

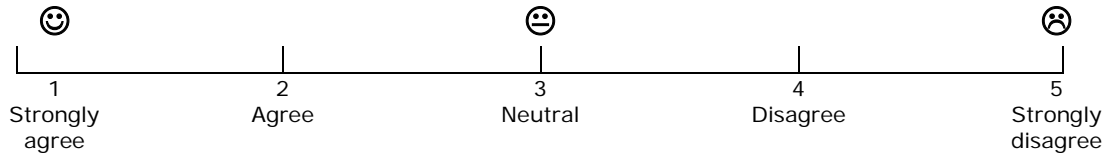
Date: _____

Name: _____

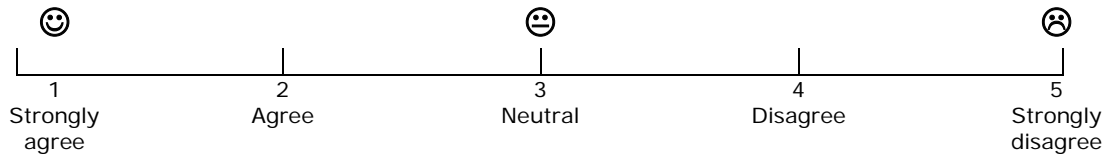
Smoking Cessation Interview

On a scale from 1 to 5, please circle the number that responds to these statements:

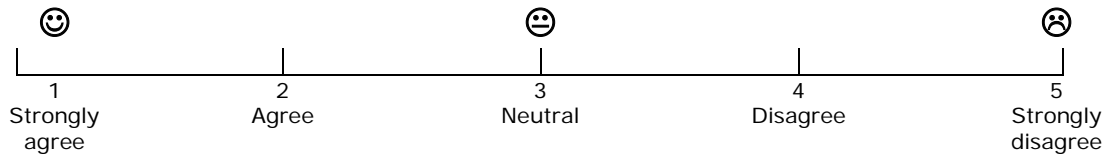
I get a lot of pleasure from smoking.



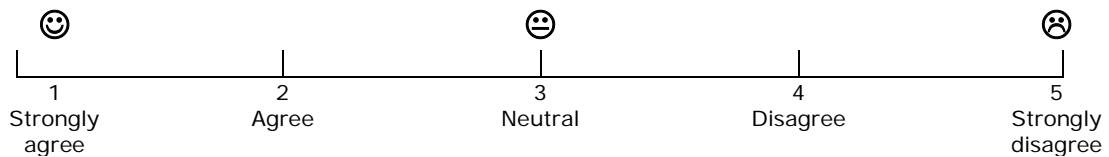
I feel guilty when I smoke.



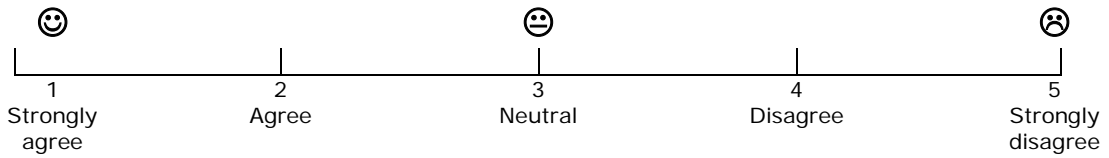
Smoking helps me manage my emotions.



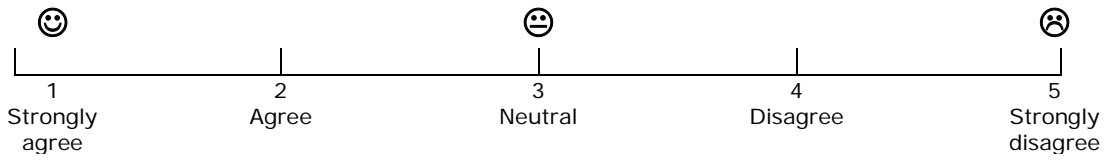
I feel good physically when I smoke.



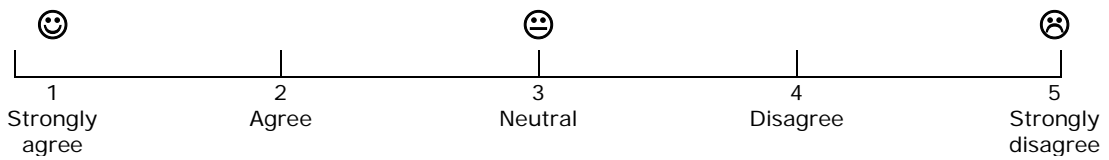
If I did not smoke, I would have less of a social life.



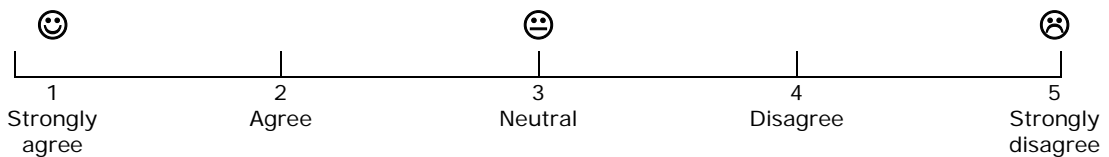
I am concerned about my health and smoking.



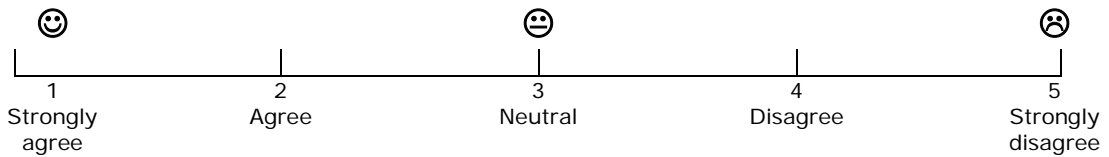
I am ready to quit smoking.



I am confident to make this change.



Getting professional support is important for me to quit smoking.



How long have you smoked? How did you start?

How many cigarettes do you currently smoke in one day?

What are your reasons for smoking?

Where do you tend to smoke?

When do you tend to smoke?

What is your favourite part about smoking?

What is your least favourite part about smoking?

Who in your life wants you to keep smoking?

Who in your life wants you to stop smoking?

How many times have you tried to quit?

What was the longest you quit?

What took you back to smoking?

What do you think the benefits are for quitting?

What do you think the risks are for not quitting?

What are your concerns about quitting?

What is getting in the way of you quitting?

What are your concerns about continuing to smoke?

How much time in a day do you spend thinking about and planning smoking?

How do you relax and reward yourself?

How do you manage stress and anger?

Where do you see yourself in 3 months regarding smoking? In 6 months?
In 1 year?

What do you need from these sessions to help you become a non-smoker?