



Are You Ready To Quit Smoking?

Name: _____ Date: _____ DOB: _____

1. How soon after you wake up do you smoke your first cigarette?
 - Within 5 minutes
 - 6-30 minutes
 - More than 30 minutes

2. Which of the following statements best describes you interest in quitting:
 - I wish to quit now
 - I want to quit smoking soon, but not right away
 - I want to continue smoking but have thought about quitting
 - I want to continue to smoke and have no interest in quitting

3. How many serious attempts (one day or more) have you made at quitting smoking in the past year?

<input type="checkbox"/> 0	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 5
<input type="checkbox"/> 2	<input type="checkbox"/> 6 or more
<input type="checkbox"/> 3	

4. How much pressure do you get from family members or close friends to stop smoking?

<input type="checkbox"/> No pressure	<input type="checkbox"/> Lot of pressure
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5. Do you worry that you smoke more than is safe?
 - Not at all
 - Sometimes
 - Most of the time

6. Have you tried quitting in the last six months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Lifetime Health & Wellness

7. What method(s) have you used to help you stop smoking in the past?

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cold Turkey | <input type="checkbox"/> Hypnosis |
| <input type="checkbox"/> Nicotine patch | <input type="checkbox"/> Group stop smoking clinic/program |
| <input type="checkbox"/> Nicotine gum | <input type="checkbox"/> Acupuncture |

8. How many years have you been smoking?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 5 | <input type="checkbox"/> 16 to 20 |
| <input type="checkbox"/> 5 to 10 | <input type="checkbox"/> More than 20 |
| <input type="checkbox"/> 11 to 15 | |

1. Which of the following would keep you from succeeding in stopping smoking?

(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No will power | <input type="checkbox"/> Little support from family or friends |
| <input type="checkbox"/> Fear of failure | <input type="checkbox"/> Cravings to smoke are too intense |
| <input type="checkbox"/> Too much stress | <input type="checkbox"/> Fear of weight gain |

2. In an average day, how many cigarettes do you usually smoke?

- | | |
|--|--|
| <input type="checkbox"/> Less than half a pack | <input type="checkbox"/> 2 to 3 packs |
| <input type="checkbox"/> Half to 1 pack | <input type="checkbox"/> More than 3 packs |
| <input type="checkbox"/> 1 to 2 packs | |