



Laser Health

Name _____ Phone _____ email _____
Starting CO2 level _____ Booster CO2 Level _____

1. What are the most important things in your life? (examples: money, spouse, children, peace, curiosity, comfort, self, etc.) Try to put them in order of importance. Feel free to add to our list

2. Can you see or think of any way your smoking habit could jeopardize any of the important criteria in question 1? Yes No If yes: _____

3. Which are the worst times of day and/or activities when you have the greatest urge to smoke?
in bed awakening with coffee driving
after meals with TV during meals on phone
in bathroom reading at desk doing homework
yard work having a drink List Any Other Time _____

4. **Check ONLY ONE.** Most of the time I am:

- A very relaxed person
- A moderately relaxed person
- A slightly tense person
- A moderately tense/ nervous person
- A very tense/ nervous person
- A worry wart

5. How many cigarettes per day do you smoke? _____ What is the cost \$\$ of a pack? _____

6. How old were you when you started smoking? _____

7. How many years have you smoked? _____

8. **CHECK ONLY ONE: BE CAREFUL!**

- I have to quit, but I don't want to quit. I enjoy smoking
- I have to quit, but I am not sure I want to
- I have to quit, I THINK I HAVE DEFINITELY DECIDED TO
- I have to quit, I DEFINITELY HAVE DECIDED TO
- I want to quit, but I'M NOT SURE I HAVE DECIDED TO
- I want to quit, and I THINK I'VE DECIDED TO
- I want to quit, I HAVE DEFINITELY DECIDE TO QUIT NOW
- I AM DETERMINED TO QUIT NOW NO MATTER WHAT

9. Please indicated True or False

- | | | |
|-----------------------------------|------|-------|
| • I enjoy smoking, it's relaxing | True | False |
| • I like the taste | True | False |
| • I like the smell | True | False |
| • I like the feel in my hand | True | False |
| • I like the sight of a cigarette | True | False |

10. I am quitting mainly to please someone else? True False

11. What do you imagine the benefits of quitting will be?

12. Have you tried to quit smoking and failed? Yes No