Student ID #: | | | | - | | | | **Group #:** | | **CO Reading:** | |

1 What is today's date? Month Date Year | **2** What time is it? AM / PM

3 Have you used any tobacco today? ☐ YES ☐ NO

Think about the past 7 days… ***(include today, and the previous six days)***

4 a) Have you used any tobacco in the last 7days? ☐ YES ☐ NO

b) If you answered yes, add up how much tobacco you used during the past 7 days and write in space below:

_____ Total number of cigarettes smoked

_____ Total number of other tobacco products
(include cigars, bidis, kreteks, chew, etc.)

5 During the past 7 days… ***Fill in the blanks.*** *Note: Answers to 5a and b should total 7.*

a) **I have smoked**/used other tobacco products on _____ days.
number

b) **I have NOT smoked**/used other tobacco products on _____ days.
number

6 At the beginning of this group, how would you rate your motivation to quit smoking/tobacco use? ***Check only one answer:***

☐ Not At All Motivated
☐ Slightly Motivated
☐ Motivated
☐ Very Motivated

7 Did last weeks group *increase* your motivation? ☐ YES ☐ NO

8 What helped you **NOT SMOKE**/use tobacco this week?
Write in your answer:

9 Please rate yourself for the past 7 days using the following scale:

	0 None	1 Slight	2 Mild	3 Moderate	4 Severe
Depressed mood (sad)	0	1	2	3	4
Insomnia (sleeping problems, awakening at night)	0	1	2	3	4
Irritable, frustrated, angry	0	1	2	3	4
Anxious	0	1	2	3	4
Difficulty concentrating	0	1	2	3	4
Restless	0	1	2	3	4
Increased appetite (hungry)	0	1	2	3	4
Desire or craving to smoke	0	1	2	3	4

At the end of group…

10 After attending this group, I would rate my motivation to quit smoking/tobacco use as: ***Check only one answer:***

☐ Not At All Motivated
☐ Slightly Motivated
☐ Motivated
☐ Very Motivated

Quit2Win Student Self Report

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