Smoking Self-efficacy Scale Short Form

Client ID# _____ Date: ____ /____/ Assessment Point:_____

Listed below are a number of situations that lead some people to smoke. I would like to know <u>how confident</u> you are that you would <u>not smoke</u> in each situation.

Circle the number that best describes your feelings of <u>confidence to not smoke</u> in each situation <u>during the past week</u> according to the following scale:

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

Situation		Confident not to smoke			
	Not at all	Slightly	Moderately	Very	Extremely
1. With friends at a party.	1	2	3	4	5
2. When I first get up in the morning.	1	2	3	4	5
3. When I am very anxious and stressed.	1	2	3	4	5
4. Over coffee while talking and relaxing	g. 1	2	3	4	5
5. When I feel I need a lift.	1	2	3	4	5
6. When I am very angry about somethin or someone.	ng 1	2	3	4	5
7. With my spouse or close friend who is smoking.	s 1	2	3	4	5
8. When I realize I haven't smoked for a while.	1	2	3	4	5
9. When things are not going my way an I am frustrated.	d 1	2	3	4	5