



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

Name:.....

<b>Follow-up visit number:</b>	
<b>Have you used tobacco since your quit date?</b>	Yes <input type="radio"/> No <input type="radio"/> If yes. Please specify the reason for relapsing ..... How many cigarettes did you smoke? .....
<b>On a scale of 1-10, how confident are you that you can stay abstinent from smoking?</b>	(not confident) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> (very confident)
<b>Did you experience any withdrawal symptoms?</b>	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)
<b>Did you or any friends or family notice any mood changes?</b>	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)
<b>Do you still follow your pharmacotherapy plan?</b>	Yes <input type="radio"/> No <input type="radio"/>
<b>Pharmacotherapy plan adjustment</b> Yes <input type="radio"/> No <input type="radio"/>  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)	If yes: 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"/>  If NRT are used: <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
<b>ARRANGE follow-up</b>	Date:.....