

Nicotine Addiction Study

Written Survey

Name Peter Marshall Age 20

1. Have you ever tried nicotine products? ☐ Yes ☒ No

2. If so, what products have you tried, and how did they make you feel? _____

3. Do you use 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