



## **Smoking History**

Name:						Sex: ☐Ma	ale <b>\( \rightarrow\)</b> Female	Date:		
	n after you wa	ıke up do	you smo	-	_					
☐ Within 5 minutes ☐			<b>□</b> 6-30	) minute	es .	☐ more than 30 minutes				
	the following		nts best o	describe	s you int	terest in quitting:				
☐ I wa	nt to quit smo	king soon	, but not	right av	way.					
☐ I wa	nt to continue	smoking	but have	e though	t about	quitting.				
	nt to continue er:					quitting.				
						made at quitting sr	noking in the pas	t year?		
<b>□</b> 0		2 🗆	] 3	<b>4</b>	<b>□</b> 5	☐ 6 or more				
	ch pressure do pressure	you get f		ily mem of press		close friends to stop	o smoking?			
5. Do you w	orry that you	smoke m	ore than	is safe?						
☐ Not at all			☐ Sometimes			☐ Mos	☐ Most of the time			
6. Have you	ı tried quitting	; in the las	st six moi	nths? 🗆	l Yes	□ No				
		you used 1		•	_	g in the past? (Checl				
☐ Cold Turkey			☐ Nicotine patch				tine gum			
☐ Hypnosis☐ Other:			☐ Acupuncture				ıp stop smoking c	:linic/progra	m 	
8. How mar	ny years have	you been	smoking	?						
☐ Less than 5			□ 5 to 10			☐ 11 to 15	<b>□</b> 16 t	to 20	☐ More than 20	
9. Which of	the following	would ke	ep you f	rom succ	ceeding	in stopping smoking	g? (check all that	apply)		
lacksquare Little support from family or friends					☐ Cravings to sr					
☐ Fear of weight gain				☐ No will power						
☐ Fear of failure☐ Other:						☐ Too much stre	ess 			
10. In an av	erage day, ho	w many c	igarettes	do you	usually :	smoke?				
☐ Less	than half a pa	ack	☐ Half	f to 1 pa	ck	☐ 1 to 2 packs	☐ 16 to 2	20 [	☐ More than 3 packs	