

Q9. Occupation ()

Q10. Do you work in a non-smoking office?

YES / NO (We have a separated smoking rooms / Smoking is allowed)

Q11. Your current height () cm Weight () Kg

Q12. Please answer the below regarding your **mental state**.

(1) Please circle the below number that best averages how difficult the past week has been for you.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely

(2) To what extent did that difficulty affect your daily life?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely

Q13. Read the questions below and put a circle to the applicable answer.

	Questions	YES (1 point)	No (0 point)
1	Do you have experience smoking more than you initially intended?		
2	Have you ever failed when you tried to quit smoking or decrease the amount of cigarettes?		
3	Have you ever craved to smoke when you tried to quit smoking or decrease the amount of cigarettes?		
4	Have you ever experienced any of the symptoms below when you tried to quit smoking or decrease the amount of cigarettes? (Frustration, Nervousness, Restlessness, Distracted, melancholic, Headache, Sleepiness, Upset stomach, Slow pulse, Shaky hands, Increase in appetite or weight)		
5	Have you ever started smoking again to relieve the symptoms in Q4?		
6	Have you ever smoked even after knowing you have a heavy disease and it is not good for you?		
7	Have you ever smoked knowing you have health problems caused by smoking?		
8	Have you ever smoked knowing you have a mental problem caused by smoking?		
9	Have you ever felt that you are addicted to smoking?		
10	Have you ever avoided a job or a social obligation where you cannot smoke?		
	Total		