

To help you quit, our  
**SMOKING CESSATION  
PROGRAM**

will counsel you to:

- Identify your stage of smoking
- Increase your motivation
- Break through your barriers
- Promote your coping skills
- Discuss your pharmacotherapy choices
- Obtain a commitment
- Plan a follow-up visit

*Fill out the questionnaire  
on the inside of this  
brochure and schedule your  
appointment NOW!*

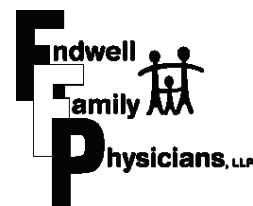


1st Wednesday Evening of Every Month  
1st Thursday Evening of Every Month



**TAKE THE STEP  
TOWARD BETTER  
HEALTH NOW!**

[www.endwellfamily.com](http://www.endwellfamily.com)



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ENDWELL, NEW YORK 13760  
(607) 754-3863

**Are you  
thinking  
about  
quitting  
smoking???**

*Congratulations!*

**We Can Help**



**Smoking Cessation  
at  
Endwell Family Physicians  
with  
Beverly Ochiai, FNP-C  
(607) 754-3863**



# SMOKING CESSATION ASSESSMENT FORM

## 1. Check the box that best describes you:

- I am smoking and preparing to quit.
- I am smoking and just starting to think about quitting.
- I quit smoking less than 3 weeks ago.
- I quit smoking more than 3 weeks ago.

## 2. What is your quit date?

(Note: If you have not set a quit date, we recommend that you choose a day within the next two weeks.)

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## 3. On average, how many cigarettes do you now smoke in a day?

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## 4. How many years have you smoked?

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## 5. Do you plan to use a nicotine replacement product or other medication?

(Check only one)

- Yes, a patch (Which one, if known?)  
\_\_\_\_\_
- Yes, Nicorette® Gum
- Yes, Commit® Lozenges
- Yes, nasal spray
- Yes, oral inhaler
- Yes, Zyban®
- Yes, Chantix®
- Yes, Other \_\_\_\_\_
- No
- Don't Know

## 6. Why do you want to quit now?

- Health
- Social Pressure
- Family Pressure
- Cost
- Other \_\_\_\_\_

## 7. What is your main concern about quitting?

- Dealing with stress
- Weight gain
- Fear of failure
- Withdrawal
- Habit

## 8. If you have tried to quit before, think back to your last quit attempt. Why did you start smoking again?

(Check all that apply)

- I couldn't deal with cravings
- Stress was too much to handle
- I was drinking
- I really missed my cigarettes
- I was with other smokers and couldn't resist
- I was gaining weight
- I couldn't break the habit of smoking in certain situations
- I had trouble using nicotine replacement products
- I have never tried to quit before

## 9. Finally, almost everyone is tempted in stressful situations. Which of these situations would tempt you to smoke?

(Check all that apply)

- Drinking/socializing
- Sitting at the table after a meal
- Seeing other people smoke around me
- Automatically lighting up a cigarette
- Other \_\_\_\_\_