

Ready to quit?

EVALUATION QUESTIONNAIRE

Select your patient's response and write down their top responses for each topic. This tool can be copied for patient's charts or scanned into their electronic medical records.

For patients:

Put this somewhere in plain sight where you can look at it every day. If you've decided to stop smoking, it will help you stay focused on your commitment to quit. If you haven't decided yet, seeing how stopping could make a difference in your life may give you some food for thought.

1. What kind of smoker are you? (check one)

- Social smoker (# of cigarettes per outing?)
- Daily smoker (# of cigarettes per day?)
- Heavy smoker (1+ pack per day)

2. What are your thoughts about smoking? What do you like and dislike?

Like about smoking	Dislike about smoking

3. How motivated are you to consider stopping smoking? (check one)

- Not at all motivated
- Somewhat motivated
- Seriously considering

4. What are your top 3 reasons to change?

5. How will your life be different if you quit?

6. Have you tried to quit smoking previously? If so, how did you try to quit in the past? What happened?

7. On a scale of 1 (Not at all important) to 10 (Extremely important), how important is it that you quit smoking now? (circle answer)

1 2 3 4 5 6 7 8 9 10
Not at all important Extremly important

8. On a scale of 1 (Not at all confident) to 10 (Extremely confident), how sure are you that you could quit smoking now? (circle answer)

1 2 3 4 5 6 7 8 9 10
Not at all confident Extremly confident