

SMS USA PHASE FOUR SECOND BETA TEST: BASELINE SURVEY

First, I would like to ask a few questions to confirm you are eligible for the SMS USA study.

1. What is your age? _____

2. What is your biological sex...?
Male.....1
Female.....2
Do not want to answer.....3

3. Do you own a cell phone?
I do not have/use a cell phone.....1
I do not own a cell phone but I use my family member's..... 2
I own a cell phone.....3
Do not want to answer4

4. Do you know how to send and receive text messages?
Yes.....1
No2
Do not want to answer3

5. Are you currently enrolled or intending to enroll in an unlimited text messaging plan?
Yes.....1
No.....2
No, but planning to enroll in the next 30 days.....3
Do not want to answer.....4

6. Who is your cell phone provider? (Must be one of the following providers:)
Alltel, AT&T, Boost (CDMA), Boost (iDEN), CellCom, Cellular South, Centennial, Cincinnati Bell,
Dobson, East Kentucky Network, nTelos, Rural Cellular Corp, Sprint Nextel (CDMA), Sprint
Nextel (iDEN), T-Mobile, TracFone (AT&T), US Cellular, Verizon, or Virgin Mobile (USA)

7. How many days have you smoked cigarettes at all, even just a puff, in the last 7 days? (Choose only one answer)

- Have not smoked even a puff 1
- 1 day 2
- 2-3 days 3
- 4-5 days 4
- 6 or more days 5
- Do not want to answer 6

8. How many cigarettes do you smoke in an average day? _____

9. Are you seriously thinking of quitting smoking cigarettes?

- No, I am not thinking of quitting 1
- Yes, but not within the next 6 months 2
- Yes, within the next 6 months 3
- Yes, I am thinking of quitting in the next 30 days 4
- Do not want to answer 5

If not eligible:

Unfortunately, your answers do not match the eligibility criteria for the SMS USA project. I appreciate your interest. Here are some web resources I would recommend you check out if you're interested in quitting: quitnet.com and smokefree.gov. Thanks again for your time.

If eligible:

Great! Your answers indicate that you are eligible to take part in the SMS USA Study. Now, I need to read you the following information to get your permission to take part in the research study. [READ CONSENT FORM].

Now, let’s move onto the survey. It will take about 25 minutes. First, we have some questions about your cell phone use.

10. How long have you had your current cell phone number? If you have more than one phone, please respond thinking about the phone that you will use for the SMS USA study.

_____Months _____Years

11. On an average day, how many minutes do you spend talking on your cell phone?
(Let respondent respond, and RA code response)

- 0 minutes 1
- 1 minute to 30 minutes..... 2
- 31 minutes to 1 hour..... 3
- More than 1 hour to 2 hours 4
- More than 2 hours to 3 hours..... 5
- More than 3 hours 6
- Do not want to answer..... 7

12. How often do you send and receive text messages?
(Let respondent respond, and RA code response)

- I do not send or receive text messages 1
- Less than once a month 2
- About once a month 3
- Once every few weeks..... 4
- About once a week 5
- A few days per week..... 6
- Every day / Almost every day 7
- Do not want to answer..... 8

13. On an average day, how many text messages do you send? _____

14. On an average day, how many text messages do you receive? _____

Next are some questions about your smoking habits.

15. From 0 being not at all important to 10 being extremely important – how important is it right now to you that you quit smoking?

0 1 2 3 4 5 6 7 8 9 10

16. From 0 being not at all confident to 10 being extremely confident – how confident are you right now that you can quit smoking?

0 1 2 3 4 5 6 7 8 9 10

17. How old were you when you had your first puff of a cigarette? _____
18. For how many years have you smoked cigarettes (not including any length of time when you were quit)?
(Let respondent respond, and RA code response)
- | | |
|------------------------------------|---|
| Less than 1 year | 1 |
| 1 years to less than 2 years | 2 |
| 2 years to less than 3 years | 3 |
| 3 years to less than 4 years | 4 |
| 4 years to less than 5 years | 4 |
| More than 5 years..... | 6 |
| Do not want to answer | 7 |
19. Do you smoke more frequently in the first hours of the morning compared to during the rest of the day?
- | | |
|-----------------------------|---|
| Yes | 1 |
| No | 2 |
| Do not want to answer | 3 |
20. How soon after you wake up do you have your first cigarette? (Please respond in minutes if you can)
- | | |
|----------------------------|---|
| 0-5 minutes..... | 1 |
| 6-30 minutes..... | 2 |
| 31-60 minutes..... | 3 |
| >60 minutes..... | 4 |
| Do not want to answer..... | 5 |
21. Which cigarette of the day would you hate to give up most?
- | | |
|----------------------------|---|
| First in the morning..... | 1 |
| Any other | 2 |
| Do not want to answer..... | 3 |
22. Do you find it difficult to not smoke when you are in places where it is not allowed, like in restaurants and bars, or in a movie theater?
- | | |
|----------------------------|---|
| Yes | 1 |
| No | 2 |
| Do not want to answer..... | 3 |
23. Do you smoke if you are so sick that you are in bed most of the day?
- | | |
|----------------------------|---|
| Yes | 1 |
| No | 2 |
| Do not want to answer..... | 3 |

24. How many other people that smoke live in your household? _____
25. Since you first started smoking, how many times have you tried to quit smoking and did not smoke for 24 hours or longer?
- | | |
|-----------------------------|---|
| Never..... | 1 |
| 1 time | 2 |
| 2 times | 3 |
| 3 times | 4 |
| 4 times | 5 |
| 5 or more times | 6 |
| Do not want to answer | 7 |
26. [For those report at least one quit attempt ever in their lives]
Within the last year, how many times have you tried to quit smoking and did not smoke for 24 hours or longer?
- | | |
|-----------------------------|---|
| No, never | 1 |
| Yes, 1 time | 2 |
| Yes, 2 times | 3 |
| Yes, 3 times | 4 |
| Yes, 4 times | 5 |
| Yes, 5 or more times | 6 |
| Do not want to answer | 7 |
27. [For those report at least one quit attempt ever in their lives]
 What is the longest you've been quit?
 _____[hours / days / years]
28. [For those report at least one quit attempt ever in their lives]
 Have you ever used any of the following methods to help you quit smoking? (CHOOSE ALL THAT APPLY)
- | | |
|-------------------------------------------------------|----|
| Chantix (varenicline) | 1 |
| Zyban (bupropion) | 2 |
| Nicotine replacement (such as the patch or gum) | 3 |
| Quit lines or telephone counseling..... | 4 |
| Group therapy..... | 5 |
| Individual counseling or therapy | 6 |
| Acupuncture | 7 |
| Hypnosis..... | 8 |
| Other | 9 |
| I did not use any additional method..... | 10 |
| Do not want to answer..... | 11 |
- [For those who say other] What other methods have you tried?

29. Have you ever gone to a website that is aimed at helping people quit smoking?
Yes 1
No 2
Do not want to answer.....3

[If yes]

30. What are the names of the websites that you have visited that are aimed at helping people quit smoking?

31. Do you plan to use any of the following methods while you are in the SMS USA program? (CHOOSE ALL THAT APPLY)

- Chantix (varenicline) 1
- Zyban (bupropion) 2
- Nicotine replacement (such as the patch or gum) 3
- Quit lines or telephone counseling..... 4
- Group therapy..... 5
- Individual counseling or therapy 6
- Acupuncture 7
- Hypnosis 8
- Websites / information on the Internet 9
- Other 10
- Do not want to answer.....11

If you said 'other', please write in your answer here:

32. Next, are statements about when and why people smoke. It's a long list; there are about 15 statements. Thanks for being patient.

Here we go: How well does each of the following statements describe you? The response options are: not at all true of me, somewhat true of me, moderately true of me, very true of me, or extremely true of me...?

[Questions are randomized]

	Not at all true of me	Sometimes true of me	Moderately true of me	Very true of me	Extremely true of me	Do not want to answer
a. After not smoking for a while, you need to smoke in order to feel less restless and irritable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When you don't smoke for a few hours, you start to crave cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You sometimes have strong cravings for a cigarette where it feels like you're in the grip of a force you can't control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You feel a sense of control over your smoking. You can "take it or leave it" at any time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You sometimes worry that you will run out of cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Since you started smoking, the amount you smoke has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Since you started smoking, the amount you smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

has increased.						
g. Compared to when you first started smoking, you need to smoke a lot more now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Compared to when you first started smoking, you can smoke much, much more now before you start to feel anything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You smoke cigarettes fairly regularly throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. You smoke about the same amount on weekends as on weekdays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. You smoke just about the same number of cigarettes from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It's hard to say how many cigarettes you smoke per day because the number often changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. It's normal for you to smoke several cigarettes						

in an hour, then not have another one until hours later.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. You tend to avoid places that don't allow smoking, even if you would otherwise enjoy them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Even if you're traveling a long distance, you'd rather not travel by airplane because you wouldn't be allowed to smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. The number of cigarettes you smoke per day is often influenced by other things - how you're feeling, or what you're doing, for example.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Your smoking is not affected much by other things. For example, you smoke about the same amount whether you're relaxing or working, happy or sad, alone or with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Great. Thanks for that. Now, on a scale of 1 to 5, with 1 being not at all sure and 5 being very sure: How sure are you that you could resist smoking cigarettes when you are trying to quit and are in the following situations...?
[Questions are randomized]

	1 Not at all sure I could	2	3	4	5 Very sure I could	Do not want to answer
a. When your best friend is smoking	[]	[]	[]	[]	[]	[]
b. When you are bored	[]	[]	[]	[]	[]	[]
c. When you are at a party with all your friends smoking	[]	[]	[]	[]	[]	[]
d. When your date, partner, or spouse is smoking	[]	[]	[]	[]	[]	[]

Now, let's switch topics just a bit. I have some questions about your relationships and people in your life.

34. How much support do you think you will receive from the people you live with when you quit smoking?

- I live by myself 6
- They will not support at all 5
- They will not support all that much 4
- They will be neutral 3
- They will somewhat support 2
- They will strongly support 1
- Do not want to answer 7

35. How much support do you think you will get from your closest friends when you quit smoking?
- I do not have any friends6
 - They will not support at all5
 - They will not support all that much4
 - They will be neutral3
 - They will somewhat support2
 - They will strongly support1
 - Do not want to answer.....7

36. How strongly do you agree or disagree with the following statements. [Questions are randomized]

	Strongly disagree	Somewhat disagree	Neither disagree or agree	Somewhat agree	Strongly agree	Do not want to answer
a. There is a special person who is around when I am in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is a special person with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family really tries to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a special person who is a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My friends really try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can count on my friends when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can talk about my problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have friends with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There is a special person in my life who cares about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My family is willing to help me make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I can talk about my problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

- 1 Not at all in the last 2 weeks
- 2 Several days in the last 2 weeks
- 3 More than half of the days in the last 2 weeks
- 4 Nearly every day in the last 2 weeks
- 5 Do not want to answer

- 1 My appetite was poor
- 2 My sleep was restless
- 3 I felt sad
- 4 I felt like a bad person
- 5 I lost interest in my usual activities
- 6 I felt like I was moving too slowly
- 7 I wished I were dead
- 8 I was tired all the time
- 9 I could not focus on the important things

[FOR THOSE SAYING YES TO ANY SYMPTOM]

38. How difficult have these problems made it for you to...

- 1 Not at all difficult
- 2 Somewhat difficult
- 3 Very Difficult
- 4 Extremely Difficult
- 5 Do not want to answer

- 1 Do your work or school work
- 2 Take care of things at home
- 3 Get along with other people

Switching topics a bit, now we have some questions about other areas in your life. The next questions are about alcohol.

39. In the last 3 months, how often have you had more than a few sips of an alcoholic drink, such as beer, wine, vodka?

- Never (Go to Question 44)5
- Less than once a month2
- About once a month3
- Once every few weeks.....4
- About once a week5
- A few days per week.....6
- Every day / Almost every day.....7
- Do not want to answer.....8

40. Have you ever thought about cutting down on your drinking?
 No2
 Yes1
 Do not want to answer.....3

41. Has anyone ever criticized you for your drinking?
 No2
 Yes1
 Do not want to answer.....3

42. Have you ever felt bad or **guilty** about your drinking?
 No2
 Yes1
 Do not want to answer.....3

43. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?
 No2
 Yes1
 Do not want to answer.....3

The next questions are about physical activities such as exercise, sports, physically active hobbies, etc. We are interested in things that you may do in your LEISURE time.

44. In the past month, on how many days did you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?
 Not at all during the past month
 Less than once a week
 1 day a week
 2 days a week
 3 days a week
 4 days a week
 5 days a week
 6 days a week
 7 days a week
 Do not want to answer

45. About how long do you do these vigorous leisure-time physical activities each time you do them?
 (record in minutes, hours)

46. In the past month, on how many days did you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

- Not at all during the past month
- Less than once a week
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week
- Do not want to answer

47. About how long do you do these light or moderate leisure-time physical activities each time you do them? (record in minutes, hours)

48. In the past month, on how many days did you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

- Not at all during the past month
- Less than once a week
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- 7 days a week
- Do not want to answer

49. About how long do you do these physical activities specifically designed to strengthen your muscles each time you do them? (record in minutes, hours)

And the last two questions on this topic:

50. How tall are you?

_____ feet _____ inches

51. How much do you weigh?

_____ pounds

Now I have some questions about your sleeping habits:

52. Thinking about the *past month*... On a day when you have to go to work or school in the morning, how many hours of *actual sleep* do you get at night? (This may be different than the number of hours you spend in bed.) HOURS OF SLEEP PER NIGHT _____

53. Thinking about the *past month*... On a day when you **don't** have work or school in the morning, how many hours of *actual sleep* do you get at night? (This may be different than the number of hours you spend in bed.) HOURS OF SLEEP PER NIGHT _____

54. For the next several questions, the response options are: Not at all during the past month, Less than once a week, Once or Twice a week, Three or more times a week, or Do not want to Answer.

During *the past month*, how often have you ...

- a. Not been able to get to sleep within 30 minutes
- b. Woken up in the middle of the night or early morning
- c. Had to get up from sleeping to use the bathroom
- d. Had trouble sleeping because you could not breathe comfortably
- e. Had trouble sleeping because you were coughing or snoring loudly
- f. Had trouble sleeping because you felt too cold or hot
- g. Had bad dreams
- h. had trouble sleeping because you were in pain

55. For the next several questions, the response options are: Not at all during the past month, Less than once a week, Once or Twice a week, Three or more times a week, or Do not want to Answer. I know these types of questions are tiring. This is the last one like it in the entire survey. Here we go.

- a. I go to bed at different times day to day (time I go to bed varies by more than two hours).
- b. I get out of bed at different times from day to day (time I get out of bed varies by more than two hours).
- c. I use alcohol, tobacco, or caffeine within 4 hours of going to bed.
- d. I do something that may wake me up before bedtime (for example: play video games, use the internet, or clean)
- e. I go to bed feeling stressed, angry, upset, or nervous.
- f. I use my bed for things other than sleeping or sex (for example: watch television, read, eat, or study)
- g. I sleep in an uncomfortable bedroom (for example: too bright, too stuffy, too hot, too cold, or too noisy)
- h. I do important work before bedtime (for example: pay bills, schedule, or study).
- i. I think, plan, or worry when I am in bed.

Now, we have just a few more questions to help us classify your answers.

56. What is your marital status?

Married.....	1
Divorced	2
Widowed	3
Living with someone as a couple	4
Separated	5
Single	6
Do not want to answer.....	7

57. Are you currently enrolled in a 4-year college or university?

Yes, full time.....	1
Yes, part time time	2
No	3
Do not want to answer.....	4

[For those who say no]

Are you currently enrolled at a junior college or community college?

Yes, full time.....	1
Yes, part time time	2
No	3
Do not want to answer.....	4

58. What is your highest level of education?

Less than high school	1
Some high school.....	2
High School or equivalent (e.g. GED)	3
Some college, but no degree	4
Associate's degree	5
College degree (e.g. B.A., B.S.)	6
Some graduate school, but no degree	7
Graduate school (e.g. M.S., M.D., Ph.D.)	8
Do not want to answer	9

59. How many hours a week are you currently working at a paid job?

None – not working.....	1
10 hours or less.....	2
11-20 hours.....	3
21-30 hours.....	4
31-40 hours.....	5
41 or more hours.....	6
Do not want to answer.....	7

60. How many adults aside from you over 18 years of age live in your household? _____

61. How many children under the age of 18 live in your household? _____

62. Which of the following income categories best describes your total annual income?

Less than \$15,000.....	1
\$15,000 to \$24,999.....	2
\$25,000 to \$34,999.....	3
\$35,000 to \$49,999.....	4
\$50,000 to \$74,999.....	5
\$75,000 to \$99,999.....	6
\$100,000 to \$124,999.....	7
\$125,000 to \$149,999.....	8
\$150,000 to \$199,999.....	9
\$200,000 to \$249,999.....	10
\$250,000 or more.....	11
I do not know.....	12
Do not want to answer.....	13

63. What is your race?

White or Caucasian.....	1
Black or African American.....	2
Asian.....	3
Native Hawaiian or Other Pacific Islander.....	4
Native American or Alaskan Native.....	5
Mixed racial background.....	6
Other.....	7
Do not want to answer.....	8

64. Are you of Hispanic origin, such as Latin American, Mexican, Puerto Rican, or Cuban?

- Yes, of Hispanic origin 1
 No, not of Hispanic origin..... 2
 Do not want to answer..... 3

Finally: in all of our research studies, we verify smoking status by contacting one other person, usually a family member or friend, who knows you well and can affirm that you are not smoking. Can you give me the names and phone numbers of two people who would be able to verify your smoking status later in the study? It would be great if you could give us the name of one person you live with, and one person you do not live with.

65. Name:

Relationship:

Phone number:

Does this person live in the same house as you?

66. Name:

Relationship:

Phone number:

Does this person live in the same house as you?

You have reached the end of the survey.

So, the the last thing for today: Please identify a day in the next 30 days, but more than 14 days from now, that will be your Quit Date. This is the day that you will quit smoking cigarettes. Think about your schedule. Maybe there's a day of the week that's better for you; or maybe there's a really busy day (or even week) that you want to avoid. Take a few moments now to look at the calendar, and then tell me the date that you would like to set.

[RA: make sure that the quit date is at least 14 days from today; and no more than 30 days from today]

Great. You will start receiving messages 2 weeks before your Quit Day. So, for you that means [DATE].

[For those who are smoking 10 or more cigarettes/day (q8 above)]

Your answers indicate that you smoke 10 or more cigarettes a day. Please consider talking to your doctor or a local pharmacist about pharmacotherapy and other quitting aids. They can really help increase the chances that you will be successful in quitting for good.

That's it! If you have any questions, please email me at Tonya@is4k.com; or text or call me at: [cell number]. Thanks so much for your time.