# First Breath Quit Coaching Baseline Survey 2019 (last update 1.17.19)

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<tr>
<th>Participant ID#</th>
<th>Completed By</th>
<th>Assigned to (HE):</th>
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<td>Date Completed</td>
<td>Completed By</td>
<td>Assigned to (HE):</td>
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<td>Date Entered into SG</td>
<td>Assigned to (HE):</td>
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## SMOKING HISTORY

1. **Did you smoke during any of your previous pregnancies?**
   - □ Yes
   - □ No
   - □ Prefer not to answer
   - □ N/A First pregnancy

2. **How old were you when you first tried cigarettes?**
   - □ Age: _____
   - □ N/A - I have never smoked daily

3. **How old were you when you first started smoking daily/every day?**
   - □ N/A - I have never smoked daily

4. **How many times have you made a serious attempt to quit?**

5. **During the period when you were smoking the most, on average, how many cigarettes per day did you smoke?**
   - □ 1–5 cigarettes
   - □ 6–10
   - □ 11–15
   - □ 16–20
   - □ 21–30
   - □ 31–40
   - □ 41–50
   - □ More than 50

6. **During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?**
   - □ NO
   - □ YES
   - If YES - How long did you go without smoking?
     - □ 1 day - 3 days
     - □ 4 – 6 days
     - □ 1 – 2 weeks
     - □ 3 – 4 weeks
     - □ 1 – 3 months
     - □ 4 – 6 months
     - □ More than 6 months

7. **What types of tobacco products have you used in the past 12 months? (choose all that apply)**
   - □ Cigarettes
   - □ E-Cigarettes
   - □ Cigarellos, Little Cigars (Black and Milds, Swisher Sweets), or Regular Cigars
   - □ Smokeless tobacco, snuz, chew, dissolvables
   - □ Other:

## CURRENT SMOKING STATUS

8. **Have you smoked at all, even a single puff, in the last 7 days?**
   - A. If NO, mark “none in the past 7 days”
   - B. If YES, on average how many cigarettes do you smoke per day?
     - □ None
     - □ Some days, but not at all
     - □ 1–5 cigarettes
     - □ 6–10
     - □ 11–15
     - □ 16–20
     - □ 21–30
     - □ 31–40
     - □ 41+

9. **If you did not smoke in the past 7 days – how long has it been since you smoked your last cigarette**
   - □ Less than 2 weeks
   - □ 2 – 4 weeks
   - □ 1 – 3 months
   - □ 3 – 6 months
   - □ More than 6 months
### 10. How soon after you wake do you smoke (on the days that you smoke)?
- Within 5 minutes
- 6 – 30 minutes
- 31 – 60 minutes
- After 60 minutes
- N/A – Not currently smoking

### 11. How confident are you that you’ll be smoke-free one year from now?
- Not at all confident
- Not very confident
- In the middle
- Pretty confident
- Very confident

### 12. How motivated are you to quit/remain quit?
- Not at all motivated
- Not motivated very much
- In the middle
- Motivated a little
- Greatly motivated

### 13. How hard will it be for you to quit smoking?
- Very difficult
- Somewhat difficult
- In the middle
- Somewhat easy
- Very easy

### ENVIRONMENTAL TOBACCO SMOKE ASSESSMENT

14. Which is the best description of tobacco smoking in your home CURRENTLY? (Choose one)
- Smoking is never allowed inside your home
- Smoking is allowed only in certain rooms
- Smoking is allowed in all rooms of your home

15. In the past 7 days, were you exposed to someone else’s tobacco smoke?
- YES
- NO

16. In the past 7 days, have you experienced eye irritation, nose irritation, coughing, wheezing or chest tightness after being exposed to tobacco smoke?
- YES
- NO

### SOCIAL SUPPORT & STRESS

17. How much support (day-to-day help, emotional support, etc) do you get from the people in your life?
- Extremely low
- Fairly low
- Medium
- Fairly high
- Extremely high

18. What is your current stress level?
- Extremely low
- Fairly low
- Medium
- Fairly high
- Extremely high

19. Have you experienced any major stressors/life changes during your pregnancy? Please respond Yes, No, or prefer not to answer (Choose all that apply.)
- Prefer not to answer
- Single parenthood
- Relationship problems
- Work stress (looking for a job, job loss, issues at a job)
- Daily life stress (transportation, childcare, etc)
- Difficulty caring for multiple children
- Housing insecurity or homelessness
- Food insecurity
- Financial insecurity
- Abuse or Domestic Violence
- Victim of a crime other than abuse or DV
- Legal problems
- Incarceration of someone close to you
- Personal health problems
- Problems with your pregnancy
- Death or serious illness of friend or family member
- Other:

20. Total # stressors

21. Do you/have you ever suffered from a mental illness or behavioral health disorder?
- Prefer not to answer
- No
- Never diagnosed but suspected
- Yes
22. Do you/have you ever had a substance use disorder or been treated for an addiction to drugs or alcohol? □ Prefer not to answer □ No □ Yes

FUTURE GOALS

23. What are your smoking goals? □ Cut down for pregnancy/lactation only □ Cut down for good □ Quit for pregnancy/lactation only □ Quit for good

DEMOGRAPHICS

24. What type of health insurance do you have? □ State/Medicaid/Badger Care □ Marketplace/ACA □ Private □ None □ Other:

25. Do you currently receive WIC? □ Yes □ No

26. What is your current household income? □ Less than $10,000 □ $10,000 - $19,999 □ $20,000 - $29,999 □ $30,000 - $49,000 □ $50,000 - $79,000 □ $80,000 or more

27. How many years of school did you complete? □ Less than high school □ Some high school □ High school diploma or GED □ Some college or 2-year degree □ College degree □ Post-college education

28. Employment Status □ Not currently employed □ Employed part-time □ Employed full-time

29. Relationship Status □ Single □ Married or in a committed relationship □ Widowed □ Divorced

30. How many people live in your home (including your unborn baby)?

A. Total # in household __________
B. # of adults including adult children (18+) _____
C. # of children (<18 yo) _____

31. How many adults in your household (besides you) smoke? □ None □ Some but not all □ All □ No other adults in my home

GIFT CARDS

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<th>Gift Card #</th>
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