

# SMOKE FREE ASSESSMENT

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ DOB \_\_\_\_\_

1) How long have you been a smoker?

- a) 1-5 years
- b) 5-10 years
- c) 10-20 years
- d) As long as I can remember

2) What was significant about the time that you began smoking?

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3) What significant others are smokers?

*(Circle all that apply)*

- a) Spouse/Partner
- b) Child(ren)
- c) Extended family
- d) Close friends

3) What do you gain from smoking?

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4) How much do you smoke per day?

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5) When do you smoke?

*(Circle all that apply)*

- a) First thing in the morning
- b) After meals
- c) While driving
- d) At work
- e) When consuming alcohol
- e) During stressful situations
- f) When bored
- g) When depressed
- h) Other

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6) Have you tried to stop smoking previously? If so, please provide details i.e. how long did you stop and what caused you to start again.

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7) What do you think led to these attempts not being successful?

*(You may circle more than one)*

- a) No willpower
- b) Easily influenced
- c) Fearful of being a non-smoker
- d) Lack of self-worth
- e) Depression

8) Why do you want to quit smoking now?

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9) What will be different this time?

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10) How do you feel when you think about quitting?

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12) How will your life be different when you are a non smoker?

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