Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Quitting Smoking: Importance and Confidence

People usually have several things that they would like to change in their lives. **Quitting Smoking can be one of those things**. Please answer the next two questions with regard to quitting smoking.

**At this moment, how important is it that you achieve your goal of quitting smoking?** Use the following scale, to indicate your importance rating.

 **0 25 50 75 100**

 Not Less About as More The most

 important important important important important

 at all than most as most of the than most thing in

 of the other other things of the other my life

 things I I would things I I would like

 would like like to would like to achieve

 to achieve now achieve now to achieve now now

### The importance of my goal is \_\_\_\_\_\_\_% Now ask yourself the following question:

What competing priorities, if any, could interfere with you achieving your goal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**At this moment, how confident are you that you can achieve your goal of quitting smoking?** Use the following scale, to indicate your confidence rating.

 **0 25 50 75 100**

 I do not I have a **25%** I have a **50%** I have a **75%** I think I will

 think I will chance of chance of chance of definitely

 achieve my goal achieving achieving achieving achieve

 my goal my goal my goal my goal

### I am \_\_\_\_\_\_\_% confident that I will achieve my goal. Now ask yourself the following question:

What obstacles, if any, might you encounter that could interfere with you achieving your goal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RATE YOUR READINESS TO QUIT**

Below are four different combinations of goal importance and confidence ratings.

Look at your ratings and check **which of the 4 statements best describes how ready you are to change**.

**1. \_\_\_\_\_\_\_\_ Low Importance, Low Confidence**: Here you are expressing that you are not very confident that you could quit and also that it is not very important to you right now. If you are here, **ask what it would take to get you to commit to changing.**

**2. \_\_\_\_\_\_\_\_ Low Importance, High Confidence**: Here you are expressing that you are very confident that you could quit, but that it is not that important to you right now. If you are here, **ask what it would take to tip the scale in favor of your deciding to change.**

**3. \_\_\_\_\_\_\_\_ High Importance, Low Confidence**: Here you are expressing that quitting is very important, but that do not feel very confident about quitting right now. If you are here, **ask (a) why you feel you cannot succeed at changing; (b) what is interfering with you confidence to change? and (c) are there things you can do to increase your confidence?**

**4. \_\_\_\_\_\_\_\_ High Importance, High Confidence**: Here you are expressing that you are both very confident that you can quit and that it is very important to quit right now.If you are here, **it appears you are at a good stage in the change process and motivated to quit.**