**Grow Smokefree Children**

**Goal Setting**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My goal is to stop smoking Yes No

 My goal is to reduce the number of cigarettes I smoke Yes No

 Are you ready to set a quit date? Yes No

 What is your stop smoking target date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How many cigarettes do you smoke per day?\_\_\_\_\_\_\_\_\_\_\_\_\_

 How many cigarettes do you smoke per week? \_\_\_\_\_\_\_\_\_\_\_\_

 You might find it helpful to ask your whanau/family or a friend to help you stop smoking.

 My support person is going to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please tick a number to let us know how keen you are to stop smoking

Not keen I---------------------------------------------------------------------------------------------------------I Very keen

 0 1 2 3 4 5 6 7 8 9 10

  My goal is to have a smokefree home Yes No

 Do you currently smoke in your home? Yes No

 How many others smoke in your home? \_\_\_\_\_\_\_\_\_

 Please tick a number to let us know how keen you are to have a smokefree home

Not keen I---------------------------------------------------------------------------------------------------------I Very keen

 0 1 2 3 4 5 6 7 8 9 10

 My goal is to have a smokefree car Yes No

 Do you currently smoke in your car? Yes No

 Do others smoke in your car? Yes No

 Please tick a number to let us know how keen you are to have a smokefree car

Not keen I---------------------------------------------------------------------------------------------------------I Very keen

 0 1 2 3 4 5 6 7 8 9 10