



## Smoking Cessation Survey

In order to help our care partners who want to quit smoking, we need your feedback. If you smoke, please fill out the survey below and return to Linda Bronson, RN, certified Freedom From Smoking counselor.

1. Do you want to quit smoking cigarettes?

Yes  No

2. Do you have a plan on how and when to quit?

Yes  No

3. Would you be interested in attending a seven-week Freedom From Smoking Program?

Yes  No

4. What hours would be best for you for class?

\_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

5. Would you attend this program if it were offered days while you were at work?

Yes  No

6. Do you want more information on how to quit?

Yes  No

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

Contact phone number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Send your completed survey via interoffice mail to Linda Bronson, Cardiac Rehab, or fax it to her at 268-6811.

For more information on how you can quit smoking once and for all, contact Linda Bronson, RN, at ext. 6726, via e-mail to [linda.bronson@parrishmed.com](mailto:linda.bronson@parrishmed.com).