



Entry Form

Register at www.quitnow.ca or sign and return this form by 11:59 PM PST on January 4, 2010. Mailed entries must be postmarked January 4, 2010.

If registration is submitted by 11:59 PM PST on December 16, 2009 you will be eligible to win 1 of 5 \$100 early bird prizes.

Fax your entry form to: 604.731.5810
Call to register at: 1.877.455.2233
Mail your entry form to: QuitNow & WIN Contest
BC Lung Association
2675 Oak Street
Vancouver, BC V6H 2K2

Participant Information

Name (first): _____ (last): _____

Address: _____

City/Town: _____ Postal Code: _____

Tel (home): _____ Tel (alternative): _____

E-mail: _____ Date of Birth (Year/Month/Day): _____

Alternative e-mail: _____

Please mark whether you agree with the following statements:

- 1. I would like to *be contacted by QuitNow By Phone** to help me stay tobacco-free. *This is a free service that you can opt out of at anytime.* Yes No
- 2. I would like to *join the QuitNow Online community* to help me stay tobacco-free. *This is a free service that you can opt out of at anytime.* Yes No
- 3. I would like to receive *quit support text messages* from QuitNow Services during the contest. *This is a free service that you can opt out of at anytime.* Yes No
- 4. I would like to receive *quit support email messages* from QuitNow Services during the contest. *This is a free service that you can opt out of at anytime.* Yes No

* Depending on call volume, you may not be contacted by QuitNow By Phone until after February 2010.

Please turn the page and continue filling out the entry form

Getting support from a trained health care provider or others has been proven to increase your chances of quitting smoking and remaining tobacco-free. QuitNow By Phone and QuitNow Online can offer that support.

Please answer the following questions regarding the history of your tobacco use:

5. When was the last time you smoked a cigarette, even a puff? (year/month/day) _____
6. As part of my cultural practice, I am exposed to tobacco smoke for ceremonial use. Yes No
7. Were you a daily tobacco user for a year prior to your most recent or planned quit date? Yes No
8. Gender: Male Female
9. At what age did you start smoking regularly? _____
10. Have you smoked or used tobacco at least 100 times in your life? Yes No
11. Do you currently use other tobacco products (amount for each that apply):
- Cigars _____/week
 - Pipe bowls _____/week
 - Chew _____tins/week
 - Other tobacco _____/week
12. How many cigarettes do you smoke per day on the days that you smoke (cigarettes per day)? _____ cigarettes per day
 Don't know
 Refused
13. How soon after you wake up do you smoke your first cigarette?
- Within 5 minutes
 - 6 to 30 minutes
 - 31 to 60 minutes
 - More than 60 minutes
 - Don't know
 - Refused
14. In the past year, how many times did you stop smoking/using tobacco for at least 24 hours because you were trying to quit? _____
15. Is smoking cigarettes allowed inside your home? Yes No
 Don't know
16. How confident are you that you will be able to quit smoking and remain smoke-free? A lot
 A little
 Not at all
17. How did you learn about the QuitNow & WIN Contest?
(Choose the **one most responsible** for getting you to the contest)
- Media: Newspaper
 Television
 Facebook
 Twitter
 Brochure/Poster
 Don't know
- Referral from: Health professional
 Family/friends
 Workplace
 Community organization
 Other
 Refused

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Optional questions:

The following set of questions is optional. We would appreciate you answering some or all of the following questions to help us better understand who is registering and how we may be able to better support people who want to quit using tobacco.

If you would prefer not to answer these optional question, please skip to the "Support Buddy Information" below.

- 18. What is the highest level of education you have completed?
 - Less than high school
 - High school diploma
 - Technical or trade school
 - College or University degree

- 19. At present are you:
 - Married or living with a partner
 - Widowed
 - Divorced
 - Separated
 - Never been married

- 20. Do you consider yourself to be one or more of the following?
 - Heterosexual or Straight
 - Gay or Lesbian
 - Bisexual
 - Transgender
 - Don't know

- 21. Which of the following best describes your main activity during the last 12 months? Were you...
 - Working at a job (please check:)
 - Trades/farming
 - Clerical/sales
 - Professional/managerial
 - Other (please specify below) _____
 - Looking for work
 - A student
 - Retired
 - Raising a family or running a household
 - Other (please specify below) _____

Support Buddy Information:

Include the contact information for your support buddy who will support your quitting efforts. The buddy of a potential winner will be asked to confirm the contest registrant has remained tobacco-free for the four week contest period (January 5 – February 2, 2010).

Support Buddy's Name (first): _____ (last): _____

Address: _____

City/Town: _____ Postal Code: _____

Tel (home): _____ Tel (alternative): _____

E-mail: _____ Date of Birth (Year/Month/Day): _____

Alternative e-mail: _____

Is your buddy also registered as a participant in the QuitNow & WIN Contest? Yes No Don't know

Is your buddy a tobacco user? Yes No Don't know

Please mark that you agree to the rules of the contest:

I agree to the official rules of the QuitNow & WIN Contest and verify that I am a BC resident, aged 19 years or older and have been a daily tobacco user for at least a year. I understand that my information is private and will not be sold to anyone and used only for the purposes of contacting potential contest winners, evaluation purposes, service improvements and to promote the QuitNow & WIN contest. I understand that if I win a prize, my picture may be taken and used to promote the contest.

The BC Lung Association hosts contests and other events throughout the year. Would you like to be kept informed of these events by email? Yes No