
¹Date: __/__/__

²Program Location: _____

EXIT EVALUATION

Name: _____ Date: _____

³Which Breath-Free 2.0 sessions did you attend? (Check all that apply):

All 9, or:

S-1 S-2 S-3 S-4 S-5 S-6 S-7 S-8 S-9

⁴Which withdrawal symptoms did you experience? (Check all that apply):

None Craving Poor concentration Tiredness

Irritability Anxiety Headache Coughing

Dry mouth Other: _____

⁵What main type of smoker were you at the beginning of Breath-Free 2.0?

Stimulant Pleasure-relaxation Addictive

Handler Tension-reduction Habit

⁶What aids did you use during Breath-Free 2.0? (Check all that apply):

Nicotine Patch Nicotine Gum Nicotine Nasal Spray

Chantix(varenicline) None/Cold Turkey Other: _____

⁷What parts of Breathe-Free 2.0 help you most?

Lectures Video clips Group discussions

Strategies At-home assignments Breathe-Free.com

Other: _____

⁹What parts of Breathe-Free 2 helped you the least?

Lectures Video clips Group discussions

Strategies At-home assignments Breathe-Free.com

Other: _____

¹⁰Which forms of tobacco did you use at the start of Breath-Free 2.0? (Check all that apply):



1 Date: __/__/__

2 Program Location: _____

- Cigarettes Cigars Chewing/Snus Loose-tobacco
 Sheisha/Hookah Other: _____

11 Are you now tobacco free? Yes No

If no, what forms of tobacco are you still using?

- Cigarettes Cigars Chewing/Snus Loose tobacco
 Sheisha/Hookah Other: _____

How often? _____

12 What benefits do you feel now that you are tobacco free? (Check all that apply):

- Sense of taste is better Sense of smell is better
 Breathing is easier Cough is gone
 More energy Better mood
 Other: _____ None

13 How strong is your desire to stay tobacco-free? (Circle one):

1 2 3 4 5 6 7 8 9 10

Low desire-----Very high

14 How confident are you in your ability to stay tobacco free? (Circle one):

1 2 3 4 5 6 7 8 9 10

Low desire-----Very high

15 In your opinion, how can the Breath-Free 2.0 program be improved?

