

Are you interested in a Quit Smoking Group?

Please fill in the questionnaire and send to z.kocjan@iaea.org or bring it to VIC Medical Service receptionist.

Name:										
Date of Birth:										
Email:										
Telephone:										
On a scale of 1-10, how strong would you consider your motivation for quitting smoking? (Stronger motivation = 10)										
1	2	3	4	5	6	7	8	9	10	
<i>For women only:</i> Please let us know if you are pregnant or planning a pregnancy.										

Fagerstrom test for nicotine dependence

Questions	Answers	Points
1. How soon after you wake up do you smoke your first cigarette?	Within 5 minutes 6 - 30 minutes 31 - 60 minutes After 60 minutes	3 2 1 0
2. Do you find it difficult to refrain from smoking in places where it is forbidden such as in the church, the library or in the cinema?	Yes No	1 0
3. Which cigarette do you hate most to give up?	The first one in the morning All others	1 0
4. How many cigarettes do you smoke/ (20 cigarettes are in a pack)	31 or more 21-30 11-20 10 or less	3 2 1 0
5. Do you smoke more frequently during the first hours after waking than the rest of the day?	Yes No	1 0
6. Do you smoke if you are ill and in bed most of the day?	Yes No	1 0

Thank you for your interest. We will contact you soon.