

New Year Resolution Project
Survival Kit Distribution Drawing Form
(Revised 1-7-09)



Date _____

Name

Address

City Zip

Phone () - Cell () -

E-mail

1. Pick Up survival kits for: Self Friend(s): # _____
 Family: # _____ Coworker(s): # _____

2. How did you learn about the New Year Quit Smoking Resolution Project?
 Radio: Specify _____
 Referred by Friend/Relative/Co-Worker
 Sign/Tent/Booth
 Workplace Flyer/E-mail/other
 TV: KHON-2 KITV-4 K-5 KGMB-9 NBC-8
 Newspaper: Specify _____
 Other _____

3. Your Gender?
 Female Male

4. Your Race/Ethnicity (Select only one that you identify with the most)
 Hawaiian Samoan Pacific Islander Filipino Japanese/Okinawan
 Chinese Korean Mexican or Hispanic Caucasian
 Black/African American Other _____

5. Are You Hawaiian?
 Yes No

6. Age: Under 25 25 - 34 35 - 44 45 - 54 55 - 64 65 and over

7. Can the ALAH contact you in the future? Yes No

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Nonsmokers Do Not Answer Questions 8 – 12

8. If you are a smoker, check which one applies to you?
- (1) Not Ready to Quit (2) Thinking About Quitting
 (3) Preparing to Quit (4) Quitting Less than 6 months
 (5) Quit more than 6 months (6) Start Smoking Again
9. Do you smoke cigarettes everyday or some days?
- Everyday Some days
10. How many cigarettes do you smoke on an average?
- 1-5 6-10 11-15 16-20 1 or more Packs
11. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- Yes No
12. At what age did you begin to smoke? _____

Thank you for completing this survey!