TTQ Teen Client Registration Form

General Information

1. Client ID (###AHEC) _____

2. Client AHEC _____

3. Client Age _____

4. Client Grade

- ○ 6th
- ○ 7th
- ○ 8th
- ○ 9th (Freshman)
- ○ 10th (Sophomore)
- ○ 11th (Junior)
- ○ 12th (Senior)

5. Date of Course (mm/dd/yyyy) _____
Start Date

6. Course Number (if applicable) _____

Current Tobacco Use

7. What tobacco/nicotine products have you used in the last 30 days? *(Select all apply)*

- ☐ Cigarettes
  Number of cigarettes per day: _____
- ☐ E-Cigarettes or other vaping products
  Number of vape pods/pens per week: _____
- ☐ Cigars
  Number of cigars per day: _____
- ☐ Pipes
  Number of pipes per week: _____
- ☐ Pit or smokeless tobacco
  Number of cans of dip/snuff per week: _____
- ☐ I have not used tobacco in the past 30 days
- ☐ Other (please specify) _____

8. What influences you to use tobacco/nicotine products? *(select all that apply)*

- ☐ Peers
- ☐ Family
- ☐ Curiosity
- ☐ Stress
- ☐ Other (specify) _____

9. Do you currently use tobacco/nicotine every day, some days, or not at all?

- ○ Everyday
- ○ Some Days
- ○ Not at all

Quit Plans

10. Are there any barriers that will interfere with your ability to quit tobacco/nicotine?

- ☐ Mental Health
- ☐ Stress
- ☐ Peer Influence
- ☐ Other _____

11. On a scale of 0-10 how interested are you in quitting tobacco/nicotine products?

0 (not interested)	1	2	3	4	5	6	7	8	9	10 (very interested)
	○	○	○	○	○	○	○	○	○	○

Heard About Program

12. How did you hear about this course?

- ○ Self-Referral
- ○ School Required
- ○ Parent
- ○ Other (please specify) _____

13. Are you required to be here?

- ○ Yes
- ○ No

Demographic Information

14. Are you Hispanic, Latino, Latina, or of Spanish origin?

- ○ Yes
- ○ No
- ○ Prefer not to say

15. What best describes your race? *(select all that apply)*

- ○ American Indian or Alaska Native
- ○ Asian or Asian American
- ○ Black or African American
- ○ Native Hawaiian or other Pacific Islander
- ○ White
- ○ Prefer not to say
- ○ Other (please specify) _____

16. What is your primary language?

- ○ English
- ○ Spanish
- ○ Other (please specify) _____

17. What is your gender identity?

- ○ Male
- ○ Female
- ○ Transgender Female (MTF)
- ○ Transgender Male (FTM)
- ○ Genderqueer / Gender non-conforming
- ○ Prefer not to say
- ○ Other (please specify) _____

18. What terms best describe your sexual orientation?

- ○ Straight
- ○ Gay or Lesbian
- ○ Bisexual
- ○ Other (please specify) _____