

**University of Florida Student Health Care Center
Quit Smoking Questionnaire**

This form will help us work with you to plan strategies for quitting smoking. Please fill in or check the appropriate blanks.

Name: _____ UF ID: _____ Age: _____
Phone: _____ Email: _____

Referred by: _____

I want to enroll in the QUIT program and receive discounted smoking cessation medication.
(See page 3 for *QUIT Program Information Sheet* with criteria for enrollment)

YES

NO

If Yes, please sign below to agree to the QUIT Program terms.

Signature: _____ Date: _____

1. I will quit smoking:

- ___ In the next 30 days
- ___ By the end of this semester
- ___ In the next 6 months
- ___ By the time I graduate _____ (month/year)
- ___ I quit smoking within the last 30 days

2. Have you set a quit date? _____

If yes, when is it? _____

If no, are you interested in setting a quit date? _____

3. On the average, how many days per month do you smoke cigarettes? _____

4. How many cigarettes do you typically smoke **in a day**? _____

5. How many years have you smoked? _____

6. What are your main reasons for wanting to quit smoking? (*check all that apply*)

- ___ Health
- ___ Social stigma
- ___ Family/friends' pressure
- ___ Cost
- ___ Self-esteem
- ___ Family history of lung cancer or emphysema
- ___ Other _____

7. What method(s) of quitting will you seriously consider? (*check all that apply*)

- ___ Using medications/patches (Chantix/Wellbutrin)
- ___ Working with a quit coach
- ___ Trying an online self-help program
- ___ Other _____

8. What are your main concerns about quitting? (*check all that concern you*)

- Dealing with stress
- Weight gain
- Fear of failure
- Withdrawal side effects
- Missing the habit/ritual
- Socializing/drinking without cigarettes
- Having no cigarettes after meals
- Being among smokers
- Fear of succeeding "forever"
- Friend(s) smoke
- Other (*Specify*) _____

9. How many times have you attempted to quit smoking in the past? _____

10. If you have ever tried to quit before, think back to your last attempt. Why did you start smoking again? (*check all that apply*)

- I couldn't deal with cravings
- Stress got to me
- I was drinking alcohol
- I missed my cigarettes
- I was with other smokers
- I was gaining weight
- Other (*Specify*) _____

11. How did you learn about the QUIT Program? (*check all that apply*)

- Website
- Alligator Ads
- Alligator Classifieds
- SHCC medical provider
- SHCC mental health counselor
- Friend
- Other (*Specify*) _____

Thank you!

For office use: Appt: DATE: _____ Time: _____ **MM JE SH**