

Smoking Questionnaire

Name:

Age:

Marital Status:

Occupation:

Is your work stressful?

 No Moderately Very

Partners Name (if applicable):

Children:

Names:

Do any others in your family smoke?

 Yes No

How many cigarettes do you smoke in a day?

At what age did you start smoking?

Why did you start?

Peer pressure.

Rebel against authority.

To appear more adult.

Other:

What do you get from smoking?

It relaxes me.

It helps me to concentrate.

Its an excuse for a break.

It gives me a confidence boost.

Its a prop.

Other:

When do you smoke?

On waking.

At breakfast.

At work.

Driving.

On the phone.

After meals.

In bed.

With tea / coffee.

When drinking (alcohol).

Other:

Do you know someone who has died from a smoking related disease?

Yes

No

Do you know someone who is ill (due to smoking) now?

Yes

No

What frightens you about smoking?

What is important to you?

Who are you important to? Why?

How many times have you 'given up'?

When did you last try to give up?

How long did you last?

Why did you start again?

What is the longest that you have been without a cigarette in the last couple of years:
How did you feel emotionally during this time?

Has Your doctor mentioned your smoking? Yes No
Have you had any worrying symptoms? Yes No

Do you have any health problems?
 Heart problems Diabetes Asthma Ulcers
 High blood pressure
Other:

How long do you want to live?

Why?

Who is responsible for your health?

What will you be able to do as a non-smoker that you could not do before?

What will you do with the money that you save?

Do you really wish to commit yourself to stopping smoking? Yes No

What is stopping you?
