Smoking Self-efficacy	Scale
Long Form	

Client ID#			
Date:	_/	/	
Assessment	Point:		

THE FOLLOWING STATEMENTS REPRESENT DIFFERENT OPINIONS ABOUT SMOKING. PLEASE RATE HOW IMPORTANT EACH STATEMENT IS TO YOUR DECISION TO SMOKE ACCORDING TO THE FOLLOWING FIVE POINT SCALE.

1=Not at all confident 2=Not very confident 3=Moderately confident 4=Very confident 5=Extremely confident

Situation

Confident not to smoke cigarettes

		Not at all	Not very	Moderately	Very	Extremely
1)	At a bar or cocktail lounge having a drink.	1	2	3	4	5
2)	When I am desiring a cigarette.	1	2	3	4	5
3)	When things are not going the way I want and I am frustrated.	1	2	3	4	5
4)	With my spouse or close friend who is smoking.	1	2	3	4	5
5)	When there are arguments and conflicts with my family.	1	2	3	4	5
6)	When I am happy and celebrating.	1	2	3	4	5
7)	When I am very angry about something or someone.	1	2	3	4	5
8)	When I would experience an emotional crisis, such as an accident or a death in the family.	1	2	3	4	5
9)	When I see someone smoking and enjoying it.	1	2	3	4	5
10) Over coffee while talking and relaxing.	1	2	3	4	5

Situation

Confident not to smoke cigarettes

	Not at all	Not very	Moderately	Very	Extremely
11) When I realize that quitting smoking is an extremely difficult task for me.	1	2	3	4	5
12) When I am craving a cigarette.	1	2	3	4	5
13) When I first get up in the morning.	1	2	3	4	5
14) When I feel I need a lift.	1	2	3	4	5
15) When I begin to let down on my concern about my health and am less physically active.	1	2	3	4	5
16) With friends at a party.	1	2	3	4	5
17) When I wake up in the morning and face a tough day.	1	2	3	4	5
18) When I am extremely depressed.	1	2	3	4	5
19) When I am extremely anxious and stressed.	1	2	3	4	5
20) When I realize I haven't smoked for a while.	1	2	3	4	5