

# ROSWELL PARK SMOKING CONTROL PROGRAM GRADUATION QUESTIONNAIRE

**Instruction:** Questions about your current smoking practices, your experiences in trying to quit smoking, and your opinions about our smoking control program are listed below. Your answers to these questions will help us evaluate our program.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_

1. Which of the following statements best describes your smoking behavior since you signed the contract to stop smoking or signed up for this program? (Check off one response)

<input type="checkbox"/> I have not quit smoking.	<input type="checkbox"/> I tried to quit but was not able to stay off cigarettes more than one day.	<input type="checkbox"/> I quit smoking for more than one day but I am smoking again.	<input type="checkbox"/> I quit smoking but have had one or more cigarettes. I am not smoking now	<input type="checkbox"/> I quit smoking and have not had even a puff on a cigarette.
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(Go to question #2)

(Go to question #3)

2. How much do you smoke per day:  
 Pack(s)       Cigarette(s)
3. Are you currently using any other types of tobacco?  
1. Yes      2. No (go to question 4)
- What types? (check all that apply)  
 cigars  
 pipe  
 chewing/tobacco
4. Are you currently using the nicotine skin patch?  
1. Yes      2. No (go to question 7)
5. How many milligrams of nicotine are in the patch you are currently using?  
 # milligrams
6. Has the patch helped reduce your craving for a cigarette? (circle one answer)  
1. Yes, a great deal    2. Yes, somewhat    3. No, not at all
7. Do you have a doctor's prescription for ZYBAN?  
1. Yes      2. No (go to question 11)

If yes, are you using the ZYBAN now?

1. Yes      2. No

