

# Nicotine Addiction Study

## Written Survey

Name Linda Marshall Age 35

1. Have you ever tried nicotine products? ☒ Yes ☐ No
2. If so, what products have you tried, and how did they make you feel? Cigarettes  
They made me cough, and then I felt very unwell and anxious
3. Do you currently use tobacco products?
- ☐ Yes (continue on to question 4)
- ☒ No (skip to question 5)
4. a. How much nicotine do you use per day (number of cigarettes smoked, pieces of nicotine gum chewed, etc.)? \_\_\_\_\_
- b. How old were you when you started using nicotine? \_\_\_\_\_
- c. Describe how you started using nicotine. \_\_\_\_\_
- d. Have you ever tried to stop using nicotine? ☐ Yes ☐ No
- e. If yes, what happened? \_\_\_\_\_
5. Describe any general medical conditions you may have. \_\_\_\_\_
6. List any prescription medication you are currently taking.  
None