

# SMOKING CESSATION ASSESSMENT FORM

Welcome to the University of Pittsburgh National Smoking Cessation Program!

Please take a few minutes to answer the following questions, so that your pharmacist can determine the best ways to help you. Your answers are confidential.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

1. Check the box that best describes you:

- I am smoking and preparing to quit.
- I am smoking and just starting to think about quitting.
- I quit smoking less than three weeks ago.
- I quit smoking three or more weeks ago.

If you checked "I am smoking and preparing to quit," please answer the remaining questions.

If you checked one of the other three choices, please return this form to your pharmacist. You will be given one of six smoking cessation information packets with helpful tips that match exactly where you are in the quitting process.

2. What is your quit date? \_\_\_\_\_  
(Note: If you have not set a quit date, we recommend that you choose a day within the next two weeks.)

3. On the average, how many cigarettes do you now smoke in a day? \_\_\_\_\_

4. How many years have you smoked? \_\_\_\_\_

5. Do you plan to use a nicotine replacement product? (Check one.)

- Yes, a patch (Which one, if known?) \_\_\_\_\_
- Yes, Nicorette gum
- Yes, nasal spray
- No
- Don't know

6. Why do you want to quit now? (Check all that apply.)

- Health
- Social pressure (no longer acceptable)
- Family pressure
- Cost
- Other \_\_\_\_\_

7. What is your main concern about quitting? (Check one.)

- Dealing with stress
- Weight gain
- Fear of failure
- Withdrawal
- Habit

8. If you have tried to quit before, think back to your last attempt. Why did you start smoking again? (Check all that apply.)

- I couldn't deal with the cravings.
- Stress was too much to handle.
- I was drinking.
- I really missed my cigarettes.
- I was with other smokers and couldn't resist.
- I was gaining weight.
- I couldn't break the habit of smoking in certain situations.
- I had trouble using nicotine replacement products.
- I have never tried to quit before.

9. Finally, almost everyone is tempted in stressful situations. Which of these situations would greatly tempt you to smoke? (Check all that apply.)

- Drinking/socializing
- Sitting at the table after a meal
- Seeing people smoking around me
- Automatically lighting up a cigarette
- Other: \_\_\_\_\_

Once you have completed all the questions, return this form to your pharmacist. Take a few minutes to review your answers with him or her and to ask any questions you may have.

Your pharmacist is a Certified Smoking Cessation Specialist who has been specially trained to help people just like you kick the habit. You will receive printed materials with information designed for your particular smoking cessation needs.