

STOP SMOKING QUESTIONNAIRE

WHEN

I smoke when I am feeling

lonely
isolated
ignored
unhappy
stressed
insecure
awkward
uncomfortable
unimportant
bored
angry

other _____

YES

NO

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WHERE

I smoke too much

in the car
in front of the TV
at meals or after meals
at my desk
in the employees' lounge
as I commute
bar or social events

other _____

YES

NO

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WHY

I smoke whenever I need

companionship
a break in the routine
comfort
relaxation
to control my desire for food
to be noticed
to look occupied

YES

NO

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WHEN

NEW OPTIONS

WHERE

WHY

CONFIDENTIAL CLIENT INFORMATION

TOBACCO CESSATION PROGRAM

NAME _____ DATE _____

ADDRESS _____ DATE OF BIRTH _____

Date or age of first usage _____ Current use? _____

What problems have you experienced from tobacco usage? _____

What attempts have you made in the past to quit? _____

What method was the most successful for you? _____

What are your reasons for now becoming tobacco free? _____

Are you now under medical care? Explain _____

Are you now or have you ever been under psychiatric care? Explain _____

How did you hear of this program? _____

I am choosing to participate in this Stopping Tobacco program of my own free will. I understand this program will include a variety of alternative approaches and I agree to participate willingly with the treatment suggested. I understand that there are no stated or implied guarantees with this program and that my success will be determined greatly by my participation. I also understand that if I am currently under medical care, that I will advise my Doctor of my desire to quit and my participation in this program. I will seek medical advice at any time that I have concerns for my health.

Signature _____

STOPPING TOBACCO PROGRAM BEHAVIORAL MODIFICATIONS

I _____ am choosing to participate in this Stopping Tobacco program of my own free will. I am committed fully and completely to my good health and well being and I do hereby declare that I will maintain the following behavior modifications to the best of my ability.

My quit date is _____.

1. Each time I desire to use tobacco, I will now first ask myself if I really want to smoke or chew. If I really want to smoke or chew I will wait a minimum of 15 minutes and or contact my buddy before I will continue. I will keep a journal/log of my experiences related to this.
My buddy (s) is/are _____.
2. Each time I desire to smoke, I now will do nothing else but smoke. Each time I desire to smoke I will now stand to smoke, use my opposite hand and place the cigarette between my middle finger and ring finger.
3. If I am continuing to smoke while I'm in the process of quitting permanently I will now change my brand of cigarettes from/to _____ and change from a lighter to matches. I will smoke only those cigarettes I purchase (no bumming) and I will clean and remove all ashtrays.
4. Other behaviors that I will change _____

5. I will now increase my intake of fluids that are decaffeinated; ie: water, grapefruit and cranberry type juices.
6. If I feel the need to have something in my mouth, I will now have on hand a supply of carrot/ celery sticks and/or cinnamon flavored sugarless gum.
7. I will purchase 2 new toothbrushes. One I will use right away as I am cutting back and the other to use when I have stopped smoking completely. I will frequently rinse with cinnamon mouthwash.
8. Each day I will affirm my desire to be free of the smoking habit and my ability to be successful in obtaining my goal. I will write/speak my affirmations each day.
9. I will be aware of any unusual feelings or behaviors I am experiencing during this program and will be open to exploring the changes I am experiencing.
10. I will now incorporate some form of exercise in my weekly routine to assist in my choice to improve my overall health and well being.
11. I will practice self- hypnosis or meditation at least once each day, focusing on my goal.
12. I will monitor my health and will consult my doctor should I experience any sudden unpleasant changes. If I choose to use NRT's with this program I will use them as directed by my Dr. or the manufacture.

(Signed)

(Date)

My Tobacco Excuses

Name _____ Date _____

On a scale of 1-5 rate the following statements.

- 1 – I do not agree with this statement.
- 2 – I somewhat agree with this statement.
- 3 – I agree with this statement most of the time.
- 4 – This is some concern to me.
- 5 - This is a major concern for me.

- 1. I'm afraid if I quit I'll gain weight.
- 2. The withdrawal symptoms aren't worth the effort.
- 3. I've tried before and nothing works.
- 4. I live with, or associate with other smokers who don't plan to quit.
- 5. I haven't experienced any health problems, so I see no reason to quit.
- 6. The damage has already been done to my health so why quit now.
- 7. I have family and/or friends who have been smoking for years and they seem to be fine.

Of the above statements, which is the biggest excuse for you? Now spend some time and write about your feelings regarding that statement.

SEEING YOURSELF AS HEALTHY AND TOBACCO FREE

Your ability to change a habit ultimately depends on how you see yourself and what you believe most about yourself, consciously and unconsciously. Your success depends largely on two factors; the strength of your desire to stop smoking and the strength of your belief that you can stop smoking. If you continue to see yourself as a smoker, chances are you will continue to act out that belief. If you begin to see yourself as **tobacco free**, your subconscious mind will direct you to live the role of being **tobacco free**.

As a smoker, some of your past self-talk may have sounded like the statements listed below:

I've tried but I just can't seem to quit.

When I stop smoking I gain weight.

I smoke to relax.

When I'm around other smokers I've got to have a cigarette.

I enjoy smoking.

Turn these statements around to:

I am now tobacco free, and I am proud of myself.

I am now free from the desire to smoke.(to use tobacco)

My lungs are strong and healthy. I am able to breathe deeply and fully.

Being tobacco free is easy for me and it is the natural way for me to be.

Now I am relaxed, confident and smoke free. (tobacco free)

The suggestions you use should be positive ones, ones that will accomplish your desired results. Keep suggestions short. Beginning your affirmation with the word now is very helpful. Choose your most important objective and concentrate on that one only. As you begin to notice positive changes, then you can move on to another objective.

My affirmation is _____
