

# WHERE ARE YOU ON YOUR SMOKE-FREE JOURNEY?

Are you a smoker?

YES	NO	SOMETIMES	EX-SMOKER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you feel about your smoking?

READY TO QUIT	THINKING OF QUITTING	NOT READY TO QUIT	UNSURE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you feel about your smoking?

How do you think you will quit?

COLD TURKEY	QUITLINE	NICOTINE REPLACEMENT THERAPIES	WEBSITES	APPS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SMOKE-FREE ENVIRONMENTS

Does anyone smoke in your home?

YES	NO	SOMETIMES	IN CERTAIN ROOMS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does anyone smoke in your car?

YES	NO	SOMETIMES	ONLY WHEN THERE ARE NO KIDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HAVE YOU THOUGHT ABOUT YOUR QUIT PLAN?

Set yourself a quit date:

Why do you want to quit?

Why do you smoke?

How will you quit?

Who will be your supports?

How will you celebrate your wins?

What will you do if you have a slip-up?