

SMOKING HISTORY

At what age did you first start smoking?

What made you start?

How many cigarettes do you smoke on average per day?

Have you tried quitting before and if so what methods did you use?

Why did you start smoking again?

Does anyone that you live with smoke?

What is your commitment to giving up smoking on a scale of 1-10? (1 being low, 10 being high).

Why have you chosen now to stop smoking?

Describe what it would be like to be a non-smoker. (*What would you see, feel and hear and taste?*)

BEFORE YOUR APPOINTMENT

Tick when done

Inform all your family and friends that you are stopping smoking and anyone who is likely to give you support or a hard time

Get rid of all your cigarettes, matches, ashtrays and lighters.

Before your appointment smoke your last cigarette and bring the stub in the packet to your appointment.