Participant ID: Participant ID:				
<ol> <li>Have you started any new medication or stopped any previously taken medication since your last visit?</li> <li>No</li> <li>Yes</li> </ol>				
<ul> <li>Have you experienced any adverse events since last visit?</li> <li>□ No</li> <li>□ Yes, describe:</li></ul>				
3. Carbon Monoxide level:ppm Time s	ince last cigarette:min/hrs/days			
4. # of cigarettes currently smokedcpd / cpw				
<ul> <li>5. What changes have you made to your smoking since</li> <li>□ Quit smoking</li> <li>□ Reduced number of cigarettes</li> </ul>	our last appointment?  Output Definition Def			
Congratulations on your success! That's great.	<ul> <li>Tell me about your tobacco use (use notes)</li> <li>Lapses can be used as a learning experience</li> </ul>			
<ul> <li>What benefits have you noticed since quitting/reducing? (breathe easier, more energy, can smell, taste, etc).</li> <li></li></ul>	<ul> <li>What problems did you encounter?</li> <li>Depression</li> <li>Weight gain</li> <li>Alcohol</li> <li>Other smokers</li> <li></li></ul>			
<ul> <li>Did you encounter any problems or do you</li> </ul>	<ul> <li>How much of the medication did you use in the last week?</li> <li></li> </ul>			
<ul> <li>anticipate any problems?</li> <li>Depression</li> <li>Weight gain</li> <li>Alcohol</li> <li>Other smokers</li> <li></li> <li></li> <li>6. Are you getting additional counseling or support for g</li> </ul>				

	5	1 3 3 3	

7. Have you used any NRT or other smoking cessation aids?

Patch	
Inhaler	
Zyban / Wellbutrin	

Gum
 Lozenge
 Other: \_\_\_\_\_\_

8. If participant did not use **all** of the dispensed study medication, indicate why

N/A, used all	experienced side effect(s):
forgot to take it	other:

## **Relapse Prevention**

You've done great so far. It's helpful to think about a few things to help you to continue reducing or staying quit. Do you think any of the following might be a problem for you?

-	blems	_	sponses
	Do you have enough support for		Would it be helpful to touch base by phone for extra
	quitting smoking?		support?
			Can you identify anyone that can provide support for you?
	Yes		You might want to call the Smokers' Helpline for extra
			support or see your family doctor.
	Is negative mood or depression a		
	problem for you while quitting?		If you are having a lot of trouble with your mood, do you
	Yes		think you might want to see your family doctor for some
	·····		help?
	No ,		
	Are you experiencing strong or		If you are experiencing prolonged craving or other
-	prolonged withdrawal symptoms?		withdrawal symptoms, you may want to look at your NRT
	protonged minarawar cymptome.		dose. Do you think you need a higher dose of NRT?
	Yes		YES
	····	_	<ul> <li>Adjust the dose and type of NRT dispensed.</li> </ul>
	No		NO
			• How else might you cope with these cravings?
	Have you experienced any weight		Recommend starting or increasing physical activity;
	gain or anticipate gaining weight		discourage strict dieting.
	because of quitting smoking?		Reassure participant that some weight gain after quitting is
	Yes		common and appears to be self-limiting.
			Emphasize the importance of a healthy diet.
	No <sub>1</sub>		Maintain the participant on NRT.
	↓		Refer the participant to a specialist or program.
	Are you experiencing low		Posseuro the participant that these feelings are common
	motivation to continue quitting or		Reassure the participant that these feelings are common. Recommend rewarding activities.
	are you feeling deprived?		Probe to ensure that the participant is not engaged in
	Yes		periodic tobacco use.
			Emphasize that beginning to smoke (even a puff) will
	No		increase urges to smoke and make quitting more difficult.

Notes: \_\_\_\_\_

Schedule next appointment: \_\_\_\_\_\_

Signature:

\_\_\_\_\_

\_\_\_\_\_