

## JUST STOP! REGISTRATION FORM

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_

Gender (circle one): MALE FEMALE Cell #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Employer: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

**Your success is our #1 priority. Assist us in helping you to attain that success by filling out this questionnaire as completely as possible. This information will be kept *strictly confidential*.**

Do you spend more than \$100 a month on smoking? (See chart below) yes no

Cigarettes Smoked Per Day	Smoking Cost Per					
	Day	Week	Month	Year	5 Years	10 Years
5	\$1.50	\$10.50	\$45.61	\$547	\$2,735	\$5,470
10	\$3.00	\$21.00	\$91.22	\$1,094	\$5,470	\$10,940
20	\$6.00	\$42.00	\$182	\$2,188	\$10,940	\$21,880
30	\$5.82	\$63.00	\$273	\$3,282	\$16,410	\$32,820
40	\$7.76	\$84.00	\$364	\$4,376	\$21,880	\$43,760
60	\$11.64	\$126.00	\$547	\$6,564	\$32,820	\$65,640

Do you feel that smoking controls or interferes in your life? \_\_\_\_\_

Which of these fears do you have of stopping smoking? (Please check all that apply):

Weight Gain      Withdrawal      Giving Up Best Friend/Crutch      None

Do other members of your family smoke? yes no If Yes who? \_\_\_\_\_

Do any smokers live in the same house as you? yes no

Do you have a smoking related illness? yes no

If Yes Please Explain: \_\_\_\_\_

How many cigarettes/cigars/chews, per day do you smoke/chew? \_\_\_\_\_

Number Years Smoking/chewing? \_\_\_\_\_

What methods have you used to stop smoking before? \_\_\_\_\_

Did you stop? yes no For how long? \_\_\_\_\_

List your current prescriptions. \_\_\_\_\_

### ARE YOU READY TO QUIT?

Circle the strength of your desire to stop smoking, with 10 equaling the strongest. **1 2 3 4 5 6 7 8 9 10**

Why do you want to quit smoking/chewing? \_\_\_\_\_

Is there someone I want to quit smoking for? yes no If yes who? \_\_\_\_\_

Do I want to quit smoking for myself? yes no unsure

Do I believe that smoking is bad for my health? yes no unsure

Besides health reasons, do I have other personal reasons for quitting smoking? yes no unsure

Are family and/or friends encouraging me to quit smoking? yes no unsure

Are family and/or friends willing to help me quit smoking? yes no unsure

Are professionals such as doctor, nurse or counselor encouraging me to quit smoking? yes no unsure

Am I willing to make some changes in my daily routine? yes no unsure

Am I willing to put up with some uncomfortable moments after I quit? yes no unsure

Am I willing to make quitting smoking a top priority in my life for several weeks? yes no unsure

Do I believe I can quit smoking? yes no unsure

Am I emotionally attached to smoking? yes no unsure

Do I smoke as a social activity? yes no unsure

Do I smoke to deal with stress? yes no unsure

Are you currently going through an especially stressful time in your life (ex. Divorce, death of someone close, new job, moving, etc.)? yes no unsure