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Smoking Questionnaire

1. When did you start smoking cigarettes?
2. At what age did you first smoke?
3. How many cigarettes do you presently smoke per day?
4. What time of day do you smoke most heavily?
5. When do you smoke your first cigarette?
6. When do you enjoy a cigarette most?
7. How many times have you tried to stop in the past?
8. For how long were your other attempts successful?
9. Why did you resume smoking?
10. What are the three main reasons for your wanting to stop smoking?
11. What is the one main reason you are currently smoking?
12. Would you be unable to stop smoking right now for any reason?
13. On what date would you like to stop smoking?
14. Name other people who will appreciate or benefit from your non-smoking.
15. List three fears you may have of continued smoking.
16. What fear might you have of quitting smoking?