**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Courage to Quit Readiness to Quit Evaluation

**Have you used tobacco today? Yes\_\_\_ No\_\_\_**

**If you’ve quit, how many days has it been since you last used tobacco? \_\_\_\_\_\_\_\_**

**I think about quitting. Yes\_\_\_ No\_\_\_ Does not apply\_\_\_**

**I am cutting down and thinking about setting a quit date. Yes\_\_\_ No\_\_\_ Does not apply\_\_\_**

**I have quit using tobacco. Yes\_\_\_ No\_\_\_ Does not apply\_\_\_**

**I quit using tobacco for \_\_\_\_\_\_ days, but started again \_\_\_\_\_\_ days ago.**

**I think I could stop using tobacco for 1 day. Yes\_\_\_ Probably\_\_\_ Not sure\_\_\_ Probably not \_\_\_ No \_\_\_**

**I think I could stop using tobacco for 1 month. Yes\_\_\_ Probably\_\_\_ Not sure\_\_\_ Probably not \_\_\_ No \_\_\_**

**I think I could stop using tobacco for 1 year. Yes\_\_\_ Probably\_\_\_ Not sure\_\_\_ Probably not \_\_\_ No \_\_\_**

**Opinion about Group (please fill out at end of group session):**

* **The information I learned in group today is helpful to me:**

**Very helpful Somewhat helpful No opinion Not too helpful Not at all helpful**

* **I feel supported by the group and staff in quitting tobacco:**

**Very helpful Somewhat helpful No opinion Not too helpful Not at all helpful**

* **I plan to continue to come to this group:**

**Yes Probably Not sure Probably not No**

**Nicotine Replacement Therapy NRT Received:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Patches** | **Gum** | **Lozenges** |
| **Amount Given** | **21 14 7** | **2 4** | **2 4** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Inhaler** | **Nasal Spray** | **Zyban** | **Chantix** |
| **Please Check Treatment Given →** |  |  |  |  |