

# Rewind Your Mind

Name: Click or tap here to enter text.

Age: Click or tap here to enter text.

Marital status: Click or tap here to enter text.

Occupation: Click or tap here to enter text.

Is your work stressful: ☐ No ☐ Moderately ☐ Very

Partner's name: Click or tap here to enter text.

Age: Click or tap here to enter text.

Children: Click or tap here to enter text.

Do any others in your family smoke? ☐ Yes ☐ No

How many cigarettes do you smoke in a day? Click or tap here to enter text.

At what age did you start smoking? Click or tap here to enter text.

Why did you start?

- ☐ Peer pressure.
- ☐ Rebel against authority.
- ☐ To appear more adult.

Other:

What do you get from smoking:

- ☐ It relaxes me.
- ☐ It helps me to concentrate. Click or tap here to enter text.
- ☐ It's an excuse for a break.
- ☐ It gives me a confidence boost.
- ☐ It's a prop.

Other:

When do you smoke?

- ☐ On waking.
- ☐ At breakfast.
- ☐ With tea/coffee.
- ☐ After meals.
- ☐ Driving.
- ☐ On the phone.
- ☐ At work.
- ☐ In bed.

Other:

What frightens you about smoking? Click or tap here to enter text.

Do you know someone who has died from a smoking related disease?

☐ Yes

☐ No

Do you know someone who is ill now?

☐ Yes

☐ No

What is important to you? [Click or tap here to enter text.](#)

Has your doctor mentioned your smoking?

☐ Yes

☐ No

Have you had any worrying symptoms?

☐ Yes

☐ No

Do you have any health problems?

☐ Heart problems.

☐ High blood pressure.

☐ Diabetes.

☐ Asthma.

☐ Ulcers.

Other:

How long do you want to live? [Click or tap here to enter text.](#)

Why? [Click or tap here to enter text.](#)

Who is responsible for your health? [Click or tap here to enter text.](#)

What will you be able to do as a non-smoker that you could not do before? [Click or tap here to enter text.](#)

What will you do with the money you save? [Click or tap here to enter text.](#)

Do you really wish to commit yourself to stop smoking?

☐ Yes

☐ No

Observations: [Click or tap here to enter text.](#)