Smoking History Survey for Pregnant Women

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 then 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

**Household Environment:**

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. Where do they smoke?
   - [ ] 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 C

**If you smoke or 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 awaking do you smoke?
   - [ ] immediately
   - [ ] within ___ # of minutes
   - [ ] within ___ # hours
   - [ ] times vary
4. Where do/did you smoke?
   - [ ] inside your home
   - [ ] outside your home
   - [ ] in the car
   - [ ] away from home
   - [ ] other ________
5. If you quit, when was the last time you smoked?
   - [ ] < 6 months
   - [ ] 6 – 12 months
   - [ ] >1 year