



Clinician's Guide: Conducting an Intake, Assessment and Treatment Planning Session for Tobacco Cessation

Introduction

This guide takes you through a sample interview guide for a 45 minute intake, assessment and treatment planning session with a patient who uses tobacco. Instructions and rationale are included for completing each section.

Although this form has been developed for Mass Health clinicians who will be providing tobacco counseling services under the MassHealth Tobacco Cessation Counseling benefit, it can be used by any provider offering tobacco cessation counseling.

This intake and assessment form and guide will assist the clinician to :

- Assess tobacco use from physiological, psychological and social perspectives.
- Identify a patient's strengths and potential barriers to quitting;
- Advance the smoker's readiness to quit and encourages quitting, and
- Develop a basic treatment or referral plan based on the assessment.
- If the patient is ready to quit, refer to individual or group counseling; Quitworks; or the Massachusetts Smokers Helpline.

If you are referring your patient on to more intensive counseling (via QuitWorks or an in-house counselor), the information discussed in this initial intake session will help prepare the patient for making a quit attempt.

The intake and assessment session is just a **FORM** and a **STARTING POINT**. Everyone will no doubt use it differently, adapting it to fit specific needs and patient population.

You are **NOT** expected to be the expert when it comes to smoking cessation! But by asking good questions and listening to what your patient is telling you, you can greatly contribute to helping your patient make a quit attempt or moving your patient closer to wanting to quit.

When using this guide, remember that you want to **LISTEN** to what your patient is telling you so that you can **ASK** good questions that will help them talk openly about their smoking.

Consider using these types of **OPEN-ENDED QUESTIONS** throughout the interview:

Tell me about your smoking: How did you start? How old were you? What functions or purpose does smoking play in your life? How much do you smoke? Have your smoking patterns changed recently? If so, why?

Tell me about your past quitting attempts: How many times have you tried to quit? What and when was your longest quit attempt? What worked then to help you keep from smoking? What caused you to relapse? What do you need to do differently the next time?

What needs to change now in order for you to decide to quit in the near future? How can I help you?

The remainder of this guide will take you through each of the three sections of the form: Intake, Assessment, and Treatment Planning. A completed form based on the following case example is provided below. You can also refer to the blank form (**see *Intake Assessment Form* on pages 12-15 at the end of this document**)

Case Example

Jane is a 49 year old single mother of 3 teenage children. She currently works part time and is attending school part time to become a medical assistant. She began smoking at age 10, has smoked for 39 years, and currently smokes up to a pack a day. None of her children smoke. Jane has made two quit attempts in the past, both within the last 5 years and both using NRT (21 mg patch) and bupropion (150 mg/day). Her most recent quit attempt was about 6 months ago after she had pneumonia, at which time she was diagnosed with early emphysema. She reports success managing cravings with the medications until the time of relapse at 3 months due to a series of stressful events. She describes her life as very stressful, with a long commute, single parenthood, juggling work, family, school and financial struggles. Jane's medical history includes hypothyroidism with concurrent depression over the last 10 years, both having been controlled with medication. Jane was able to tolerate both her maintenance antidepressant (Zoloft) and the bupropion during her quit attempts. Jane's main motivation to quit again is her health, and hopes to prevent any further progression of her emphysema. Although she is very motivated to quit, she lacks confidence in her ability to be successful.

Intake Section: See Section I on the Intake and Assessment Form

The questions in this section are geared towards helping you—and the patient—better understand his or her smoking behavior:

- **Smoking history:** Getting a complete smoking history is a critical part of the intake and assessment process. A good history helps you understand what function or role smoking plays in the life of your patient and forms the basis for developing a solid quit plan. The first two questions in this section (Current number of cigarettes smoked per day, and how soon after waking the first cigarette is smoked) are two very strong indicators of the level of nicotine dependence. The more cigarettes smoked per day and the sooner a person smokes after waking are associated with higher levels of addiction.

Other important information to record in this section includes: Other tobacco use; number of years smoked; activities, situations or emotions that trigger smoking; a quitting history that includes both the longest quit attempt and the most recent quit attempt; withdrawal symptoms experienced; and the reason(s) for relapse.

- **Other substance use and any recent changes in use:** It is important to know if your patient is using other drugs, such as alcohol or cocaine, which may affect your patient's ability to quit tobacco. As you are probably aware, there is a strong association between tobacco use and alcohol/drug use, so any treatment plan must take this into consideration. Sometimes a patient has recently quit or reduced other drug use. This is important information since this could provide an opportunity to explore motivation, identify social supports, and possible strategies that have worked for them in the past. This could also affect the timing of a quit attempt (if recently in recovery they may not be ready yet).
- **Relevant medical history:** This is important since there are some chronic diseases and conditions that are not only caused or aggravated by smoking, but may result in contraindications for different forms of pharmacologic treatment, such as NRT, bupropion or Chantix (varenicline). Patients should be referred to their PCP for any treatment or follow-up.
- **Current medications:** If a patient is on certain medications, there may be contraindications for the use of specific NRT, bupropion, or Chantix (varenicline). Quitting smoking may also reduce dosage of certain medications, and this could serve as a motivator for quitting.
- **Environmental/Social history:** Factors in a person's living situation and social environment will influence their smoking behavior and/or desire to quit. These factors may include living/working with smokers, social pressure to quit (or not to quit in some instances), or current stress level at home and work. Since environmental and social factors both produce triggers for smoking, this information helps assess a patient's current social supports as well as challenges or barriers that will be useful in choosing strategies and designing a treatment plan.
- **Past successes with behavior change:** Many of your patients may have already made significant behavioral changes in their life, such as quitting drinking or drugging, or losing a great deal of weight. They have learned valuable skills and insights that can be applied to quitting smoking. Talking about successes can also have a positive effect on the patient's motivation and confidence.
- **Reasons to Quit Smoking:** A patient's personal reasons to quit smoking will serve as important motivators during the quit process, especially during difficult times, when confronted with triggers or cravings. It is often helpful for a patient to find ways to remind themselves of these reasons during these difficult times.

- **Concerns about quitting at this time:** Since there is always some degree of anxiety or worry about the quitting process, it is important to address these specifically (e.g. dealing with stress, weight gain, family members who smoke). Building strategies around specific concerns can decrease anxiety, boost confidence and enhance the likelihood of a successful quit attempt.
- **Readiness to quit smoking:** This is an opportunity to ask the patient how ready they feel to quit smoking, based on a scale of 1-10. Read them the scale as indicated on the assessment form, and ask them to provide a number on the scale they feel most closely represents how ready they are to quit smoking.

Assessment Section: See Section II on the Intake and Assessment Form

Based on the information gathered during the intake discussion, you are now ready to assess a patient's readiness to quit and stage of change. Sometimes a patient will tell a health care provider what they want to hear, so understanding the patient's true motivations and goals is important when targeting quit strategies.

- **Stage of Change:** The stages of change are useful in that they provide a framework to help understand a patient's issues and readiness to make a change. An individual's stage can and will vary from day to day! It is important to re-check a patient's stage of change during each clinical visit or treatment session. The basic goals for patients at each stage of change are as follows:
 - **Precontemplation:** Someone in this stage is not ready to discuss quitting. The goal here is to open the door, get them to at least start thinking about the benefits of quitting. Just an exploration about the role or function of smoking with the patient during this intake and assessment can help move them along towards the contemplation stage.
 - **Contemplation:** This patient is considering quitting, but still unsure. The goal in this phase is to tip the scale in favor of quitting, and build confidence and motivation to quit.
 - **Preparation:** This patient is ready to set a quit date and the goal here is to develop a specific quit plan and brainstorm coping strategies.
 - **Action:** At this stage the patient has already quit so the goal is to review how well the patient's quit plan is working, what problems they are experiencing and to discuss how to prevent relapse.
- **Patient strengths:** Identifying patient strengths from the intake discussion will help in designing a treatment plan, and boost motivation and confidence in the quit process. Strengths could include a strong motivation to quit; good social supports; high self-efficacy (confidence in quitting); previous successes with tobacco or other substances. Strengths might also be a current environment that supports quitting, such as a family member or friend that recently quit, or a work situation that limits smoking.
- **Potential barriers to treatment:** Such barriers could include household members and/or co-workers that smoke; high current stress levels; or major concern about weight gain. Specific barriers need to be considered when setting reasonable goals and identifying specific quit strategies.
- **Ready to set quit date?** Ask the patient directly if they are ready to set a date. If yes- work together to come up with a date that seems reasonable to them. Help the patient identify current factors in their lives; e.g. a time when they will be around fewer smokers or be under less stress (perhaps an upcoming vacation or a visit from children or grandchildren); whether it is better to be a weekend or weekday; or a date of significance such as a birthday or anniversary. Setting and recording a date will affirm the commitment to begin the quit process.

Treatment Planning and Recommendations: See Section III on the Intake and Assessment Form

The treatment plan will depend on both the results of the intake and assessment and resources available to you. If multiple resources are available, discuss preferences and practicalities with the patient. A treatment plan should always be created through collaboration between provider and patient.

- ✓ **Pharmacotherapy** is generally recommended unless there are contraindications. Our *Quick Guide to Nicotine Dependence Pharmacotherapy* can be found on page 11 of this guide.
- ✓ **Individual or Group Counseling:** Research shows that a patient has a greater chance of success with a combination of pharmacotherapy and intensive support (individual, telephone or group counseling).^{*} Check to see if you have any on-site counseling programs available.
- ✓ **QuitWorks** is a free, evidence-based stop-smoking service developed by the Massachusetts Department of Public Health in collaboration with all major health plans in Massachusetts. It is a proactive telephone counseling program that can be used by any Massachusetts health care provider. Enrollment forms are faxed by the provider to the Massachusetts Smokers Helpline, and telephone counselors call the patient within 3-5 days. Information and enrollment forms can be found at www.quitworks.org
- ✓ Patients can be referred directly to the **Massachusetts Smokers Helpline**, 1-800-Try-To-Stop (1-800-879-8678 [English] or 1-800-833-5256 [Spanish] in which case the patient is responsible for making the contact with a trained telephone counselor.
- ✓ It is recommended that **brief quit smoking suggestions** be provided to the patient during this interview, and prompts are incorporated into the treatment planning section of the form.
- ✓ The final section of the form is a place for provider to write any other recommendations or comments.

Remember – quitting smoking is a process. Both providers and patients need to view setbacks as opportunities for learning, not as failures. Patients need continued reinforcement to build their skills, motivation and confidence.

^{*}Treating Tobacco Use and Dependence, U.S. Department of Health and Human Services, Public Health Service, 2008 Update.



Name: _____

ID#: _____

SAMPLE INTAKE AND ASSESSMENT TOBACCO USE FORM

I. Intake Information

Smoking History:

- Current number of cigarettes per day: *approx. 20 per day*
- How soon after awaking is first cigarette smoked? *Within first 30 minutes*
- Age started: *age 10*
- Number of years smoked: *39*
- Use of other tobacco products (pipe, cigars, bidis, chew or spit tobacco)?
None reported
- What kinds of activities or emotions trigger smoking? *Stress, including working, being a single mom, in school part time and 3 teenage children, breaks at work, which includes the social connection; drinking alcohol (which she does daily), driving in the car. Feeling frustrated, angry, anxious or depressed all trigger the desire to smoke. Sometimes feels like being alone with a good friend.*

Quitting history (>24 hours):

	Age or Year	Reason for Quitting	Method Used to Quit (Include any medications)	Duration of Quit
Longest quit	<i>Age 44</i>	<i>Health, expense of cigarettes</i>	<i>Nicotine patch (21mg) and nicotine gum</i>	<i>5 months</i>
Most recent quit	<i>This year-age 49</i>	<i>Had pneumonia</i>	<i>Nicotine patch (21mg) and bupropion (150mg/day)</i>	<i>3 months</i>

Withdrawal symptoms most often experienced when making a quit attempt:

Mainly strong cravings, irritability, insomnia, restlessness

Reason(s) for relapse: *Stress at work was the trigger to relapse after both quit attempts. May have been multiple stress factors building up over time. Recently was required to work overtime and difficult to juggle work/school/home issues. Worried about losing her job.*

Other substance use (alcohol, caffeine, other drugs) and any recent changes in use:

Drinks 1-2 glasses of wine or beer every night before dinner, has done this for several years. Doesn't see alcohol use as a problem. Drank more when quit before, substituting alcohol consumption while cooking dinner in the evening instead of taking smoking breaks on the porch.

Drinks 1-2 cups of caffeinated coffee in the morning.

No other drug use reported.

Relevant medical history: (include any chronic diseases; allergies and skin sensitivities; heart, lung or vascular disease; PMS; menopause; mental health conditions such as depression or mood disorder; pregnancy or lactation, dental history if considering nicotine gum use). Refer back to PCP if any of these conditions require treatment or follow-up.

Hypothyroidism for 10 years with concurrent depression. Hypothyroidism has been controlled with medication, and also feels depression has been basically under control with medication as well.

Diagnosed with early emphysema during her recent bout of pneumonia. No dental issues, was able to use nicotine gum 5 years ago. Has not begun menopause. No known allergies.

Current medications: (include allergy medication and over-the-counter drugs)

Synthroid 0.1 mg/day and Zoloft 100mg/day since diagnosis of hypothyroidism. Occasional Tylenol and ibuprofen for headaches or menstrual cramps.

Environmental/Social history: (smokers and smoking patterns in household and at work; work patterns (#hours, stress); social support for quitting at home and at work)

No one else at home smokes. Smokes on back porch. Family is supportive of her quitting but doesn't feel confident she can succeed. When she is home, she knows her kids will "keep her honest". Friends and coworkers supportive. Has stressful job and home life, long commute to work (45 min. each way). Works part time and sometimes mandatory additional hours, going to school, single parent. Workplace went smoke free recently and actively encourages employees to quit. She has a friend who wants to quit smoking as well and said she would do it with her.

Past successes with behavior change: (quitting other drug use, losing weight, etc.)

Quit smoking twice. 5 years ago for 5 months but relapsed due to work and stress. Quit again 6 months ago for 3 months. Lost 20 pounds 13 years ago after birth of second child, used Weight Watchers structure and support. Has maintained some of weight loss. Busy schedule makes healthy eating and exercise difficult. Early emphysema now effects stamina.

What is the patient's reason(s) for wanting to quit now?

Main motivator is health wants to prevent further lung damage with emphysema. Recognizes that she will also feel better about herself, especially since her family has low confidence in her around ability to quit. Doesn't want her kids to be effected by her smoking.

Concerns about quitting at this time:

Worried about her ability to succeed and feeling ashamed. Stress levels are very high at work and at home now. Doesn't have much time for self-care and managing her stress. Concerned about possible exacerbation of depression without smoking.

What is patient's readiness to quit at this time, on a scale of 1-10, with 1 = Not at all ready to quit and 10 = Very ready to quit?

Patient indicates a 9, really wants to quit. But indicates low confidence level, since her family does not really believe she can do it, and describes herself as "weak".

II. ASSESSMENT:

Stage of Change:

- Precontemplation (*not considering quitting*)
- Preparation (*ready to quit in the next month*)
- Contemplation (*thinking about quitting*)
- Action (*has quit or is in process of quitting*)

Patient is ready to begin some type of treatment plan and set a quit date within the next month. Has already considered a date 2 weeks from now when her current classes end and she has a short break from school.

Strengths that patient brings to the quitting process:

Highly motivated, strong health reasons. 2 previous quit attempts with some duration (5 and 3 months respectively), strong support system with children, friend and coworkers. Friend who wants to quit with her. Work environment also supports not smoking. Successful weight loss with structured program that included supportive component (Weight Watchers).

Potential barriers to quitting:

History of depression and need to manage during quit. Children are supportive but show lack of confidence in her. High stress lifestyle. Limited time for self care. Currently has limited stress management skills in place (e.g. exercise, time for self, relaxation techniques). Alcohol consumption may need to be addressed as a trigger, and need to avoid increasing intake when not smoking. Some concerns about weight gain.

Is the patient/client ready to set a quit date? X Yes No

If yes, specify date: xx/xx/xx

III. TREATMENT PLAN/RECOMMENDATIONS:

Discuss and prescribe (if appropriate) **stop smoking medication**: nicotine patch, gum, lozenge, bupropion (Wellbutrin, Zyban), varenicline (Chantix). Nicotine nasal spray and nicotine inhaler need prior approval.

Type and dose recommended: *NRT- 21 mg patch due to previous success, level of nicotine addiction (first cigarette within 30 minutes of waking), cravings during previous quit attempts. Nicotine lozenges or gum for breakthrough cravings (for use with difficult to manage triggers, e.g. driving during long commute). Bupropion in combination for craving reduction and depression management.*

Refer to **individual** or **group counseling**: (specify program or tobacco treatment specialist)-Note: In some instances the provider conducting the Intake and Assessment will be providing treatment, in other cases it will be necessary to refer).

Patient seems motivated and interested in support that could be provided by group or individual counseling. However, limited time due to schedule is a barrier to attending group or individual sessions. Could benefit from behavioral assistance with managing stress and triggers during quit. QuitWorks most viable option.

Refer to **QuitWorks** (fill out and fax enrollment form to the TryToStop Resource Center, 1-866-560-9113; go to www.quitworks.org for additional information and enrollment form).

Excellent option for support and behavioral management during quit attempt. Can receive help with managing triggers and stress in a way that works with current schedule. Also regular follow up visits with me for monitoring of medication, depression and alcohol consumption.

Refer to the **Massachusetts Smokers Helpline at 1-800-TRY-TO-STOP** (1-800-879-8678, English) or 1-800-8-DEJALO (1-800-833-5256, Spanish) for free telephone quit smoking support.

Provide brief **quit smoking suggestions***:

Develop a plan: Set a quit date; get rid of ALL cigarettes and ashtrays at home, car and work; don't let people smoke in the house; identify smoking triggers and coping strategies.

Get support and encouragement: Tell family, friends and co-workers that you are quitting; ask family and friends not to smoke around you or to leave cigarettes out; get individual, group or telephone counseling. The more support a person has, the better the chance of being successful!

Learn new skills and behaviors: Use the 4Ds to deal with cravings:

- Delay
- Do something else to distract yourself
- Drink a lot of water and other fluids
- Deep breathe

Also change daily routine; do something to reduce stress such as exercise, take a hot bath or read a book; do something enjoyable everyday.

Get medication and use it correctly: Medications can lessen the urge to smoke and will improve chances of quitting for good.

Be prepared for relapse or difficult situations: Avoid drinking alcohol; avoid other smokers; look for other ways to improve bad mood. Most people try to quit several times before they finally succeed, so it is important not to get discouraged if they start smoking again.

Discuss plans for **follow-up appointment**.

Patient/client is not ready to quit at this time.

Other Recommendations or Comments:

Patient motivated to quit but will need pharmacotherapy and support. Recommend nicotine patch 21mg, gum or lozenge for breakthrough cravings and bupropion to help manage cravings and risk for depression. This regimen has worked in the past, and given smoking history (1 pack per day for 39 years) and level of addiction (smoking within 30 minutes of waking) managing cravings and withdrawal symptoms necessary. No contraindications for combining with these recommendations with current medications. Will send in referral to QuitWorks and follow up with patient to monitor.

Signature of counselor

Date

Special thanks to Massachusetts General Hospital for their contributions to this intake and assessment form.

**From the US Public Health Service "You Can Quit Smoking Consumer Guide", June 2000.*



QUICK GUIDE TO NICOTINE DEPENDENCE PHARMACOTHERAPY

Over the Counter (OTC) Medication	Dosing	Instructions
Nicotine Gum (Nicorette/NicMint & generic nicotine gum) [FDA Class C]	Use 2 mg (<25 cigarettes/day) and 4 mg (\geq 25 cigarettes/day) pieces on a regular schedule or as needed. Up to 24 pieces of gum may be used daily. Recommended dosing scheme is 1 piece: every 1-2 hrs weeks 1-6; every 2-4 hrs weeks 7-9; and every 4-8 hrs weeks 10-12.	Chew the gum slowly until mint or pepper is tasted. Then park the gum between the cheek and gum to permit absorption through the oral mucosa. Repeat when taste subsides and continue for approximately 30 minutes. Avoid eating or drinking for 15 minutes before and during use. Use for up to 12 weeks.
Nicotine Lozenge (Commit Lozenge & generic nicotine lozenge) [No FDA Class]	Use 2 mg lozenge for those who smoke their first cigarette after 30 minutes of waking; 4 mg lozenge for those who smoke their first cigarette within 30 minutes of waking. Recommended dosing scheme is 1 lozenge: every 1-2 hrs for weeks 1-6; every 2-4 hrs during weeks 7-9; and 4-8 hrs during weeks 10-12.	Suck on the lozenge until it dissolves. Do not bite or chew it like a hard candy, and do not swallow it. Avoid eating or drinking for 15 minutes before use. Recommended length of therapy is 12 weeks.
Nicotine Patch (Nicoderm CQ & generic nicotine patch) [FDA Class D]	Use one patch every day. This is a 24 hr patch that comes in 3 doses for tapering. Recommended dosing scheme is 21 mg for 4 weeks; 14 mg for 2 weeks; and 7 mg for 2 weeks.	Every morning, place a fresh patch on a relatively hairless area of skin between the waist and neck. If sleep disruption occurs, remove the patch at bedtime. Use a hydrocortisone cream for minor skin reactions. Recommended length of treatment is 8 weeks.
Prescription Medication	Dosing	Instructions
Nicotine Inhaler (Nicotrol Inhaler) [FDA Class D]	Puff as needed. One cartridge delivers 4 mg of nicotine in the course of 80 inhalations (about 20 minutes). 6-16 cartridges should be used per day, with tapering of use in the last 6-12 weeks therapy.	Avoid eating or drinking for 15 minutes before and during use. Duration of therapy is up to 6 months.
Nicotine Nasal Spray [FDA Class D]	A dose is one spray in each nostril (1 mg total nicotine). Initial treatment is 1-2 doses per hour, as needed, for symptom relief. Minimum treatment is 8 doses/day; maximum is 40 doses/day (5 doses/hour). Each bottle contains 100 mg of nicotine.	Do not sniff, inhale, or swallow during administration as this increases irritating effects. Tilt the head back slightly during administration. Duration of therapy is 3-6 months.
Bupropion SR (Zyban, Wellbutrin) [FDA Class C]	Take 150mg for first 3 days; 300mg after day 3. Ensure at least 8 hours between doses.	Begin bupropion 1-2 weeks before quit date. Limit alcohol intake. Duration of therapy is 7-12 weeks and may be extended up to 6 months.
Varenicline (Chantix) [FDA Class C]	Take 0.5mg daily for 3 days then 0.5mg twice daily for 4 days then 1mg twice daily for up to 12 weeks.	Begin Varenicline 1 week before quit date. Duration of therapy is for up to 12 weeks and may be extended for up to another 12 weeks

Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference for complete product information and contraindications. Source: adapted from 2008 USDHHS Treating Tobacco Use and Dependence Clinical Practice Guideline and product information.



Name: _____

ID #: _____

TOBACCO USE INTAKE, ASSESSMENT AND TREATMENT PLANNING

I. INTAKE INFORMATION

Smoking History:

Current number of cigarettes per day:

How soon after awaking is first cigarette smoked?

Age started:

Number of years smoked:

Use of other tobacco products (pipe, cigars, bidis, chew or spit tobacco)?

What kinds of activities or emotions trigger smoking?

Quitting history (>24 hours):

	Age or Year	Reason for Quitting	Method Used to Quit (Include any medications)	Duration of Quit
Longest quit				
Most recent quit				

Withdrawal symptoms most often experienced when making a quit attempt:

Reason(s) for relapse:

Other substance use (alcohol, caffeine, other drugs) and any recent changes in use:

Relevant medical history: (include any chronic diseases; allergies and skin sensitivities; heart, lung or vascular disease; PMS; menopause; mental health conditions such as depression or mood disorder; pregnancy or lactation, dental history if considering nicotine gum use). Refer back to PCP if any of these conditions require treatment or follow-up.

Current medications: (include allergy medication and over-the-counter drugs)

Environmental/Social history: (smokers and smoking patterns in household and at work; work patterns (#hours, stress); social support for quitting at home and at work)

Past successes with behavior change: (quitting other drug use, losing weight, etc.):

What is the patient's reason(s) for wanting to quit now?

Concerns about quitting at this time:

What is patient's readiness to quit at this time, on a scale of 1-10, with 1 = Not at all ready to quit and 10 = Very ready to quit?

II. ASSESSMENT:

Stage of Change:

- Precontemplation (*not considering quitting*) Contemplation (*thinking about quitting*)
- Preparation (*ready to quit in the next month*) Action (*has quit or is in process of quitting*)

Strengths that patient brings to the quitting process:

Potential barriers to quitting:

Is the patient/client ready to set a quit date? ____ Yes ____ No

If yes, specify date: _____

III. TREATMENT PLAN/RECOMMENDATIONS:

- Discuss and prescribe (if appropriate) ***stop smoking medication***: nicotine patch, gum, lozenge, bupropion (Wellbutrin, Zyban), varenicline (Chantix). Nicotine nasal spray and nicotine inhaler need prior approval.

Type and dose recommended:

- Refer to ***individual*** or ***group counseling*** (specify program or tobacco treatment specialist).

- Refer to ***QuitWorks*** (fill out and fax enrollment form to the TryToStop Resource Center, 1-866-560-9113; go to www.quitworks.org for additional information and enrollment form).

Refer to the *Massachusetts Smokers Helpline at 1-800-TRY-TO-STOP* (1-800-879-8678, English) or 1-800-8-DEJALO (1-800-833-5256, Spanish) for free telephone quit smoking support.

Provide brief *quit smoking suggestions**:

Develop a plan: Set a quit date; get rid of ALL cigarettes and ashtrays at home, car and work; don't let people smoke in the house; identify smoking triggers and coping strategies.

Get support and encouragement: tell family, friends and co-workers that you are quitting; ask family and friends not to smoke around you or to leave cigarettes out; get individual, group or telephone counseling. The more support a person has, the better the chance of being successful!

Learn new skills and behaviors: Use the 4Ds to deal with cravings—**D**elay, **D**o something else to distract yourself, **D**rink a lot of water and other fluids, **D**eep breathe; **C**hange daily routine; do something else to reduce stress, such as exercise, take a hot bath or read a book; do something enjoyable everyday.

Get medication and use it correctly: medications can lessen the urge to smoke and will improve chances of quitting for good.

Be prepared for relapse or difficult situations: avoid drinking alcohol; avoid other smokers; look for other ways to improve bad mood. Most people try to quit several times before they finally succeed, so it is important not to get discouraged if they start smoking again.

Discuss plans for *follow-up appointment*.

Patient/client is not ready to quit at this time.

Other Recommendations or Comments:

Signature of counselor

Date

Special thanks to Massachusetts General Hospital for their contributions to this intake and assessment form.

**From the US Public Health Service "You Can Quit Smoking Consumer Guide", June 2000.*