

Clients Smoke Free Life Preparation

Name:

Date:

The following is a very important aspect to integrate into your new smoke free way of being. It will provide valuable information and insights not only for yourself but will assist any practitioner in optimising their support.

The following weblinks may also assist you.

<http://www.ash.org.uk>

<http://www.givingupsmoking.co.uk>

My historical smoking profile.

How do I buy cigarettes (10s, 20s, cartons, 1000s at duty free etc.)

What makes it easy for me to smoke?

- 1.
- 2.
- 3.
- 4.
- 5.

Where do I go to smoke that makes it easier to smoke?

Rate the following places I smoke on a 10 scale, with 10 being easiest/most predominant:

<i>Where?</i>	<i>Score (1-10)</i>

Where do I go that makes it easier not to smoke?

<i>Where?</i>	<i>Score (1-10)</i>	<i>Feelings at these times?</i>

When do I automatically reach for a cigarette (e.g. phone calls, coffee, after meals, driving etc.). Rate frequency on 1-10 scale, 10 being max.

<i>When?</i>	<i>Score (1-10)</i>	<i>Feelings at these times?</i>

What foods and drinks seem to prompt me to want to smoke?

<i>Foods?</i>	<i>Score (1-10)</i>	<i>Feelings at these times?</i>

Daily smoking schedule.

Monitor one or more days to understand your smoking profile.

Under feeling just let yourself start to be aware of any thoughts, feelings etc. that accompany the tendency to smoke. Don't force this, just let it be an awareness exercise. Since your awareness of this aspect will increase as you allow it you make wish to do this exercise several times. Under action put any other actions that accompany this e.g. driving, coffee, tea, alcohol etc. Under environment note where there is any consistency of the environment that your smoking takes place in.

Time	Feeling	Action	Environment
Midnight – 1am			
1am – 2am			
2am – 3am			
3am - 4am			
4am – 5am			
5am - 6am			
6am – 7am			
7am – 8am			
8am – 9am			
9am – 10am			
10am – 11am			
11am – 12 noon			
12 noon – 1pm			
1pm – 2pm			
2pm – 3pm			
3pm – 4pm			
4pm – 5pm			
5pm – 6pm			

6pm – 7pm			
7pm – 8pm			
8pm – 9pm			
9pm – 10pm			
10pm – 11pm			
11pm - midnight			

What positive things can I identify that smoking does for me?

Smoke Free Profile

Rate the following on a 10 scale.

It is me who wants to give up.	
It is my children who want me to give up.	
It is my parents who want me to give up.	
It is my partner who wants me to give up.	

Rate the following as obstacles to the giving up process:

<i>Who</i>	<i>Rating 1-10</i>	<i>Comments</i>
My partner.		
My workplace.		
My work colleagues.		
My drinking mates.		
My children.		
My parents.		
My friends		

Things making it easier for me to give up:

List activities, environments, situations etc. that you know or can explore that will make it easier for you to give up.

<i>Activity</i>	<i>Rating 1-10</i>	<i>Comments</i>

My goals in stopping. Score these on a 10 scale.

<i>Goals</i>	<i>Score</i>	<i>Comments</i>

People Support: People who are around to support my transition to smoke free.

List the people and also how you are going to enlist their support when you feel a desire to smoke.

Identify aspects that are positive in your life in your new smoke free way of being.

<i>Benefit</i>	<i>Score</i>	<i>Comments</i>

Rate the ease of giving up the following and other items that you may wish to consider: 10 is impossible.

<i>Item</i>	<i>Score</i>	<i>Comments</i>
Cigarettes		
Sweets		
Chocolate		
Sex		

Alcohol		

Where in my body do I feel the giving up battle tension?

Previous attempts.

List the times, environments/circumstances, what worked and what didn't work on your previous attempts, together with withdrawal effects.

Spending profile.

Assuming a packet of cigarettes is £5 for 20 calculate your spending profile as follows.

	<i>Cost</i>	<i>Comments</i>
Per day		
Per week		
Per month		
Per year		
Per 10 years		
For the time you have smoked		
For the next X years of your smoke free life		

What different things could you do with this money:

Each day	
Each week	
Each month	
Each year	

List your worries about becoming smoke free.

Related lifestyle aspects.

Complete the following:

Item	Daily Consumption	Target
Water/natural fruit juice		
Tea		
Coffee		
Alcohol		
Sugar containing foods		
Portions of fruit daily		
Portions of vegetables daily		
Portions of salads daily		