

SMOKING HISTORY

INSTRUCTIONS

Please answer the following questions based on your experiences with smoking. Each question allows you to choose from several alternatives. Please select one of the alternatives by circling the number within the column on the right that corresponds with your answer. Be sure to answer each question. Please be sure to select only one number per question.

Question	Response
1. Are you currently smoking? 1 = Yes 2 = No	1 2
2. Have you smoked a cigarette, even a puff, during the <u>past 7 days</u> ? 1 = Yes 2 = No	1 2
3. Have you smoked a cigarette, even a puff, during the <u>past month</u> ? 1 = Yes 2 = No	1 2
4. Were you smoking 6 months ago? 1 = Yes 2 = No	1 2
5. Were you smoking 12 months ago? 1 = Yes 2 = No	1 2
6. Do you inhale? 1 = Never 2 = Sometimes 3 = Always 4 = I don't smoke	1 2 3 4
7. Do you smoke more during the morning than the rest of the day? 1 = Yes 2 = No 3 = I don't smoke	1 2 3
8. Do you find it difficult to refrain from smoking in places where it is prohibited, for example in church, cinema, etc.? 1 = Yes 2 = No 3 = I don't smoke	1 2 3
9. Do you continue to smoke when you are so ill that you are in bed most of the day? 1 = Yes 2 = No 3 = I don't smoke	1 2 3
10. When you smoke a cigarette, do you usually burn it: 1 = All the way down 2 = About 3/4 the way down 3 = 1/2 the way down 4 = I don't smoke	1 2 3 4
11. Which cigarette would you hate to give up? (choose only one) 1 = The first one of the day 2 = After meals 3 = While drinking 4 = When around others who smoke 5 = Just before bed 6 = With coffee 7 = I don't smoke	1 2 3 4 5 6 7
12. At this time what is your personal goal with regards to smoking? 1 = To quit and stay off forever 2 = To stay off forever (I have already quit) 3 = To not smoke for a limited time 4 = To be able to control how much I smoke 5 = To quit someday but not now 6 = To continue to smoke	1 2 3 4 5

13. How often have you used each of the following in your efforts to quit smoking? (Answer each item)

1 = Never
2 = Seldom
3 = Occasionally
4 = Frequently
5 = Repeatedly

Cold turkey (quitting all at once)	1	2	3	4	5
Gradually cutting down	1	2	3	4	5
Nicorette gun	1	2	3	4	5
Professional stop smoking clinic	1	2	3	4	5
Hypnosis	1	2	3	4	5
Support group	1	2	3	4	5
Self-help manuals or books	1	2	3	4	5
Other _____	1	2	3	4	5

14. Are you seriously considering quitting within the next 6 months?

1 = Yes 2 = No 3 = I already quit

1 2 3

15. Are you planning to quit in the next 30 days?

1 = Yes 2 = No 3 = I already quit

1 2 3

16. Have you reduced the number of cigarettes you smoke in the last month?

1 = Yes 2 = No 3 = I already quit

1 2 3

17. Do you have a spouse or close friend that is interested and concerned about your smoking?

1 = Yes 2 = No

1 2

18. Since you stated smoking regularly, have you ever quit for a period of at least 24 hours?

1 = Yes 2 = No

1 2

19. How confident are you that you will be able to stop smoking at this time? (If you do not smoke, how confident are you that you be able to stay off at this time?)

1 = Not at all confident 2 = Somewhat confident
3 = Moderately confident 4 = Very confident
5 = Extremely confident

1 2 3 4 5

20. While trying to quit, how serious have each of the following problems been for you? (If you have never tried to quit, fill in 1 for each item)

PLEASE ANSWER EACH ITEM

1 = Not at all
2 = A little
3 = Moderately
4 = Very
5 = Extremely

Weight gain	1	2	3	4	5
Increased eating	1	2	3	4	5
Digestive problems	1	2	3	4	5
Nausea	1	2	3	4	5
Headaches	1	2	3	4	5
Drowsiness	1	2	3	4	5
Depression or low mood	1	2	3	4	5
Fatigue	1	2	3	4	5
Insomnia	1	2	3	4	5
Difficulty concentrating	1	2	3	4	5
Heart pounding, or sweating	1	2	3	4	5
Irritability	1	2	3	4	5
Restlessness	1	2	3	4	5
Anxiety	1	2	3	4	5
Craving for tobacco	1	2	3	4	5

21. To the best of your knowledge, categorize the use of cigarettes by the following people in your life.

1 = Smoker
2 = Ex-Smoker
3 = Never Smoked
4 = Not Applicable

Father	1	2	3	4
Mother	1	2	3	4
Spouse	1	2	3	4
Best friend	1	2	3	4
Closest work associate	1	2	3	4

22.

Lbs.

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

22. How much do you weigh?

23.

Feet Inches

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

23. How tall are you?

24.

Age

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

24. How old were you when you started smoking?

25.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

25. During the past 7 days, how many cigarettes did you smoke on a typical day? (If you smoke 1 or less, put 01, if you didn't smoke at all put 00.)

26. In the last year how many times have you quit for at least 34 hours? (If more than 9 times, put 9)

26.

Times

0
1
2
3
4
5
6
7
8
9

27.

Month/ Date/ Year

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

27. What was the date of your MOST RECENT attempt to quit smoking for at least 24 hours, as accurately as you can remember? (If you have not attempted to quit put 00/00/00)

28.

Days

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

28. After your most recent quit attempt how long did you stay off cigarettes (if you have not attempted to quit put 000, if more than 999 days put 999)

29.

Days

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

29. Since you first started smoking what was the longest period of time that you were able to stay off cigarettes? (If you never quit put 000. If your longest quit lasted more than 3 years put 999).

30. What brand and type of cigarette do you usually smoke? (Write in brand below and fill in one answer in each section to the right)

Brand _____

30.

Type

- Lights
- Regular
- Non-Filtered
- Filtered
- Menthol
- Non-Menthol
- Regulars
- Kings
- 100's
- 120's

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

31. How many years have you smoked or did you smoke before quitting? (total number of years)

31.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

33. As best as you can remember, how long ago did you make your first attempt to quit smoking? (If you never made an attempt, put 00, if in the past year, put 01)

33.

Years	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

35. How soon after you awake do you usually smoke your first cigarette? (If you don't smoke, put 000.)

35.

Hours		Minutes	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

32. During the period you were smoking the most, about how many cigarettes a day did you smoke?

32.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0
1
2
3
4
5
6
7
8
9

34. How many times in your life have you made a serious attempt to quit smoking? (If more than 9 times, put 9)

34.

0
1
2
3
4
5
6
7
8
9

0%	<input type="radio"/>
10%	<input type="radio"/>
20%	<input type="radio"/>
30%	<input type="radio"/>
40%	<input type="radio"/>
50%	<input type="radio"/>
60%	<input type="radio"/>
70%	<input type="radio"/>
80%	<input type="radio"/>
90%	<input type="radio"/>
100%	<input type="radio"/>

36. How confident are you that you will be able to resist the urge to smoke altogether in the future, regardless of the situation? Mark only one circle, with 0% meaning NOT AT ALL CONFIDENT and 100% meaning EXTREMELY CONFIDENT

36.

C O N F I D E N C E

0%	<input type="radio"/>
10%	<input type="radio"/>
20%	<input type="radio"/>
30%	<input type="radio"/>
40%	<input type="radio"/>
50%	<input type="radio"/>
60%	<input type="radio"/>
70%	<input type="radio"/>
80%	<input type="radio"/>
90%	<input type="radio"/>
100%	<input type="radio"/>

For each question choose from the following alternatives and circle the choice in the right hand margin with the code number that best suits you.

1 = Never 2 = Almost Never 3 = Sometimes 4 = Fairly Often 5 = Very Often

37. In the last month how often have you felt confident about your ability to handle your personal problems? 1 2 3 4 5

38. In the last month, how often have you felt that you were unable to control the important things in your life? 1 2 3 4 5

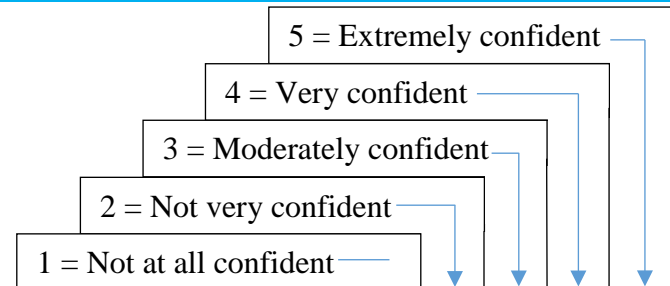
39. In the last month how often have you felt things were going your way? 1 2 3 4 5

40. In the last month how often have you felt difficulties were piling up so high that you could not overcome them? 1 2 3 4 5

Smoking situations: Confidence

Listed below are situations that lead some people to smoke. We would like to know how confident you are that you would **NOT** smoke in these situations. Please answer the following question by using a 5 point scale with 5 = extremely confident and 1 = not at all confident.

How confident are you
that you would **NOT**
smoke in this situation?



	1	2	3	4	5
1. At a bar or cocktail lounge having a drink.....	1	2	3	4	5
2. When I am desiring a cigarette.....	1	2	3	4	5
3. When things are just not going the way I want and I am frustrated.....	1	2	3	4	5
4. With my spouse or close friend who is smoking.....	1	2	3	4	5
5. When there are arguments and conflicts with my family.....	1	2	3	4	5
6. When I am happy and celebrating.....	1	2	3	4	5
7. When I am very angry about something or someone.....	1	2	3	4	5
8. When I would experience an emotional crisis, such as an accident or death in the family.....	1	2	3	4	5
9. When I see someone smoking and enjoying it.....	1	2	3	4	5
10. Over coffee while talking and relaxing.....	1	2	3	4	5
11. When I realize that quitting smoking is an extremely difficult task for me.....	1	2	3	4	5
12. When I am craving a cigarette.....	1	2	3	4	5
13. When I first get up in the morning.....	1	2	3	4	5
14. When I feel I need a lift.....	1	2	3	4	5
15. When I begin to let down on my concern about my health and am less physically active.....	1	2	3	4	5
16. With friends at a party.....	1	2	3	4	5
17. When I wake up in the morning and face a tough day.....	1	2	3	4	5
18. When I am extremely depressed.....	1	2	3	4	5
19. When I am extremely anxious and stressed.....	1	2	3	4	5
20. When I realize I haven't smoked for a while.....	1	2	3	4	5

Smoking situations: Temptation

Listed below are situations that lead some people to smoke. We would like to know how tempted you may be to smoke in these situations. Please answer the following question by using a 5 point scale with 5 = extremely tempted and 1 = not at all tempted.

How tempted would you be to smoke in this situation?

5 = Extremely tempted

4 = Very tempted

3 = Moderately tempted

2 = Not very tempted

1 = Not at all tempted

	1	2	3	4	5
1. At a bar or cocktail lounge having a drink.....	1	2	3	4	5
2. When I am desiring a cigarette.....	1	2	3	4	5
3. When things are just not going the way I want and I am frustrated.....	1	2	3	4	5
4. With my spouse or close friend who is smoking.....	1	2	3	4	5
5. When there are arguments and conflicts with my family.....	1	2	3	4	5
6. When I am happy and celebrating.....	1	2	3	4	5
7. When I am very angry about something or someone.....	1	2	3	4	5
8. When I would experience an emotional crisis, such as an accident or death in the family.....	1	2	3	4	5
9. When I see someone smoking and enjoying it.....	1	2	3	4	5
10. Over coffee while talking and relaxing.....	1	2	3	4	5
11. When I realize that quitting smoking is an extremely difficult task for me.....	1	2	3	4	5
12. When I am craving a cigarette.....	1	2	3	4	5
13. When I first get up in the morning.....	1	2	3	4	5
14. When I feel I need a lift.....	1	2	3	4	5
15. When I begin to let down on my concern about my health and am less physically active.....	1	2	3	4	5
16. With friends at a party.....	1	2	3	4	5
17. When I wake up in the morning and face a tough day.....	1	2	3	4	5
18. When I am extremely depressed.....	1	2	3	4	5
19. When I am extremely anxious and stressed.....	1	2	3	4	5
20. When I realize I haven't smoked for a while.....	1	2	3	4	5

Pros and Cons

The following statements represent different opinions about smoking. Please rate **HOW IMPORTANT** each statement is to you according to the following 5 point scale with 5 = Extremely important and 1 = Not important.

5 = Extremely important

4 = Very important

3 = Moderately important

2 = Slightly important

1 = Not important

	1	2	3	4	5
1. Smoking cigarettes is pleasurable.....	1	2	3	4	5
2. My smoking affects the health of others.....	1	2	3	4	5
3. I like the image of a cigarette smoker.....	1	2	3	4	5
4. Others close to me would suffer if I became ill from smoking.....	1	2	3	4	5
5. I am relaxed and therefore more pleasant when smoking.....	1	2	3	4	5
6. Because I continue to smoke, some people I know think I lack the character to quit...	1	2	3	4	5
7. If I try to stop smoking I'll be irritable and a pain to be around.....	1	2	3	4	5
8. Smoking cigarettes is hazardous to my health.....	1	2	3	4	5
9. My family and friends like me better when I am happily smoking than when I am miserably trying to quit.....	1	2	3	4	5
10. I'm embarrassed to have to smoke.....	1	2	3	4	5
11. I like myself better when I smoke.....	1	2	3	4	5
12. My cigarette smoking bothers other people.....	1	2	3	4	5
13. Smoking helps me concentrate and do better work.....	1	2	3	4	5
14. People think I'm foolish for ignoring the warnings about cigarette smoking.....	1	2	3	4	5
15. Smoking cigarettes relieves tension.....	1	2	3	4	5
16. People close to me disapprove of my smoking.....	1	2	3	4	5
17. By continuing to smoke I feel I am making my own decisions.....	1	2	3	4	5
18. I'm foolish to ignore the warnings about cigarettes.....	1	2	3	4	5
19. After not smoking for a while a cigarette makes me feel great.....	1	2	3	4	5
20. I would be more energetic right now if I didn't smoke.....	1	2	3	4	5