

Client Intake Form (CIF)Today's Date: ____/____/____
mm dd yyClient Name: _____
Last First MI

1. Have you attended any quit tobacco classes in the past?
☐ Yes ☐ No

If yes, when? _____

Program name: _____

2. When was the last time you used tobacco?

- ☐ Today
☐ Yesterday
☐ Not yesterday, but sometime in the last 7 days
☐ Not in the last 7 days, but sometime in the last 30 days
☐ More than 30 days ago

3. During the past 30 days, what tobacco products did you use, and, on the days you used them, how much did you use on average?

- ☐ Cigarettes (#) _____ (cigarettes/day)
☐ Snuff (#) _____ (dips/day) or (#) _____ (cans/day)
☐ Chew (#) _____ (dips/day) or (#) _____ (cans/day)
☐ Cigars (#) _____ (cigars/day)
☐ Pipes (#) _____ (bowls/day)
☐ Other _____ (#) _____ (/day)

(Answer #4 and #5 only if you selected "Cigarettes" above.)

4. How many total years have you smoked cigarettes? (#) _____ (yrs.)

5. What is the average number of cigarettes you smoked per day during that time? (#) _____ /day

6. When was the last time you tried to quit tobacco?

____/____/____ (approximate date)

☐ I never tried to quit. [Skip to #9]

7. How long did you stay quit that time?

(#) ____ ☐ Hours ☐ Days ☐ Weeks ☐ Months ☐ Years

8. During your entire life, how many times have you successfully quit using tobacco for at least 24 hours?

(#) _____ (times)

9. How soon after you wake up do you first use tobacco?

- ☐ Within 5 minutes ☐ 31 to 60 minutes
☐ 6 to 30 minutes ☐ After 60 minutes

10. How would you describe your health?

Poor Fair Good Very Good Excellent
 1 2 3 4 5

11. Do you work outside your home?

☐ Yes ☐ No [Skip to #13]

12. Is smoking, chewing, or dipping allowed at your workplace?

- ☐ Yes, everywhere ☐ No, not at all
☐ Only in certain rooms and outdoors
☐ Outdoors only ☐ Don't know

13. Is smoking, chewing, or dipping allowed in your home?

- ☐ Yes, everywhere ☐ No, not at all
☐ Only in certain rooms and outdoors
☐ Outdoors only

14. Who else in your household uses tobacco?

- ☐ Spouse/Partner ☐ No one
☐ Not applicable ☐ Other: _____

15. How many of your 5 closest friends use tobacco daily?

- ☐ Not Applicable
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

16. On a scale of 1 to 5, what level of support for quitting tobacco are you receiving from the following groups of people:

- a. The five people closest to you that you do not live with:

☐ Not Applicable
 None support you All support you
 1 2 3 4 5

- b. The people you live with:

☐ I don't live with anyone.
 None support you All support you
 1 2 3 4 5

- c. The people you work with:

☐ I don't work with anyone. ☐ I don't work.
 None support you All support you
 1 2 3 4 5

17. Why do you want to quit using tobacco?

(Check all that apply.)

- ☐ Prevent future health problems
☐ Current health problems caused by tobacco use
☐ Friends or family want me to quit
☐ Doctor's recommendation
☐ My smoking may be affecting health of others
☐ Too expensive
☐ Religious reasons
☐ I want to break the habit
☐ I am pregnant
☐ I want to become pregnant
☐ Spouse/partner is pregnant
☐ Other: _____

18. On a scale of 1 to 5, how sure are you that you will not be using tobacco a year from now?

Not at all Sure Very Sure
 1 2 3 4 5

19. On a scale of 1 to 5, how sure are you that you will be able to quit using tobacco for at least 24 hours?

Not at all Sure Very Sure
 1 2 3 4 5

20. On a scale of 1 to 5, how interested are you in quitting right now?

Not at all Interested Very Interested
 1 2 3 4 5

21. Are you ready to set a quit date?

- ☐ No
☐ Yes ____/____/____
 mm dd yy
☐ Already quit: ____/____/____
 mm dd yy

22. If not ready now, will you be ready to quit within a month?

- ☐ Yes ☐ No
☐ Yes, and will cut back now ☐ Don't know