

# \_\_\_\_\_

Date: \_\_/\_\_/\_\_



## SIX-MONTH FOLLOW UP

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Which Breath-Free 2.0 program did you attend?

- In-person       Online

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

- Stimulant       Pleasure-relaxation       Addictive  
 Handler       Tension-reduction       Habit

What aids have you used since Breath-Free 2.0? (Check all that apply):

- Nicotine Patch       Nicotine Gum       Nicotine Nasal Spray  
 Chantix(varenicline)       None/Cold Turkey       Other: \_\_\_\_\_

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

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

Are you tobacco free right now?     Yes       No

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

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

How often? \_\_\_\_\_

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

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

Thank you so much for participating!