



# BEAT THE PACK PROGRAM INITIAL SURVEY

**Welcome to the Beat the Pack™ program!** Please take a few minutes to answer these questions. Your answers will be kept confidential. The results will be compared with your tobacco status when you finish the program to help measure the program's success. The outcomes will help us to improve the program in the future.

Name: \_\_\_\_\_

1. How many years have you smoked or used smokeless tobacco? \_\_\_\_\_
2. Have you ever tried to quit using tobacco?
  - I have wanted to quit but have not tried. \_\_\_\_\_
  - I have tried in the past but have not had success. \_\_\_\_\_
  - I quit in the past but started to use nicotine again. \_\_\_\_\_
3. How many times have you tried to quit in the past? \_\_\_\_\_
4. If you quit before, how long did you go without using tobacco?
  - Less than 1 month \_\_\_\_\_
  - 1-3 months \_\_\_\_\_
  - 4-6 months \_\_\_\_\_
  - 7-9 months \_\_\_\_\_
  - 10-12 months \_\_\_\_\_
  - Over 1 year \_\_\_\_\_
5. Do you think you will quit using tobacco in this program?
  - Yes \_\_\_\_\_
  - No \_\_\_\_\_
  - Not sure \_\_\_\_\_

**Optional:**

6. What other programs or methods have you used in the past to try to quit using tobacco?

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