

TOBACCO USE QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: _____ DOB: _____

1. Do you use any of the following tobacco products, if so, how much and for how long?

- a. Cigarettes _____
- b. Cigars _____
- c. Pipe _____
- d. Chewing tobacco _____
- e. Other (please explain) _____

2. If you have been a user of tobacco products in the past:

- a. When did you quit (month and year is required) _____
- b. How much did you use prior to quitting _____
- c. Why did you quit?
 - 1. Was it due to medical reasons, if so, please explain _____
 - 2. Other reasons, please explain _____

3. Please indicate name of physician _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

Please circle the associate you work with. Russ, Rhonda, Leo