Summary of Patient Questionnaire
MGH Quit Smoking Service

Page numbers refer to the 8-page MGH Patient Questionnaire.

HT ________  BP ________  
WT ________  HR ________  
Preferred CO ________  
WT ________

DATE _______ AGE _______ SEX _______ RACE _______ REFERRED BY ______________________

ID & SUBJECTIVE:

Medical History: (Include allergies, PMS, skin sensitivities, menopause, psych, current symptoms c/o) (pg 4)

MEDICATIONS: (Include allergies) (pg 7)

ENVIRONMENTAL/SOCIAL HISTORY: (Fa, Mo, sibs smoking/med history, contact/support?) (pg 4)

CURRENT SOCIAL ENVIRONMENT: (Partner/children/smoking patterns/support) (pg 1&4)

WORK PATTERNS: (#Hours/stress/support) (pgs 1& 4)

SMOKING HISTORY: Age Initiated ________ PPD ___________ (pgs 2&3)  
Fagerstrom Score ______  First experience:

Smoking Triggers:

RECENT CHANGE IN PATTERN: (pgs 2&3)
NEGATIVE EFFECTS: (physical/psychological) (pgs 3&5)

POSITIVE EFFECTS: (physical/psychological) (pgs3&5)

OTHER ADDICTIONS: (ETOH, caffeine, other) (pgs 6&7)

QUITTING HISTORY: (Include most recent and longest quits) (pgs 4&5)

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
</table>

DATE:
AGE:
REASON:
METHOD:
DURATION:
WITHDRAWAL:
RELAPSE:
REASON FOR QUITTING NOW: (pg 5)
MAJOR FEARS: (Include issues of weight gain) (pgs 5&6)
CONFIDENCE: (pg 6)
DESCRIPTION OF SELF/EMOTIONAL STATE: (INCLUDING SLEEP PATTERNS)
CES-D SCORE:____(pg 8)
ASSESSMENT:
CLIENT'S CURRENT STAGE IN CESSATION PROCESS:

_____ Precontemplative  _____ Contemplative  _____ Preparation  _____ Action  _____ Maintenance

Comments:

CURRENT STRENGTHS:

POTENTIAL BARRIERS:

PLAN/RECOMMENDATIONS:

CONSULTANT RECOMMENDATIONS:
DATE PRESENTED: _________