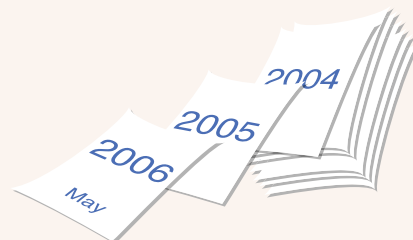




Your smoking habit

How many years have you been smoking?



About how many cigarettes do you smoke a day?



After you wake up, how soon do you have the first cigarette? Tick one box.



Less than 5 mins



5-15 mins



30 mins - 1 hour

More than 1 hour

Did you ever try to quit? Tick yes or no.

Yes

No

If yes how many times?

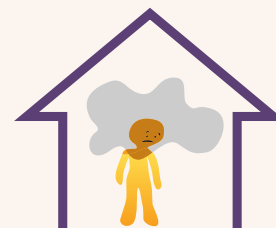
Why do you want to quit?



Your smoking habit

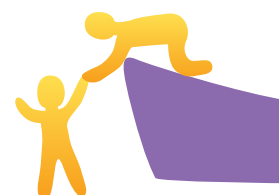
Does anyone living with you smoke? Tick yes or no.

Yes No



Do you have someone to help you quit smoking? Tick yes or no.

Yes No



If yes, who? Tick yes or no.

Partner Family member Friend

How confident are you that you can quit smoking? Please mark a point on the scale



1 2 3 4 5 6 7 8 9 10

Not confident

Fairly confident

Very confident

How important to you is quitting? Please mark a point on the scale



1 2 3 4 5 6 7 8 9 10

Not important

Fairly important

Very important