



Free Quit Kit for Faculty and Staff

*Health*Matters is pleased to send a free Stop Smoking Quit Kit to faculty and staff who are trying to quit smoking. Your kit contains a small supply of goodies to keep your hands, mind and mouth busy while you are coping with quitting. The Quit Kit also includes brochures and resources to aid you during your quitting process.*

*Please take a minute to answer these questions to help us improve the services we provide. Print out and complete the questionnaire; then send it through the campus mail to: Box 4300, Health*Matters, Tang Center, 2222 Bancroft Way. Or fax it to 642-7411. Your answers will be kept confidential.*

*Health*Matters wishes you success in your effort to stop smoking for good!*

1. Are you working with your doctor to stop smoking, or are you planning to? 1 Y 1 N

2. Are you working with your health plan's smoking cessation programs, or are you planning to?
 - 1 PacifiCare: Stop Smoking
 - 1 Kaiser (Class)
 - 1 HealthNet: Ready, Set, Stop online 1 Ready, Set, Stop hard copy
 - 1 Other _____
 - 1 Not planning to use these programs

3. Please check the type of behavior-change smoking cessation program(s) you plan to use:
 - 1 Online program (such as QuitNet.com)
 - 1 California Smoker's Telephone Helpline
 - 1 Smoking cessation class offered locally
 - 1 Self-Help materials
 - 1 Smoking Cessation Program offered by my health plan
 - 1 Individual counseling
 - 1 Other _____

4. Please check any of these stop-smoking aids you plan to use:
 - 1 Nicotine patch (over the counter)
 - 1 Nicotine gum (over the counter)
 - 1 Nicotine Nasal Spray (prescription)
 - 1 Nicotine Inhaler (prescription)
 - 1 Zyban or Wellbutrin (prescription)
 - 1 Other _____

(continues)

5. We welcome additional comments or feedback:

I am requesting this Quit Kit for

- 1 myself (UCB faculty/staff)
- 1 my partner
- 1 one of my children
- 1 other

1 I would like Health*Matters to follow-up with me at 3, 6, and 12 month intervals to check on my smoke-free status.

Name:

Campus address:

Campus mail code:

Campus email:

*Thank you for taking the time to fill out this survey. Your input will help us improve our program and our ability to help you and others to stop smoking for good.
(Your kit will be mailed confidentially through campus mail.)*