



A Program of Washington County Health Partners

Tobacco Quit Kit Registration Card

Instructions: Form must be completely filled out to qualify for the kit. Circle or fill in the appropriate response (e.g., 1, 2). You must be 18 years of age or older, and a resident of Washington County.

Name: _____ Address: _____

City/State/Zip Code: _____

Telephone: _____ E-Mail: _____

- 1) Do you use: 1 Cigarettes, 2 Chew/Snuff, 3 Other (pipe, cigar, bidi, etc.)
2) How long have you been using tobacco products? days, weeks, months, years
3) Are you interested in quitting? 1 YES, 2 NO
4) Which of the following statements best describes how ready you are to make changes in your use of tobacco products?
5) How sure are you about your answer to Question number 4? 1 Very confident, 2 Somewhat confident, 3 Not very confident
6) Do you have a smoke-free home? 1 YES, 2 NO
7) Are you interested in making a pledge to choose not to smoke in your home and not to allow others to do so? 1 YES, 2 NO
8) Do you have a smoke-free vehicle? 1 YES, 2 NO
9) Are you interested in making a pledge to choose not to smoke in your vehicle and not to allow others to do so? 1 YES, 2 NO
10) Please indicate where you received this pledge: _____

I understand that my information will not be sold or used for any purpose other than to contact me on tobacco-related issues. I attest that I am at least 18 years of age and a Washington County resident.

Signature _____ Date _____



Phone 724-222-6511 E-mail info@wchpinc.org