



**Public Health**  
Prevent. Promote. Protect.  
Steuben County NY

## Registration Form and Questionnaire



To sign up for the Freedom From Smoking program, please fill out the information below and return it to Steuben County Public Health in one of the following ways:

- By email to: Lorelei, Health Educator, at [loreleiw@co.steuben.ny.us](mailto:loreleiw@co.steuben.ny.us)
- By fax to: 607-664-2166
- By mail or in person to: Steuben County Public Health, 3 E. Pulteney Square, Bath, NY 14810

*All information on this questionnaire will be kept confidential.*

Name:

Today's Date:

Street Address:

City:

State:

Zip Code:

Home / Cell Phone:

Work Phone:

E-mail:

Education:  elementary school

technical school / training

high school

college / university

Gender:

Age:

### ***Your History of Tobacco Use***

1. At what age did you begin to use tobacco?
2. How many cigarettes do you smoke each day?
3. How many times have you stopped smoking before?
4. What is the longest period of time you have gone without smoking since you first started?
5. Do you use tobacco in any form other than cigarettes? If YES, please check the box below:

pipe     cigar     snuff     chewing tobacco

other:

6. Do your friends, family, or co-workers smoke?

family     friends     people at work     none of these people

7. Are your family members or significant others supporting you to quit?

	Supporting me	They don't want me to quit	They don't care	They don't know
Husband/wife/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which of these best describes your race or ethnic group? (Check all that apply.)

White                       African American                       Hispanic

Asian / Pacific Islander                       Native American / Alaskan Native

Other:

I prefer not to answer this question.

9. How did you learn about the Freedom From Smoking program? (Check all that apply.)

Newspaper: Name \_\_\_\_\_

Radio Station:     Kickin' Country     Magic FM     WVIN     Other: \_\_\_\_\_

Email

Online: Website \_\_\_\_\_

Word of Mouth

Doctor / Healthcare Provider

TV: Channel:     WENY – Good Morning Twin Tiers                       WENY – News

WENY – Senior Notebook     WETM – Community Focus

Other: \_\_\_\_\_

Other: \_\_\_\_\_