

# Tobacco History

Please answer the following questions regarding your history of tobacco/vape usage:

1) Do you use tobacco?

- Yes
- No
- Former

2) Please indicate which types of Tobacco you use(d), how frequently you use(d) them, and which year you quit using them, if applicable:

<b>Tobacco Type</b>	<b>Avg. # of units used per day</b>	<b>Year Quit</b>
<input type="checkbox"/> Chewing	_____ times used per day	_____
<input type="checkbox"/> Cigar	_____ cigars per day	_____
<input type="checkbox"/> Cigarettes	_____ packs per day	_____
<input type="checkbox"/> Pipe	_____ pipes per day	_____
<input type="checkbox"/> Smokeless	_____ times used per day	_____
<input type="checkbox"/> Snuff	_____ times used per day	_____

3) Have you been exposed to second hand smoke?

- Yes
- No