
Date: __/__/__



ONE-YEAR FOLLOW-UP

Which Breath-Free 2 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? (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? (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!