

Middlesex DUI Program

**Smoking / Tobacco Use
Survey**

Your Name: _____

Date: _____

Have you smoked or used any other tobacco products in the past 3 months?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If, No - Stop Here, Survey is Complete.

If, Yes - Please Answer The Following.

Cigarette Use

None

Less than 1/2 pack per day

1/2 to 1 pack per day

More than 1 pack per day

When did you most recently smoke a cigarette?

Other Tobacco Products Which You Normally Use - What and How Often?

If Any List Below:

None

What preparations, if any, have you made to comply with the DUI Program's Tobacco-Free Policy?

—

