



## Smoking Cessation Interview Form

Name \_\_\_\_\_

How many cigarettes do you smoke a day?

1-5 \_\_\_ 5-10 \_\_\_ 10-15 \_\_\_ 15-20 \_\_\_ 20-30 \_\_\_ 30+ \_\_\_

Average weekly cost?

\$5 \_\_\_ \$5-10 \_\_\_ \$10-15 \_\_\_ \$15-20 \_\_\_ \$20-25 \_\_\_ \$25-30 \_\_\_ \$30+ \_\_\_ **x52=** \_\_\_/yr

How long have you been smoking? \_\_\_\_\_

Age you first started smoking? \_\_\_\_\_

Reason for starting? \_\_\_\_\_

What was happening in your life at that time? \_\_\_\_\_

Other people in your family that smoke?

Father \_\_\_ Mother \_\_\_ Sister \_\_\_ Brother \_\_\_ Son \_\_\_ Daughter \_\_\_ Grandchildren \_\_\_

How do they feel about you smoking? \_\_\_\_\_

Where do you smoke the most?

Work \_\_\_ Home \_\_\_ Car \_\_\_ Relaxing \_\_\_ Eating \_\_\_ Coffee \_\_\_ Alcohol \_\_\_ Reading \_\_\_

Reasons for wanting to stop now?

Health \_\_\_\_\_ Financial \_\_\_\_\_

Self-Image \_\_\_\_\_ Smell \_\_\_\_\_ Other \_\_\_\_\_

When might you be tempted? \_\_\_\_\_

With whom might you be tempted? (names) \_\_\_\_\_

What are some of the benefits you get from smoking?

It's relaxing \_\_\_ It's a friend \_\_\_ It's something I can control \_\_\_ Keeps me thin \_\_\_ Gives me energy \_\_\_

Gives me time alone \_\_\_ Keeps people away \_\_\_ Feel independent \_\_\_ Other \_\_\_\_\_

Have you been able to stop in the past? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

What method did you use? \_\_\_\_\_

Reasons for starting again? \_\_\_\_\_

How would you be different if you were able to release cigarettes from your life once and for all?

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\_\_\_\_\_