

Are You Ready To Quit ?

1 How many days do you smoke? _____

2 On the days you smoke, how many cigarettes/cigars do you smoke? _____

3 When do you feel that cravings are the strongest?

- a) Morning
- b) Afternoon
- c) Evening
- d) Bedtime

4 How much do you pay for a pack? _____

5 Have you tried quitting before (yes or no)? If you answered yes:

a) Which methods did you adopt?

b) When was your last attempt to quit smoking?

6 Does anyone else in your household smoke? Yes or no

7 Select your quit date: _____

Note: The date you choose should be no longer than two weeks away.

8 How committed are you to stop smoking?

Circle the number that best represents your commitment.

Least committed 1 2 3 4 5 6 7 8 9 10 Very Committed