



PARTICIPANT REGISTRATION/HISTORY



Please complete the following information to be used only by the facilitator.

Name: _____
Last First Middle or Maiden

Home Address: Street _____ City/State/Zip _____

Home Phone: (_____) _____ - _____ Work or Cell Phone (_____) _____ - _____

Email Address: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Place of Employment: _____ Occupation: _____

Gender: Male Female Race: African American Hispanic Caucasian Other

1. What is the highest level of education you have completed?
 Some High School or Less High School Diploma or GED Technical School/Associate Degree
 College Degree or Higher Other (please specify) _____

2. What medical insurance do you have? (check all that apply) No Insurance Private Insurance
 Medicaid Medicare Veterans Benefit Other

3. How did you find out about this program? (check all that apply) Newspaper Radio Physician
 Family/Friend Employer Other (please specify) _____

4. What motivated you to enroll in this class? (check all that apply)
 Personal Health Issues/Poor Health Family Health Smoking Bans Cost of Tobacco Other

5. Have you participated in "Cooper Clayton Method to Stop Smoking" classes in the past? Yes No

6. How many years have you smoked? Less than 5 5-15 16-25 26-35 36 or More

7. How many times have you tried to become a non-smoker (prior to this class)? 1-5 6-10 11 or More

8. How many cigarettes do you smoke on a typical day? Less than 1 pack 1-2 packs 2 Packs or More

9. Did you use any tobacco products other than cigarettes before this class? (check all that apply)
 Smokeless Tobacco Cigar Pipe Other (please specify) _____

10. What type of Nicotine Replacement Therapy or medication have you used? (check all that apply)
 Nicoderm CQ Patch Commit Lozenge Nicorette Gum Inhaler
 Chantix Wellbutrin (Zyban SR) Other (please specify) _____

11. May we contact you after this program has ended to follow your progress? (Check One) Yes No

If yes, please provide the contact information of a friend or relative who could tell us how to contact you in the next year.

Name: _____ Relationship: _____

Street _____ City/State/Zip _____

Phone: (_____) _____ - _____ Email: _____