

How to use an Extended Tobacco Cessation Intervention Form

In some cases a dental office may have a team member who is given the time to do a more intense intervention with tobacco users interested in quitting.

The following **Extended Tobacco Cessation Intervention** form lists some of the questionnaires that can be used and topics that can be discussed.

The Extended Intervention form documents the same information that the **Brief Tobacco Cessation Intervention** form lists under ASK, ADVISE, and ASSESS.

More information about the tobacco user can be obtained by asking them to fill out the **Motivation and Self-Efficacy** questionnaire, **the Fagerstrom Nicotine Dependence** questionnaire, the **Why do you smoke?** questionnaire, **the Decision-Making worksheet**, and a **Cigarette Record**.

All of these forms are on the following pages.

The **Motivation and Self-Efficacy** questionnaire helps to determine an individuals motivation and confidence in becoming tobacco free. It also identifies some of the benefits of and barriers to quitting.

The **Fagerstrom** questionnaire is a well researched test to help assess an individuals dependence on tobacco.

The **Why do you smoke?** questionnaire helps to assess how important various psychological reasons are for a smoker. This may help in the planning to quit process.

The **Decision-Making Worksheet** can help tobacco users sort out their feelings about the pros and cons of quitting. This may help them to shift the balance toward quitting.

A **Cigarette Record** can help to assess an individuals patterns of tobacco use. Have the patient record, on a few typical days, each cigarette they use. Have them list the time of day tobacco was used and the situation when that use occurred. Then have them rate their urge or craving: strong, moderate, or light. Then have them describe their mood when using each cigarette: were they sad, happy, angry, stressed, or relaxed. By becoming more aware of their urges and moods during use, they can more easily identify alternatives and coping strategies.

They can add the information below to 3 ½ x 2 ½ inch cards that can be inserted into their cigarette packs or attached to them with a rubber band. List Numbers 1-10 on one side and 11-20 on the other side.

No.	Time of day	Activity	Need S=strong M=moderate L= light	Mood sad, happy angry, stressed relaxed
1				
2				
3 etc				

Other patient handouts that might be used include: Benefits of quitting, What happens after you quit, Hazardous chemicals, and Secondhand smoke facts. These can be found under **Benefits of Quitting** and **Fact Sheets**.

Extended Tobacco Cessation Intervention

Name _____ BD _____ Chart # _____
Phone (h) _____ (w) _____

Medical concerns and medications:

Tobacco use: type(brand) / amount used / for how long:

Previous attempts: # _____ method (s) _____ longest time _____ last attempt _____
withdrawal symptoms:
triggers to relapse:

Effects on oral health:

Motivation and self-confidence / Reasons for wanting to quit

Stage of change: ___Precont.; ___Contem.; ___Prep.; ___Action; ___Maint.

Fagerstrom questionnaire ___ / CO ppm ___

Why do you use tobacco? (Horn test): Stimulation / Pleasurable relaxation / Handling
Reduce tension / Craving / Habit

Ambivalence: Pros/Cons of tobacco use / quitting:

Cigarette record (time, situation, urge, mood)

Triggers to use:

Barriers to quitting:

Tobacco Cessation Plan:

Self-help material: pamphlets / handouts

Discuss withdrawal / wt gain / relapse

Help develop plan- quit strategies (exercise / stress reduction / alternatives / pharmo / rewards)

Social support (friends / coworkers / family)

Referral: Give list of community quit tobacco programs and phone helplines

Give pharmo options: Nicotine gum / lozenge / patch / spray / inhaler / Zyban / Chantix

Quit date (if ready) _____ and follow-up

Contact Record

Date	Quit Date	Intervention	Follow-up
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The Fagerstrom Nicotine Dependence Questionnaire

1. How soon after you wake up do you smoke your first cigarette? (circle appropriate number)
- a. Within 5 minutes 3
 - b. 6-30 minutes 2
 - c. 31-60 minutes 1
 - d. After 60 minutes 0
2. Do you find it difficult to refrain from smoking in places where it is forbidden (such as churches, theaters, libraries, etc.)?
- a. Yes 1
 - b. No 0
3. Which of all cigarettes you smoke in a day is the most satisfying?
- a. The first one in the morning 1
 - b. Any other 0
4. How many cigarettes do you smoke a day?
- a. 10 or less 0
 - b. 11-20 1
 - c. 21-30 2
 - d. 31 or more 3
5. Do you smoke more in the morning than during the rest of the day?
- a. Yes 1
 - b. No 0
6. Do you smoke if you are so ill that you are in bed most of the day?
- a. Yes 1
 - b. No 0

Your Score _____

Score 0-5 = **low** to **moderate** nicotine dependence

6-10 = **high** nicotine dependence

Why Do You Smoke?

Here is a list of things people say about why they smoke. Next to each one write the number that applies to you:

Always	Frequently	Occasionally	Seldom	Never
5	4	3	2	1

- A. I smoke in order to keep from slowing down....._____
- B. Handling a cigarette is a part of the enjoyment of smoking it....._____
- C. Smoking cigarettes is pleasant and relaxing....._____
- D. I light up when I feel angry about something....._____
- E. If I run out of cigarettes I find it almost unbearable....._____
- F. I smoke automatically, without even being aware of it....._____
- G. I smoke to stimulate me, to perk myself up....._____
- H. Part of the enjoyment of smoking comes from the steps I take to light up....._____
- I. I find cigarettes pleasurable....._____
- J. When I feel uncomfortable or upset, I light up a cigarette....._____
- K. I am very much aware when I am not smoking....._____
- L. I light up a cigarette without realizing I still have one burning in the ashtray....._____
- M. I smoke to give myself a "lift"....._____
- N. I like watching the smoke when I exhale it....._____
- O. I want a cigarette most when I feel relaxed....._____
- P. When I feel "blue" or want to take my mind off my cares, I smoke a cigarette....._____
- Q. I get a real gnawing hunger for a cigarette when I haven't smoked for a while....._____
- R. I've found a cigarette in my mouth and didn't remember putting it there....._____

How to score

Enter the number you have placed for each question in the space below. Place the number for question A over line A, for question B over line B, etc.

Add across the three scores on each line to get your totals.

A	+	G	+	M	=	Stimulation
B	+	H	+	N	=	Handling
C	+	I	+	O	=	Pleasurable Relaxation
D	+	J	+	P	=	Tension Reduction
E	+	K	+	Q	=	Craving
F	+	L	+	R	=	Habit

Scores can vary from 3 to 15. Any score **11 or above is high**; any score **7 or below is low**.

Decision-Making Worksheet

The pros and cons of quitting

Write down your thoughts in each of the categories below.

**Good things
about smoking**

**Not so good things
about smoking**

**Not so good things
about quitting smoking**

**Good things
about quitting smoking**

Reasons for staying the same

Reasons for making a change

