

# Freedom From Smoking® Program

## Preparing to Quit



### Preparing to Quit > More About You

Answer the questions by checking Yes or No.

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

Your name: \_\_\_\_\_

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Call or Click today to learn about our  
**Freedom From Smoking Program.**