Questionnaires

1. How old were you when you started smoking?
2. Did you think is would make you feel: grown-up, macho, part of the “in-crowd” or were you rebelling, being independent? (Circle your answers and add any other reasons.)
3. Did you ever quit? Yes/no. How? Cold turkey, patch, gum, other\_\_\_\_\_\_\_\_\_\_\_ (Circle)
4. When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long did you stay off?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What did you learn from this relapse?
6. How much do you smoke now? # Packs\_\_\_\_\_\_ # Cigarettes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What do you like about smoking? Relaxation, a break, stress-relief, concentration, it’s a friend, the smell, something to do with my hands, it’s just a habit. (Circle and add others.)
8. What activities do you associate most with smoking? Waking up, coffee, after meals, phone, driving, TV/computer, breaks, relaxing, alcohol, partying. (Circle and add others.)
9. Where do you smoke? Indoors, porch, outside, work, driving. (Circle and add others.)
10. Do any feelings trigger your smoking? Stress, frustration, boredom, loneliness, anger, sadness, need to concentrate, wanting to be like the others. (Circle and add others.)
11. Does anyone in your household smoke? Who?
12. Does anyone nag you about quitting? Who?
13. Who supports you in quitting?
14. “I want to stop smoking because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What do you dislike about smoking? (Circle and add others.)
2. Health problems/worries: lung disease, shortness of breath, cough, cancer, heart, blood pressure, low energy, medications, oxygen, Doctor’s concerns, wrinkles, early death.