



Name: \_\_\_\_\_

ID# : \_\_\_\_\_

## Tobacco Use Intake, Assessment and Treatment Planning 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
<b>Longest quit</b>	<i>Age 44</i>	<i>Health, expense of cigarettes</i>	<i>Nicotine patch (21mg) and nicotine gum</i>	<i>5 months</i>
<b>Most recent quit</b>	<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*)
- Contemplation (*thinking about quitting*)
- Preparation (*ready to quit in the next month*)
- 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](http://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.*

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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.*

*[www.dph/medicaid/intake.assessmentform](http://www.dph/medicaid/intake.assessmentform)*