

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 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

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