**Grow Smokefree Children**

**Registration**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ECE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many cigarettes do you smoke a day? \_\_\_\_\_\_\_\_\_\_\_\_\_

How soon after you wake up do you have your first cigarette? \_\_\_\_\_\_\_\_\_\_\_

Is your goal to quit smoking? Yes Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No Why Not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or to reduce the number of cigarettes Yes No

 Please circle a number to let us know how keen you are to quit

 I-------------------------------------------------------------------------------------------------------------I

not keen 0 1 2 3 4 5 6 7 8 9 10 very keen

 Do you currently smoke in your home? Yes No

 How many others smoke in your home? \_\_\_\_\_\_\_\_\_

 Is your goal to have a smokefree home? Yes No

 Please circle a number to let us know how keen you are to have a smokefree home

 I-------------------------------------------------------------------------------------------------------------I

not keen 0 1 2 3 4 5 6 7 8 9 10 very keen

Do you currently smoke in your car? Yes No

Do others smoke in your car? Yes No

 Is your goal to have a smokefree car? Yes No

 Please circle a number to let us know how keen you are to have a smokefree car

 I-------------------------------------------------------------------------------------------------------------I

not keen 0 1 2 3 4 5 6 7 8 9 10 very keen