



**Miami-Dade Area Health Education Center
 Tobacco Program
 8600 N.W. 53rd Terrace, Suite 200
 Miami, Florida 33166
 (305) 597-3640
 FAX: (305) 592-3704
 SmokeFree@mdahec.org**



Tobacco Cessation Support Referral Form

Please complete by circling or writing in your answers.

Do you smoke your first cigarette within 30 minutes of waking up?	Yes	No
Would it be harder for you to give up your first cigarette in the morning than any other one during the day?	Yes	No
Is it hard to keep from smoking in places where you are not supposed to? (Examples: hospitals, airplanes, stores.)	Yes	No
How many cigarettes per day do you smoke?	_____	
	write number	
Do you smoke more when you first wake up than during the rest of the day?	Yes	No
Do you wake up in the middle of the night to have a cigarette?	Yes	No
Do you smoke even when you are sick?	Yes	No
Have you ever tried to quit smoking in the past?	Yes	No
Are you interested in just talking to someone about maybe quitting smoking?	Yes	No
Do you want to quit smoking?	Yes	No

Name: _____ Phone Number: _____

Mailing address: _____

Street Apt.

City State Zip Code

E-mail: _____

I give permission to Miami-Dade AHEC's Smoking Cessation Program to contact me to offer free smoking cessation assistance? YES NO

Signature: _____ The best time to contact me is: _____

Please return form to Miami-Dade AHEC

Referral Source: _____

