

# PERSONAL SMOKING SURVEY

Why do I want to give up smoking?

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How old was I when I started to smoke? \_\_\_\_\_

Have I known anyone who died from a smoking-related disease? \_\_Yes \_\_No

If yes, who? \_\_\_\_\_

What makes me keep smoking?

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What do I like most about smoking?

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What is my favorite cigarette of the day? \_\_\_\_\_

What about smoking a cigarette would I would really miss if I stopped?

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What is it about smoking that I bothers me the most?

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How many times have I tried to quit before? \_\_\_\_\_

What is the longest time period that I have ever been without cigarettes? \_\_\_\_\_

What was the reason why I wasn't smoking then?

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How confident do I feel that I can stop smoking this time?

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