

## **Smoking Input Form**

When did you start smoking? \_\_\_\_\_

How many packs a week do you smoke? \_\_\_\_\_

What is your typical smoking pattern like during any given day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What times during the day do you want a cigarette the most?  
\_\_\_\_\_  
\_\_\_\_\_

What or who is the number 1 trigger for your smoking?  
\_\_\_\_\_  
\_\_\_\_\_

How much alcohol do you consume in an average week? \_\_\_\_\_

What times during the day do cigarettes gross you out? \_\_\_\_\_

What would you like to replace cigarettes with? e.g. A glass of water. \_\_\_\_\_

Who or what has motivated you to quit? \_\_\_\_\_

What other methods have you used to quit? \_\_\_\_\_

What grosses you out the most? \_\_\_\_\_

Who or what do you feel the most love for? \_\_\_\_\_