

Habit Release Program Participant Pre-Program Survey

It is our goal to lead you successfully through a tobacco cessation program. One necessity for success is properly scheduling your program and Quit Date. You will participate in this program within a group of others attempting this challenge. It will be advantageous for each member of your group to have the ability to schedule a Quit Date around the same time. In order to make this happen, we need to know some information about you.

Instructions: Please answer the following questions as honestly as possible. Your responses will help us to determine the most appropriate program grouping for you. Return to Kendra Houghton in HR.

1. Name _____
2. What department do you work in? _____
3. Who is your supervisor? _____
4. What are your work hours/days? _____
5. What is the best way to contact you? _____
6. What time of year is your life typically more stressful than normal?
Consider regular deadlines and events, family/group functions, emotionally difficult times, large responsibilities, regular financial obligations, etc.

Please indicate that time period(s) below:

- January _____
- February _____
- March _____
- April _____
- May _____
- June _____
- July _____
- August _____
- September _____
- October _____
- November _____
- December _____

7. Are you planning any of the following big events in the next year? Please indicate what month the event is scheduled.

	<u>Yes/No</u>	<u>Month</u>
• Move/relocation	_____	_____
• Large Vacation	_____	_____
• Large celebration	_____	_____
• Job change	_____	_____
• Wedding	_____	_____
• Pregnancy	_____	_____
• Weight loss plan	_____	_____
• Divorce	_____	_____
• Child's event (graduation, start of college, driver's license, heavily involved sport season, etc.)	_____	_____
• Surgery	_____	_____
• Court appearance	_____	_____
• Home purchase	_____	_____

8. How motivated do you feel to quit tobacco use?

- Extremely motivated _____
- Motivated _____
- Somewhat motivated _____
- Not very motivated _____

9. What are your main reasons for wanting to quit?

- _____
- _____
- _____

10. Have you ever attempted to quit tobacco use in the past? _____

If yes, how so, and how many times?

11. How many years have you used tobacco? _____

12. How much do you use per day? _____

13. Do you tend to lose interest in a commitment over time? _____

14. Are you willing & able (with clearance from your supervisor) to participate in a 2-month (meet once per week for 1 hour) program to quit tobacco use?

Yes _____ No _____

15. What day/time would work best for you to participate?
