
4. I PLEDGE to quit smoking in the next 30 days.

Come up with your own goals, and pledge to accomplish them.