



Assessing Readiness to Quit Tobacco

Let's see if you are ready to quit tobacco.

(Please tick the relevant answer and return the form to your Dentist.)

■ Are You Ready to Quit Tobacco?

1. Are you interested in quitting smoking or tobacco use within the next month?
☐ Yes ☐ No
2. Are you willing to set a date to quit smoking or tobacco use?
☐ Yes ☐ No
3. Would you like your Dentist to advise you regarding different tools that will assist you in quitting tobacco?
☐ Yes ☐ No

■ How Ready Are You?

1. How important is it for you to quit tobacco for good?
 (not at all important) (very important for me)
2. How practical is it for you to quit now?
 (practically, not possible for me) (totally I can quit)
3. How confident are you that you could quit tobacco?
 (not at all confident) (totally confident)

Your Dentist can assist you in overcoming tobacco dependence through various informative hand-outs and tools. Talk to your Dentist today to know more.