

# DECIDING TO QUIT

What are your reasons to stop tobacco use?

How important is it for you to stop using tobacco?

1	2	3	4	5	6	7	8	9	10
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Not Important

Very Important

What makes you a \_\_\_? (Insert the number you selected above).

How confident are you in your ability to stop using tobacco?

1	2	3	4	5	6	7	8	9	10
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Not Confident

Very Confident

What makes you a \_\_\_? (Insert the number you selected above).