

## 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** Signature: \_\_\_\_\_

(to treatment/follow-up  
and pass on of outcome  
data to GP) Date: \_\_\_\_\_

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

<b>Gender</b> Male ..... 1 Female ..... 2	<b>Pregnant</b> Yes ..... 1 No ..... 0	<b>Breast feeding</b> Yes ..... 1 No ..... 0
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### 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
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### Ethnic background (please circle one)

<b>White</b> British ..... 1 Irish ..... 2 Other White group ..... 3	<b>Mixed</b> White & Black Caribbean .... 4 White & Black African .... 5 White & Asian ..... 6 Other Mixed group ..... 7	<b>Asian or Asian British</b> Indian ..... 8 Pakistani ..... 9 Bangladeshi ..... 10 Other Asian group ..... 11
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### Black or Black British

Caribbean ..... 12 African ..... 13 Other Black group ..... 14	Other Ethnic Group Chinese ..... 15 Other Ethnic group ..... 16
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### Medical conditions disclosed

Epilepsy/ other fits ..... 1 Asthma ..... 2 Stroke/ Heart Disease ..... 3 Emphysema/ COPD ..... 4	Angina ..... 5 Diabetes ..... 6 Other (please specify) ..... 7 _____
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### Type of intervention

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

*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)				

## Nicotine dependency

Use Slide 6 of flipbook: use the section to discuss benefits of stopping chewing tobacco

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

How soon after you wake up do you place your first dip?	After 60 min .....	0			
	31–60 min .....	1			
	6–30 min .....	2			
	Within 5 min .....	3			
How often do you intentionally swallow tobacco juice?	Never .....	0			
	Sometimes .....	1			
	Always .....	2			
Which chew would you hate to give up most?	Any other .....	0			
	The first one in the morning .....	1			
How many chews per day do you use?	1 .....	0			
	2–3 .....	1			
	More than 3 .....	2			
Do you chew more frequently during the first hours after awakening than during the rest of the day?	No .....	0			
	Yes .....	1			
Do you chew if you are so ill that you are in bed most of the day?	No .....	0			
	Yes .....	1			
Dependency score (sum of scores for above questions)	_____				
<b>Dependence level</b>	0-2 (very low)	3-4 (low)	5 (medium)	6-7 (high)	8-10 (very high)
<b>Attempted quit in past 12 months</b>	(If yes) Number of quit attempts		Longest period of quitting? (days/months)		
Yes .....	1		_____		
No .....	0		_____		
<b>Confidence in ability to stop</b>					
(Use Slide 7 to assess clients confidence in their ability to stop, focusing on their past success)					
How confident are you to stop?	1 (low)-	2	3	4	5 (high)
Use Slide 8 of flipbook to reinforce that chewing tobacco is not a norm					

## Readiness to Stop

Use Slide 9 of flipbook to assess client's readiness to stop and reinforce their commitment by considering the reasons for wanting and not wanting to stop, building on clients motivation to change their tobacco use behaviour

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

	Week 1	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) _____					

## Ongoing support

*During the post-quit sessions, maintain client's motivation and confirm their abstinent status (fill in the treatment outcomes section and check calendar); facilitate relapse prevention and coping by discussing any difficult situations and helping identify alternate strategies; provide self-rewards set at the pre-quit stage when client achieves the set goal.*

## Treatment outcome

### **Any additional notes:**