



Kimura Acupuncture

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SMOKING CESSATION ASSESSMENT FORM

Name _____

Address _____

City _____

State _____ Zip _____

Phone number _____

1. Check the box that best describes you:

- I am smoking and preparing to quit.
- I am smoking and just starting to think about quitting.
- I quit smoking less than three weeks ago.
- I quit smoking three or more weeks ago.

2. What is your quit date? _____

(Note: If you have not set a quit date, we recommend that you choose a day within the next two weeks.)

3. On the average, how many cigarettes do you now smoke in a day?

4. How many years have you smoked?

5. Do you plan to use a nicotine replacement product?

- (Check one.) Yes, a patch (Which one, if known?) _____
- Yes, Nicorette gum
 - Yes, nasal spray
 - No
 - Don't know

6. Why do you want to quit now? (Check all that apply.)

- Health
- Social pressure (no longer acceptable)
- Family pressure
- Cost
- Other _____

7. What is your main concern about quitting? (Check one.)

- Dealing with stress
- Weight gain
- Fear of failure
- Withdrawal
- Habit

8. If you have tried to quit before, think back to your last attempt. Why did you start smoking again?
(Check all that apply.)

- I couldn't deal with the cravings.
- Stress was too much to handle.
- I was drinking.
- I really missed my cigarettes.
- I was with other smokers and couldn't resist.
- I was gaining weight.
- I couldn't break the habit of smoking in certain situations.
- I had trouble using nicotine replacement products.
- I have never tried to quit before.

9. Finally, almost everyone is tempted in stressful situations. Which of these situations would greatly tempt you to smoke? (Check all that apply.)

- Drinking/socializing
- Sitting at the table after a meal
- Seeing people smoking around me
- Automatically lighting up a cigarette
- Other: _____