

## SMOKELESS TOBACCO CLIENT RECORD FORM

### Advisor details

Venue: _____	Name/ID: _____
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### Client details

Name/ID: _____	Address: _____
Contact no: _____	_____
Age (years): _____	_____
DOB: _____	Post code: _____

### Consent

(to treatment/follow-up  
and pass on of outcome  
data to GP)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GP details (Name/address): \_\_\_\_\_

### Gender

Male ..... 1  
Female ..... 2

### Pregnant

Yes ..... 1  
No ..... 0

### Breast feeding

Yes ..... 1  
No ..... 0

### Occupation code

Full time student ..... 1  
Home carer ..... 2  
Intermediate ..... 3  
Never worked/ long-term unemployment ..... 4

Sick/disabled and unable to work ..... 5  
Routine and manual ..... 6  
Retired ..... 7  
Managerial/ professional ..... 8  
Unable to code ..... 9

### Ethnic background (please circle one)

#### White

British ..... 1  
Irish ..... 2  
Other White group ..... 3

#### Mixed

White & Black Caribbean ..... 4  
White & Black African ..... 5  
White & Asian ..... 6  
Other Mixed group ..... 7

#### Asian or Asian British

Indian ..... 8  
Pakistani ..... 9  
Bangladeshi ..... 10  
Other Asian group ..... 11

#### Black or Black British

Caribbean ..... 12  
African ..... 13  
Other Black group ..... 14

#### Other Ethnic Group

Chinese ..... 15  
Other Ethnic group ..... 16

### Medical conditions disclosed

Epilepsy/ other fits ..... 1  
Asthma ..... 2  
Stroke/ Heart Disease ..... 3  
Emphysema/ COPD ..... 4

Angina ..... 5  
Diabetes ..... 6  
Other (*please specify*) ..... 7

### Type of intervention

One to one support .....	1	Telephone support .....	3	Other (please specify) .....	5
Group support .....	2	Couple/family .....	4		
Where did you hear about the service?					

### Client tobacco use

*Use Slide 1 of flipbook: Use the section as an opportunity to build rapport, assess current and past tobacco use behaviour*

<b>Mode of tobacco use</b> Dual use ..... 1 Smokeless ..... 2	<b>Type of smokeless product</b> Tobacco leaf or tobacco leaf mixture (Zarda) ..... 1 Betel quid (Pan) with tobacco ..... 2 Khaini or tobacco, lime mixture ..... 3 Gutka or tobacco, betel-nut & catechu mixture ..... 4 Dry tobacco powder (Gul, Mishri) ..... 5 Tobacco paste (Creamy snuff, Gudakhu) ..... 6 Snus ..... 7 Naswar ..... 8 Other (specify type): ..... 9
<b>Frequency &amp; duration of use</b> <i>(smokeless)</i> Daily use ..... 1 Less than daily use ..... 2 Frequency used per day: _____ Duration: _____ (months/years)	

*Use Slide 2, 3 and 4 of flipbook: inform on consequences of using the tobacco product and stopping its use (slides 2 & 3), make these salient (slides 3 & 4), explore myths and misconceptions and address conflicting reasons to use the product (slide 4)*

### Importance to Stop

*Use Slide 5 of flipbook: Assess client's intention to change tobacco use behaviour and take the opportunity to explore reasons for wanting and not wanting to stop, building on clients intention to change behaviour*

How important is it for you to stop?	1	2	3	4	5
	(low)	-----	-----	-----	(high)

### Fagerström Test for Nicotine Dependency: FTND-ST

**Attempted quit in past 12 months** (If yes) Number of quit attempts Longest period of quitting?  
 Yes ..... 1 .....  
 No ..... 0 ..... (days/months)

How confident are you to stop?                      1            2            3            4            5  
 (low)----- (high)

Use **Slide 8** of flipbook to reinforce that chewing tobacco is not a norm.

## Readiness to Stop

How ready do you feel you are to stop?      1      2      3      4      5  
*(low)*-----|-----*(high)*

## Preparation and planning for quit attempt

*Use Slide 10, 11, 12 and 13 of flipbook: At this point prompt commitment from the client, discuss preparations for their quit attempt facilitating action planning (slide 10); prompt observation of triggers explaining to them how nicotine dependence develops (slide 11); prepare the client to think about the coping strategies to manage their triggers (slide 12); and encourage self-motivation through self-incentive (slide 13)*

## Client appointment details

Visit date/session	Date of last chew	Treatment given	Comments

## Type of pharmacological support used (please circle as many as apply)

None .....	0	NRT- Inhalator .....	3	NRT- Patch .....	6
NRT- lozenge .....	1	NRT- Spray .....	4	Champix .....	7
NRT- Microtab .....	2	NRT- Gum .....	5	Zyban .....	8
Other (Please specify): .....					9

## Withdrawal symptoms

*Use Slide 14, 15 and 16 of flipbook: Use the section to strengthen identity associated with changed behaviour (slide 14) and inform client about the nature of withdrawal/craving symptoms (slide 15); and facilitate them with planning for the coping strategies to manage their withdrawal symptoms (slide 16)*

### Level of severity of withdrawal symptoms (Record the code for severity against each symptom)

None= 0; Slight= 1; Mild= 2; Moderate= 3; Severe= 4

	Week1	Week 2	Week__	Week__	Week__
Depressed/ low mood					
Loss of sleep					
Poor concentration					
Irritable/frustrated/angry					
Increased appetite/ weight gain					
Restless/agitated					
Other (specify) _____					
Other (specify) _____					

### Treatment outcome

V2.2