

## Smoke Free Life Questionnaire

Please answer each question fully and honestly. All of your answers will be treated in confidence.

1) How many cigarettes do you currently smoke a day?

2)

a) What age did you have your first cigarette?

b) What were the circumstances of your first cigarette?

3) When did you become a regular smoker?

4) What do you associate with smoking?

5) How many times have you attempted to stop smoking?

6) Explain, what happened in each event for you to resume the smoking habit again?

7) What are your smoking triggers, i.e. people and situations that create an instant desire for you to smoke e.g. drinking, eating, in-depth discussions etc?

8) On a scale of 1-10 how committed are you to stop smoking?