Koori Smoking Cessation Program
PRE COURSE SURVEY
(Complete at the beginning of the course)

All information collected is CONFIDENTIAL. It will be used to help improve quit smoking courses.

Your name: ……Today's date: ……..

Address: ……...

……Postcode: ……..

Date of birth: …….. Gender: ☐ male ☐ female

- How many cigarettes do you normally smoke a day? ……..
- How long have you smoked? ……
- How many people in your household (including you) currently smoke? ……
- Is your home a smoke free area? ☐ yes ☐ no. Is your car a smoke free zone? ☐ yes ☐ no
- Have you tried to quit smoking before?

  ☐ never
  ☐ once
  ☐ a couple of times
  ☐ lots of times

- What method/s have you used to quit smoking?

  ☐ cold turkey (stop suddenly using no medication)
  ☐ patches / gum
  ☐ cutting down
  ☐ other ……

- What is the longest single period of time you have not smoked?

  …….. days
  …….. weeks
  …….. months
  …….. years

- What do you think are the main barriers to you quitting smoking?

  ☐ concern about weight gain
  ☐ feeling irritable
  ☐ cravings
  ☐ socialising with other smokers
  ☐ coping with withdrawal
  ☐ difficulty concentrating
  ☐ coping with stress
  ☐ coping with boredom
  ☐ other ……
  .....

- Can you rate your desire to quit smoking? (mark the line X to show your rating)

1 …….. 2 ..... 3 …….. 4 …….. 5 ..... 6 …….. 7 ……..8 ……. 9 ……..10
(I really, really want to quit) *(I don't want to quit at all)*

(Thank you for taking the time to complete this survey—there will be another to complete when the program finishes.)