

Patient Questionnaire(PLEASE COMPLETE BOTH SIDES):

In order to comply with federal guidelines I must collect your response to the following questions.

Name: _____

With what race do you identify (please select one)?

(The choices are dictated by the criteria adopted by the U.S. Census. Hispanic is designated as an ethnicity rather than a race.)

- African or African American
- Asian or Asian American
- Caucasian or European American
- Native American or Native Alaskan
- Native Hawaiian or other Pacific Islander
- Other _____

Ethnicity

- Hispanic
- Non-Hispanic
- Decline to state

What is your preferred language? _____

TOBACCO USE:

Do you use tobacco? Yes No
Have you ever used tobacco? Yes No

- Chew - #/day _____ Pipe - #/day _____ Cigars - #/day _____
- Cigarettes - Pks/day _____
- # of Years _____
- Year Quit _____

