

Temptation 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 tempted
2=Not very tempted
3=Moderately tempted
4=Very tempted
5=Extremely tempted

Situation	Tempted 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

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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