

## Past quit attempts

These questions are to help us determine your smoking history.

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|----|---|---|---|
| 1. | Have you made a serious attempt* to stop smoking before? <i>(Circle 'No' or write the number of times in the space)</i><br>*Serious attempt means you decided that you would try to make sure you never smoked again. | No  | 0 |
|    |   | Yes, .....times   |   |
| 2. | What is the longest that a quit attempt has lasted in the past? <i>(Write the number of months, days or weeks in the box – specify which)</i>   | <div style="border: 1px solid black; width: 240px; height: 50px; margin: 5px 0;"></div> |   |
| 3. | Have you ever used nicotine replacement products in the past?   | Yes   | 1 |
|    |   | No  | 0 |
| 4. | Have you ever used Zyban (bupropion) in the past?   | Yes   | 1 |
|    |   | No  | 0 |
| 5. | Have you ever used Champix (varenicline) in the past?   | Yes   | 1 |
|    |   | No  | 0 |