

Quit For You Assessment



1. In your lifetime, how many years have you smoked altogether? _____ years
2. On average, how many cigarettes do you smoke/day? (check one)
 10 or less cigarettes 11-20 cigarettes 21-30 cigarettes 31 or more cigarettes
3. What do you LIKE about smoking? _____

What do you DISLIKE about smoking? _____

4. Do you feel you are currently ready to make an attempt to quit?
 Yes No Unsure
5. In the past year, how many times have you tried to quit smoking for at least 24 hours? (circle one)
0 1 2 3 4 5 6 7 or more
6. What methods have you used to quit smoking cigarettes in the past? (check all that apply)

Behavioral:

- Cold turkey
- Counseling
- Reduction/cutting back
- Hypnosis
- Acupuncture
- Other

Products:

- Nicotine gums/lozenges
- Nicotine patches
- Over-the-counter nicotine inhaler
- Electronic cigarettes
- Other

Prescription medications:

- CHANTIX (varenicline) tablets
- Bupropion hydrochloride (Zyban, Wellbutrin)
- Nicotrol inhaler/nasal spray

Please review the following statements on a scale of 1 through 5, with **1** being *completely disagree* and **5** being *completely agree*.

7. **I want to quit smoking for my own personal reasons, not because I feel pressured to quit by others.**

1	2	3	4	5
Completely disagree		Neutral		Completely agree

8. **I have a specific plan in mind to try to quit smoking.**

1	2	3	4	5
Completely disagree		Neutral		Completely agree

9. **I feel it will be very difficult for me to quit smoking.**

1	2	3	4	5
Completely disagree		Neutral		Completely agree

10. **I want to quit smoking because I worry a lot about how smoking affects my health.**

1	2	3	4	5
Completely disagree		Neutral		Completely agree

NOTES: _____

