**Client Questionnaire About Smoking**

Name:………… email or cel…………………..

On a scale of 1 – 10, how badly do you want to stop smoking? ……………………

When did you start smoking?

Please tell me why you started?

* Peer pressure
* Rebelling against authority
* Mother or Father smoked
* To appear more adult
* To appear more sophisticated
* Other

How many do you smoke a day? Which brand do you smoke?

For how long have you smoked that many?

What do you get from smoking?

* It relaxes me
* It helps me concentrate
* Its an excuse for a break
* It gives me a confidence boost
* It’s a prop
* Other

When do you smoke?

* On waking
* At breakfast
* With tea/coffee
* After meals
* On the telephone
* Whilst driving
* At work
* In bed
* Other

What frightens you about smoking?

Do you know someone who

* Died from a smoking related disease
* Who is ill now?

Who is important to you?

WHY

What else is important to you?

Has your doctor mentioned your smoking to you?

Have you had any warning signals or symptoms?

Do you have any health problems?

How long do you want to live? Why?

Whose responsibility is your health?

What will you do as a non-smoker that you couldn’t before?

What will you do with the money you save?

What is stopping you?

What are the main reasons for you to stop:

1.

2.

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