



**Quit Smoking & be a Winner!
...over \$20,000 in prizes**

For contest details
visit www.quitnow.ca

ENTRY FORM

DIRECTIONS – QUESTIONS 1 TO 13 MUST BE COMPLETED IN ORDER TO BE REGISTERED.

REGISTER at www.quitnow.ca or sign and return this form **by 11:59 p.m. on January 5, 2009**. Mailed entries must be postmarked January 5, 2009.

FAX your entry form to: 604.731.5810

MAIL your entry form to: QuitNow & WIN – BC Lung Association
2675 Oak Street, Vancouver BC V6H 2K2

CALL to register at: 1.877.455.2233

If you have questions about the QuitNow & WIN contest, please email quitnow@bc.lung.ca or go to the website at www.quitnow.ca

PARTICIPANT INFORMATION

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

TEL (HOME): _____ TEL (WORK): _____

E-MAIL: _____ DATE OF BIRTH (YEAR/MONTH/DAY): / /

- Gender: F M
- At what age did you begin to smoke/use tobacco daily? _____
- Have you smoked or used tobacco at least 100 times in your life? Yes No
- At the present time, do you use the following tobacco products daily, occasionally or not at all?
(Indicate your response with an **X** in the appropriate boxes)

	CIGARETTES	CIGARS	PIPES	CHEW TOBACCO	SNUS
DAILY					
OCCASIONALLY					
NOT AT ALL					

- On the days that you smoke, how many cigarettes do you or did you smoke? _____
- How soon after you wake up do you smoke your first cigarette?
 Within 5 minutes 6 – 30 minutes 31 – 60 minutes
 More than 60 minutes I already quit – My quit date was (year/month/day) ____ / ____ / ____
(If your quit date is earlier than 2008/09/01 we're sorry, but you are ineligible to participate in the contest).

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PARTICIPANT INFORMATION - CONTINUED

7. In the past year, how many times did you stop smoking/using tobacco for at least 24 hours because you were trying to quit? _____

8. Is smoking allowed in your home? Yes No

9. On a scale of 1 to 10, where 1 is not at all confident and 10 is extremely confident, how confident are you in your ability to quit using tobacco? (circle your answer) 1 2 3 4 5 6 7 8 9 10

10. How did you learn about the QuitNow & WIN Contest? (Check all that apply)

Television

Poster

Postcard

E-mail / E-vite

Website

Online advertisement

Other _____

11. Would you like to be contacted by QuitNow Services as follows:

I would like to receive quit support emails from QuitNow Services during the contest. Yes No

I would like to be contacted by QuitNow Services following the contest to help me stay tobacco-free. Yes No

SUPPORT BUDDY

Include the contact information for your 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 6 – February 2, 2009).

Buddy Information:

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

TEL (HOME): _____ TEL (WORK): _____

E-MAIL: _____ YEAR OF BIRTH: _____

12. Is your buddy a non-smoker? Yes No Don't know

13. Is your buddy registered in the contest Yes No Don't know

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 and evaluation purposes. I understand that if I win a prize, my picture may be taken and used to promote the contest.

SIGNATURE: _____ DATE (YEAR/MONTH/DAY): / /

The BC Lung Association respects your privacy. The BC Lung Association only collects your personal information for the purposes of registration, program evaluation and to keep you informed about the QuitNow & WIN contest. Should you have questions about our privacy policy, please visit our website at www.bc.lung.ca.

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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.

14. What is the highest level of education you have completed?

- Less than high school
- High school
- Technical or trade school
- College or University degree

15. At present are you:

- Married or living with a partner
- Widowed
- Divorced
- Separated
- Never been married

16. Do you consider yourself to be one or more of the following?

- Straight
- Gay or Lesbian
- Bisexual
- Transgender
- Other (Specify): _____

17. Which of the following best describes your main activity during the last 12 months? Were you...

- Working at a job
- Trades/farming
- Clerical/sales
- Professional/managerial
- Other: _____
- Looking for work
- A student
- Retired
- Raising a family or running a household
- Other: _____