



ENSP

European Network
for Smoking and Tobacco Prevention

Personal Quit Plan

Date:..... Patient ID:.....

Name:.....

Age:..... Gender:.....

Occupation:.....

High risk patient: Pregnant COPD CVD Diabetic TB Mentally ill

Initial assessment (Please also consider the responses of the screening sheet)		
ASK		
Level of nicotine dependence	FTND score (from screening sheet)	n=
Past experience with quitting	1. Have you ever tried to quit smoking in the past?	Yes <input type="radio"/> No <input type="radio"/>
	2. How many times have you tried to quit in the past?	n=
	3. What was the longer period you managed to stay abstinent?	
	4. Did you use any cessation treatment?	Yes <input type="radio"/> No <input type="radio"/>
	5. What treatment did you use?	NRT <input type="radio"/> Please specify Varenicline <input type="radio"/> Bupropion <input type="radio"/> Other <input type="radio"/> Please specify
	6. Any history of withdrawal symptoms	Yes <input type="radio"/> No <input type="radio"/> If yes, please specify 1..... Severity: 2..... Severity: 3..... Severity: 4..... Severity: 5..... Severity: (Please specify using a scale from 1-10)
	7. Any relapsing risk factors? E.g. family and/ or friends who smoke, people smoking at home	Yes <input type="radio"/> No <input type="radio"/> If yes, please list below: 1..... 2..... 3..... 4..... 5.....



The presence of anxiety or depression	Anxiety score (from screening sheet)	n=
	Depression score (from screening sheet)	n=
ADVICE to quit - Advice should be strong, clear, personalized and non-judgmental		
ASSESS motivation to quit	Motivation to quit score (from screening sheet)	n=
ASSIST with quitting – not motivated to quit patient	1) Motivational interviewing 2) Suggest reduce to quit approach 3) Assess readiness again at the next appointment	
ASSIST with quitting – motivated to quit patient	Personal motives for quitting smoking	Health reasons <input type="radio"/> Family/kids <input type="radio"/> Appearance <input type="radio"/> I don't enjoy smoking anymore <input type="radio"/> cost of cigarettes <input type="radio"/> Other:.....
	Concerns about quitting (Inform patient that withdrawal symptoms typically peak 1-2 weeks after quitting but can persist for months and that this is a normal part of the quitting process. Review typical withdrawal symptoms including changes to mood. Mention that cravings generally are intense for 3 to 5 minutes and will reduce in frequency over time)	Cravings <input type="radio"/> Withdrawal symptom <input type="radio"/> Gaining weight <input type="radio"/> mood changes <input type="radio"/> stress <input type="radio"/> social reasons <input type="radio"/> other <input type="radio"/> Notes:
	Personal triggers for smoking and high-risk situations that increase the risk of relapse (Identify high risk situations in which the patient may be tempted to smoke . Discuss alternative responses to dealing with triggers and stress other than smoking. Discuss how to reduce exposure to high risk situations)	Notes:
	For each of these factors/ high-risk situations, please identify a plan: 1..... 2..... 3..... 4..... 5.....	
Set a "Quit Date"	Date:.....	



	Give practical tips for Quitting	<ul style="list-style-type: none"> • 4Ds Strategies to cope with craving (Delay, Distract, Drink water, Deep breaths) • Tell friends and family you are quitting and ask for their support • Identify a support person (if appropriate) • Write on a piece of paper the reasons why he/she wants to quit smoking and keep it in a visible location • Identify what he/she will optimally replace the smoking gesture with • Identify situation where when he/she might be tempted to smoke and consider plan for what to do instead • Throw away all your cigarettes, ashtrays and lighters • Make a conscious effort not to be around people who smoke • Change daily routines, habits or space that are associated with smoking for you • Avoid places in which you may be tempted to smoke especially those involving alcohol • When stress hits to have other ways of coping rather than turning to cigarettes
	Pharmacotherapy plan (combination of short acting + long acting NRT or Varenicline as monotherapy or with short acting NRT are the most recommended treatment)	Single NRT <input type="radio"/> Combination NRT <input type="radio"/> Varenicline <input type="radio"/> Bupropion <input type="radio"/> Combination NRT plus Varenicline/ Bupropion <input type="radio"/> None <input type="radio"/>
	NRT products used FTND score will guide you here. Remember: higher dose for higher scores – combination use is the recommended practice (only complete if the patient will use either single or combination NRT)	<input type="radio"/> Patch (Provide 1 -1.5 mg for each cigarette smoked) mg= hours =..... <input type="radio"/> Gum mg=..... <input type="radio"/> Lozenge/sublingual tablet <input type="radio"/> Nasal spray <input type="radio"/> Mouth spray <input type="radio"/> Inhaler
ARRANGE follow-up	More frequent contacts are recommended early in quitting process when risk of relapse is highest	Every 2-8 weeks for 2-6 months Date:.....
Notes:		