



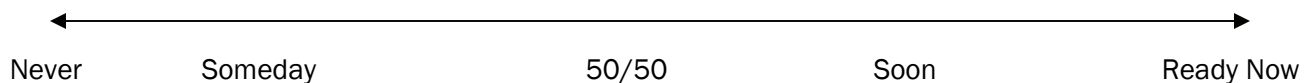
SMOKING ASSESSMENT

CIGARETTE/TOBACCO USE INFORMATION

1. How long have you been smoking? _____
2. What is the average # of cigarettes you smoke per day? >50 31-50 21-31 11-20 1-10
3. How soon after you wake up do you smoke? Within 30min. Between 31-60min After 60min.
4. Do any other members of your household smoke? Yes No
5. Do you use tobacco in any form other than cigarettes? Yes No
If so, what type? _____
How much? _____

READINESS TO QUIT

1. Most smokers are ambivalent about quitting smoking, *mark the line* where you think you fall on the Readiness Scale?



PAST ATTEMPTS TO QUIT

1. Have you tried to quit smoking before: Yes No
2. If so, why did you start smoking again? _____
3. How many times have you tried to quit? _____
4. What is the longest period of time you have quit for?
 >1yr 6mos-1yr 3-6mos
 1-3mos 1wk-1mo <1wk
5. What method have you used to quit smoking? (Check all that apply)
 Stopped/Cold Turkey Patch Counseling Cut down, then quit
 Gum Support Group Bupropion (Zyban, Wellbutrin)
Other _____

SMOKING CONCERNS

1. Why do you want to quit or are thinking about quitting smoking? (Check all that apply)
 Health Cost Social pressure Family
Other _____
2. What is your main concern about quitting?
 Stress Enjoyment Weight gain Cravings/Breaking Habit
 Withdrawal Fear Failure Depression
Other _____
3. What smoking/tobacco related problems have you been diagnosed with or think you might have?
 Chronic Bronchitis Emphysema Heart Disease Hypertension
 Inability to exercise Related Cancer(s) Low HDL "Good Cholesterol"