

## **More About You**

## Questionnaire > Preparing to Quit

Listed below are questions about skills, techniques and attitudes that are often used to quit. Please answer these questions by checking Yes or No.

1. Have you identified your reasons for wanting to stop?	Yes	No
2. Do you feel you are addicted to nicotine?	Yes	No
3. Do you know how to cope with withdrawal symptoms?	Yes	No
4. Do you want information on nicotine gum, the nicotine patch or other tobacco cessation medications?	Yes	No
5. Do you know how to use deep breathing as a technique to stay free of using tobacco?	Yes	No
6. Do you know how to develop social support to help you stay free from using tobacco?	Yes	No
7. Have you planned strategies for dealing with temptations to start using tobacco again?	Yes	No
8. Have you planned a reward for yourself once you have quit?	Yes	No
9. Do you know how to manage weight gain, which sometimes occurs when people stop using tobacco?	Yes	No
10. Do you have ways to handle stress without using tobacco?	Yes	No
11. Is quitting your top health priority?	Yes	No

Your name:

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