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: ____________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________