

Assessment Form

PLEASE COMPLETE THIS FORM AND BRING IT TO YOUR FIRST APPOINTMENT.

If you have any problems with the questions, please don't worry or be put off coming. We will help you if necessary.

The information collected is strictly confidential and will not be released for any other purpose than under the provisions of the Health Information ACT 1994 (Sec22). **No names or information that might identify you** will be used in any reports, only statistical figures may be utilised from the overall clients who are receiving help to stop smoking. The information will be stored in accordance with the Health Information ACT 1994 and you have a right to review your information at any time.

We have included in your pack additional information of the Consumers' Code of Rights. If you have any questions or need clarification regarding these rights we will be available to discuss these further at your appointment.

Signing below indicates that you have read this notice and agree to your information being used in this way.

Signature:		Date: //
First Name:		Title: <i>(circle one)</i> Mr Mrs Miss Ms
Last Name:		
Street Address:		
Suburb:	Town/City:	Post code:
Home Ph:	Other Ph/Mobile:	
Email:		

D.O.B:	Age:	Gender: <i>(circle one)</i> Male Female
Next of Kin:	Phone:	
Address:		

Doctor/Midwife (name):	NHI Number:
Address/Contact:	
Phone:	Ethnicity:

Grant Hocking 7/9/2017 9:23 AM

Comment [1]: This is handy if clients can fill it in before sessions and arrive with the assessment filled in. This saves a lot of session time, but you can do it with them on first meeting and assist them if required.

Grant Hocking 15/2/2018 8:43 AM

Comment [2]: It's handy to get the name of clients GP so if there are any medication issues or serious side effects you can drop the GP an email or call to discuss.

QUESTIONS ABOUT YOUR SMOKING

- (1) **How many cigarettes do you usually smoke each day?**
- (2) **How many of these are hand-rolled cigarettes?**
- (3) **Have you recently cut down?** (Circle one) No Yes
 If **YES** how many cigarettes per day did you use to smoke?
- (4) **How much money are you spending on tobacco per week?**
- (5) **How soon after waking up do you usually smoke?** (Circle one)
 Within 5 mins 6-30 mins 31-60 mins After 1 hour
- (6) **Does your spouse or partner smoke?** (Circle one)
 Yes No No spouse/partner
- (7) **Smokefree environments**
Home: (Circle one) Allowed inside the home Not allowed inside the home
Car: (Circle one) Allowed inside the car Not allowed inside the car Do not have a car
- (8) **What is the longest time you've succeeded in giving up smoking in the last 3 years?** (Circle one)
 Few hours 1 day 2-3 days 4-7 days 1-3 weeks 1-3 months More than 3 months Not tired
- (9) **How long ago was your last serious attempt to stop?** (Circle one)
 1-3 weeks 1-6 months More than 6 months More than a year Never tried before
- (10) **What was the ONE MAIN THING that led you back to smoking last time?** (Circle JUST ONE reason)
- | | | | |
|----------------------|-------------------|---------------------------------------|------------------------|
| Never stopped before | Got too miserable | Craved too much | Put on too much weight |
| Got too bad tempered | Got too stressed | Thought I could smoke and stop easily | Cannabis smoking |
| Getting drunk | Something else: | | |
- (11) **What is your ONE MAIN REASON for wanting to stop now?** (Circle JUST the most important ONE)
- | | | | | |
|-----------------|------------------------|----------------------|------------------|------------------|
| To save money | To stop being addicted | To protect my health | To please others | It's anti-social |
| Another reason: | | | | |
- (12) **If you are female, are you?** (Circle one)
 Pregnant Trying to conceive Breast Feeding None of these
- (13) **Do you regularly use cannabis?** (Circle one)
 No Yes, with tobacco Yes, but not with tobacco

Grant Hocking 7/9/2017 9:25 AM

Comment [3]: Good for gauging daily smoking rate in order to prescribe NRT – usually over 10 a day, patch is required if NRT is an option for the client.

Grant Hocking 15/2/2018 8:45 AM

Comment [4]: Some people cut down but smoke in a compensatory fashion – they smoke fewer cigarettes but smoke them more intensely, inhale deeper and hold smoke in their lungs longer to extract as much nicotine as they can from each puff. Good to know if people have recently cut down, as their dependency to tobacco will be greater, due to their brain and body having adjusted to their higher smoking rate in the past.

Grant Hocking 15/2/2018 8:45 AM

Comment [5]: Test for tobacco dependence. Anything under 1 hour to first cigarette after waking indicates high dependency.

Grant Hocking 15/2/2018 8:47 AM

Comment [6]: Good information to have to prepare clients to quit at TQD. Assist client to plan strategies on making car smokefree, talking to others about smoking outside, making home smokefree etc. Discussing different coping strategies around first cigarette in morning, etc and putting behavioural change techniques in place.

Grant Hocking 14/2/2018 10:45 AM

Comment [7]: Good history to know – Useful to praise clients on past quit efforts – “Wow, you lasted a whole week last time. You know most people don't make it past the first day!” Also to ask what happened to lead back to smoking. Often no stop smoking medicines used, didn't like taste of oral NRT, stopped NRT early, no support to quit – you can address these issues.

Grant Hocking 7/9/2017 9:29 AM

Comment [8]: Triggers to smoking relapse – again you can address these later.

Grant Hocking 7/9/2017 9:30 AM

Comment [9]: This is really handy, as you can refer back to this post quit date as in; “You said on your first assessment form that you were quitting to save money. Now you haven't had a puff for 3 weeks, how are you getting on with your money you saved?” Validates the work clients did in filling out the form – you actually read it!

Grant Hocking 14/2/2018 10:33 AM

Comment [10]: Cannabis use, especially if smoked, can make quitting tobacco more difficult. You will need to address with your client and advise them to perhaps take a break from smoking cannabis for the first few dangerous weeks after quit date.

(14) Which of these methods below have you tried before to help you stop?

(Circle ALL THE ONES you have ever tried)

None of these	Quitline phone	Quitline Txt2Quit	Quitline blog	Quitline coach
Herbal cigarettes	Hypnosis	Acupuncture	Self help book or brochure	E-cigarettes
Group counselling	Individual support from a stop smoking service	Other internet support	Relaxation or meditation	Own willpower
Exercise	Meditation	Herbal or natural remedies	Other: (please state)	

Grant Hocking 7/6/2017 2:17 PM

Comment [11]: This is great to build rapport "Tell me about the time you used the quitline - did you find that helpful? What happened?"

(15) Which of these stop smoking medicines have you tried before?

(Circle ALL THE ONES you have ever tried)

None of these	Nicotine gum	Nicotine Lozenge	Nicotine patch	Nicotine mouth spray
Champix (Varenicline)	Zyban (Bupropion)	Nortriptyline	Other: (please state)	

Grant Hocking 7/6/2017 11:57 AM

Comment [12]: Ask about experience with these medicines - Did they work for client? How did they use them? What went wrong? What went right? Good for correcting misconceptions or myths about SS medicines too.

(16) Have you ever suffered any unpleasant reactions to any of the above medications?

(Circle one) YES NO

If yes, a) Which medication?

b) What reaction?

Grant Hocking 15/2/2018 8:49 AM

Comment [13]: This is where you get information about people who are allergic to glue on the patches, disliked taste of oral NRT, allergic or extreme nausea to Champix and other problems they might have had. Saves time telling them about medicines they can't or won't tolerate.

(17) About how many cigarettes did you smoke per day in the last week?

(Write one number in the box)

(18) Please show for each of the symptoms below how you have been feeling over the past week

(✓ tick the ONE box that best applies to you on each line)

	Not at all	Slightly	Somewhat	Very	Extremely
Low mood					
Irritable, Angry, Grumpy					
Restless, Can't sit still					
More hungry than normal					
Can't concentrate					
Slept worse than usual					

Grant Hocking 15/2/2018 8:49 AM

Comment [14]: This is the basis for the Withdrawal Oriented Treatment model. Each time you meet the client they fill in this withdrawal symptom self-assessment. If tobacco withdrawal symptoms are raising in intensity post quit date and risking relapse back to smoking, it is often a sign that medicines are being used incorrectly, the dose is too low, or not being used often enough. You can adjust dose, help with technique to lessen withdrawals, making quitting easier.

(19) How much of the time have you felt the urge to smoke in the last week?

(✓ tick one box)

- Not at all
- A little of the time
- Some of the time
- A lot of the time
- Almost all of the time
- All of the time

(20) How strong have these urges been?

(✓ tick one box)

- No urges
- Slight
- Moderate
- Strong
- Very strong
- Extremely strong

Grant Hocking 14/2/2018 10:39 AM

Comment [15]: As above, also to discuss changing behaviours to cope with urges to smoke and also to reinforce that urges happen, it is normal, they won't last, lessen in intensity over time and that you have some tricks that can really help - there is light at the end of the tunnel.

(21) Do you have a preference for any of the following stop smoking medicines? (✓ tick all that apply)

- Patch Inhalator Lozenge Mouth spray
 Gum Bupropion (Zyban) Nortriptyline Varenicline (Champix)
 I'm not sure (Don't worry if you're not sure, we will discuss the range of options when we first meet)

(22) If you join the stop smoking programme, you may be prescribed a medicine to help. Some medicines are not suitable for some people, so we ask everyone to complete the medical checklist below. If you don't understand some of the questions, a practitioner at the clinic will help you.

Have you ever suffered from these illnesses?			Do you currently take any medicines for these illnesses?		
	Circle one		Circle one		
Chronic Obstructive Pulmonary Disease (COPD)	YES	NO	YES	NO	Name of any medicine you are taking
Alcohol problems?	YES	NO	YES	NO	
Drug problems?	YES	NO	YES	NO	
Any mental illness?	YES	NO	YES	NO	
Skin allergies or eczema?	YES	NO	YES	NO	
Fits or seizures or epilepsy?	YES	NO	YES	NO	
Other current illness not listed above:			Name of other medicines/tablets/injections not listed above:		
If you are currently under the care of a mental health team? Name of your psychiatrist or mental health care worker:					
Address/Contact:					
Phone:					

Grant Hocking 15/2/2018 8:50 AM
Comment [16]: This can indicate contraindications to some of the stop smoking medicines such as epilepsy which would be contraindicated for Zyban and Nortriptyline

Grant Hocking 14/2/2018 10:27 AM
Comment [17]: This is really helpful as some medicines people may be on are affected when people stop smoking. Warfarin is one to watch, for example. Also some of the prescription SS medicines can't be used with some medications or, for instance, by people with epilepsy, pregnant, under 18 etc.

Grant Hocking 14/7/2017 8:17 AM
Comment [18]: Good to know this as you can contact the care worker to support client to not have another puff and to monitor any mood changes or anti-psychotic medication dosages that might be needing to be adjusted once smoke free.

Grant Hocking 14/2/2018 10:41 AM
Comment [19]: Below is where you write in your clinical notes about what you discussed with client, medication choices, etc etc. during the session.

Please check that you have included ALL medicines you are currently taking somewhere above.

Thank you very much. Please remember to bring this form with you to your first appointment.

STAFF USE ONLY: clinical notes

CO reading: _____ ppm