

# Are you willing to make a quit attempt?

Month \_\_\_\_\_

Year \_\_\_\_\_

If you are a current smoker, please answer these simple questions to help understand your willingness to quit smoking.

If I could quit smoking I would.

Completely Disagree

Somewhat disagree

Neutral

Somewhat agree

Completely agree

I want to quit smoking because I worry about how smoking affects my health.

Completely Disagree

Somewhat disagree

Neutral

Somewhat agree

Completely agree

I would be willing to make a plan to quit smoking.

Completely Disagree

Somewhat disagree

Neutral

Somewhat agree

Completely agree

When complete, please return to your healthcare provider. Together, you can create a personalized plan to help you quit smoking.

NOTE: This tool is not validated. It is intended to provide directional guidance to help assess a patient's willingness to make a quit attempt.