****Kick It Survey – Assessing Stage for Change**

Please circle true or false for each question. Only circle one response per question. Please answer truthfully and you may refrain from answering any questions you are uncomfortable with.

|  |  |  |
| --- | --- | --- |
| 1. Smoking is not harmful to my health. | **T** | **F** |
| 1. Smoking harms unborn babies, children or others who breathe my smoke. | **T** | **F** |
| 1. I enjoy smoking more than anything else I do. | **T** | **F** |
| 1. I have to smoke to have fun. | **T** | **F** |
| 1. I feel angry when I’m asked not to smoke. | **T** | **F** |
| 1. I don’t like being told where and when I can smoke. | **T** | **F** |
| 1. I have a hard time imagining my life without smoking. | **T** | **F** |
| 1. I avoid going to the doctor because I don’t want to hear about how smoking is affecting my health. | **T** | **F** |
| **Section A** | **Total\_\_\_\_\_** | **Total \_\_\_\_\_** |
| 1. I want to quit smoking but I would miss it too much. | **T** | **F** |
| 1. I want to quit smoking within the next six months. | **T** | **F** |
| 1. My life is too stressful right now to quit smoking. | **T** | **F** |
| 1. I want to quit smoking but I am afraid of going through recovery (withdrawal). | **T** | **F** |
| 1. I think about quitting smoking a lot. | **T** | **F** |
| 1. I talk about quitting smoking with other people. | **T** | **F** |
| 1. I want to quit smoking but I would miss it too much. | **T** | **F** |
| **Section B** | **Total\_\_\_\_\_** | **Total \_\_\_\_\_** |
| 1. I think I would be healthier if I quit smoking. | **T** | **F** |
| 1. I believe the benefits of quitting smoking are more important than the benefits of continuing to smoke. | **T** | **F** |
| 1. I have got to do something about my smoking. | **T** | **F** |
| 1. I believe that I can cut down my smoking. | **T** | **F** |
| 1. I believe that I can quit smoking. | **T** | **F** |
| 1. I would like to quit smoking within the next month. | **T** | **F** |
| **Section C** | **Total\_\_\_\_\_** | **Total \_\_\_\_\_** |
| 1. I smoke fewer cigarettes now than I did six months ago. | **T** | **F** |
| 1. I have quit smoking for at least one day in the past year. | **T** | **F** |
| 1. I’m looking for ways to quit smoking. | **T** | **F** |
| 1. I am ready to quit smoking. | **T** | **F** |
| 1. I am willing to attend all the sessions and complete a program to assist me to quit. | **T** | **F** |
| 1. I am willing to make changes in my life to quit smoking. | **T** | **F** |
| 1. I know the situations and behaviours I need to avoid while I quit smoking. | **T** | **F** |
| 1. I have started smoking again but I am ready to try to quit again. | **T** | **F** |
| 1. I am trying to quit smoking. | **T** | **F** |
| 1. I am using quit-aids, such as nicotine gum, a patch or a pill. | **T** | **F** |
| **Section D** | **Total\_\_\_\_\_** | **Total \_\_\_\_\_** |

Thank You!