



Doc Ann's Coaching Practice®
Prescription for success

Quitting Smoking Questionnaire:

- 1) When did you start smoking? What age?
- 2) What were the circumstances in which you started smoking?
- 3) Do you know why you started smoking? If yes, describe that.
- 4) Have you ever tried to quit?
- 5) How long did it last before you started smoking again?
- 6) What were the circumstances in which you started smoking again?
- 7) How many times have you tried to quit?
- 8) Are you mentally ready to quit now? What is your level of motivation on a scale of 1-10? What level of change are you at now? See: Stages of Change
- 9) What are your main reasons for wanting to quit? What is the biggest reason for quitting?

- 10) What things do you really like about smoking? What does smoking do for you?
- 11) What do you think you will miss most about not smoking? What do you think you will miss least about smoking?
- 12) Are you being pressured to stop smoking? By whom? Why does this person want you to quit smoking? Is this person generally a positive or negative influence in your life?
- 13) Do you have good support in your life? Friends? Family?
- 14) Will you be around smokers after you quit? For what percentage of your day?
- 15) What situations do you most likely smoke in? What kind of stresses do you have currently in your life?
- 16) How many cigarettes, (cigars, etc) do you smoke a day? Have you smoked more less or about the same in the past?
- 17) How much time goes by from the time you wake up until you have your first smoke?
- 18) About how much do you spend on cigarettes (cigars) a month? A year? How many years have you smoked?
- 19) Estimate how much you have spent on smoking so far in your life. What would you buy/do if you have this money now in a lump sum?
- 20) Did you learn anything about yourself from this quiz? If so what?