



2018 Quit and Win Competition Registration Form

Participant (Smoker)

A. Personal Details:

Surname: _____ First name: _____

Sex: Male Female Age: _____

Address: _____ Post Code : _____

Phone: _____

Email Address: _____

B. Smoking Habits:

1. How many cigarettes do you smoke per day?

- Less than 1 per day 1-5 per day 6-10 per day
 11-15 per day 16-20 per day More than 20 per day

2. Do you use any of the following tobacco products:

- Cigar Hookah/shisha Vape/ e-cigarette Pipe
 Smokeless Tobacco (Chewing Tobacco, Rolling Tobacco, Snuff)

3. At what age did you start smoking? _____

4. Have you ever tried to quit smoking for a day or more?

- Never Yes, 1-3 times Yes, 4-6 times
 Yes, 7-9 times Yes, 10 times or more

5. How did you find out about this project (can select multiple choices):

- Facebook WeChat Website
 Newspaper Radio Flyer/poster/billboard
 Information Session Other (Please specify) _____

C. Declaration

I am willing to abide by all rules of this competition and stop smoking from 1 October 2018 to 28 October 2018.

Signature of the participant: _____ Date: _____

Please turn over

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Support Person (Non-Smoker)

A. Personal Details

Surname: _____ First name: _____

Sex: Male Female Age: _____

Address: _____ Post Code : _____

Phone: _____

Email Address: _____

B. Relationship to the Participant

Partner Relative Friend Colleague

Other (please specify) _____

C. Declaration

I am a non-smoker or an ex-smoker who hasn't smoked for over 1 year. I agree to support, encourage and witness the participant who will stop smoking from Monday 1 October 2018 to Sunday 28 October 2018.

Signature of support person: _____ Date: _____