

## 1. Have you ever smoked?

\_\_\_\_\_ Yes, I am a current smoker

\_\_\_\_\_ Yes, I smoked in the past but not now

\_\_\_\_\_ No, I have never smoked

## 2. If you smoke, how many cigarettes do you smoke daily?

\_\_\_\_\_ 60 or more

\_\_\_\_\_ 40-59

\_\_\_\_\_ 20-39

\_\_\_\_\_ Less than 20

## 3. If you do not smoke now but have smoked in the past, how long has it been since you had a puff of a cigarette?

\_\_\_\_\_ Less than 7 days

\_\_\_\_\_ At least 7 days, but less than 30 days

\_\_\_\_\_ At least 30 days, but less than 6 months

\_\_\_\_\_ 6 months or more

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What is your level of self-confidence about smoking? If you currently smoke or smoked in the past:

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## 1. How confident are you that you could quit smoking if you tried?

\_\_\_\_\_ Choose a number between 1 (not at all confident) and 10 (totally confident)

## 2. How confident are you that you could avoid smoking permanently since you quit?

\_\_\_\_\_ Choose a number between 1 (not at all confident) and 10 (totally confident)