



Cornwall and Isles of Scilly



Health
Promotion
Service

Stop Smoking Service



Cornwall and Isles of Scilly

Smokers Questionnaire

Please complete this form before your appointment with the Stop Smoking Advisor

Name _____

Date of Birth _____

Post Code _____

Are you eligible for free prescriptions? Yes No

Please circle on the lines below to indicate:

How important is giving up smoking to you?

0 1 2 3 4 5 6 7 8 9 10
not important _____ very important

How confident are you in stopping smoking at this attempt?

0 1 2 3 4 5 6 7 8 9 10
not confident _____ very confident

What are your main concerns about stopping?

(e.g. Putting on weight, dealing with cravings)

What will be the benefits of stopping?

(e.g. saving money, better health etc ...)

Have you ever tried stopping smoking before? YES NO

If YES, have you used any of these methods to help the quit attempt?

- Cold turkey
- Nicotine Replacement
- Cutting down
- Hypnosis
- Acupuncture
- Joining a group
- Other

How soon do you smoke after waking up?

30 mins or less 30 min – 1 hour more than 1 hour

How many cigarettes/ tobacco do you smoke on a typical day? _____

How much help and understanding would you expect from family / friends when you stop?:

None Some A lot