



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.....



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