

# Freedom From Smoking

## Are You Ready to Quit Smoking?

| Questionnaire 1  |     | <i>Are You Ready to Quit Smoking?</i> |  |
|--|-----|---------------------------------------|--|
| <i>Please answer questions by circling YES or NO.</i>  |     |                                       |  |
| Question   |     |                                       |  |
| 1. <i>Do I want to quit smoking for myself?</i>  | YES | NO                                    |  |
| 2. <i>Is quitting smoking a #1 priority for me?</i>  | YES | NO                                    |  |
| 3. <i>Have I tried to quit smoking before?</i>   | YES | NO                                    |  |
| 4. <i>Do I believe that smoking is dangerous to my health?</i>   | YES | NO                                    |  |
| 5. <i>Am I committed to trying to quit even though it may be tough at first?</i>   | YES | NO                                    |  |
| 6. <i>Are my family, friends, and co-workers willing to help me quit smoking?</i>  | YES | NO                                    |  |
| 7. <i>Besides health reasons, do I have other personal reasons for quitting smoking?</i>   | YES | NO                                    |  |
| 8. <i>Will I be patient with myself and keep trying if I backslide?</i>  | YES | NO                                    |  |
| <p><i>If you answered YES to 4 or more of these questions, you are ready to quit smoking. GOOD LUCK!</i></p> <p><i>If you scored under 4, please talk to your Freedom From Smoking Clinic Facilitator.</i></p> |     |                                       |  |