

East West Laser Concepts Smoking Questionnaire

How many cigarettes do you smoke a day? _____

Do you smoke when you:

WAKE UP _____

DRIVE _____

DRINK COFFEE OR TEA _____

AFTER MEALS _____

DRIVING _____

WORK _____

WORK ON THE COMPUTER _____

WATCH T.V. _____

BREAK TIME AT WORK _____

WITH FRIENDS _____

DRINK _____

IN BED _____

BORED _____

OTHER _____

Which activities cause you to smoke the most?

Do you smoke in your home? _____

Do you smoke in your car? _____

What problems are caused by the fact that you smoke? (smell like cigarettes, leave the table to go out and smoke at restaurants, etc.)

How much do you like to smoke, on a scale of 1 to 10, 10 being you love it? _____

Do your close friends or family members smoke? _____

What will you miss the most about smoking? _____

What other methods have you tried to quit smoking? _____

What are your main reasons for quitting?

HEALTH _____

MONEY _____

OTHER _____

DO YOU THINK YOU ARE READY TO QUIT SMOKING? _____