



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

Name:.....

Follow-up visit number:	
Have you used tobacco since your quit date?	Yes <input type="radio"/> No <input type="radio"/> If yes. Please specify the reason for relapsing How many cigarettes did you smoke?
On a scale of 1-10, how confident are you that you can stay abstinent from smoking?	(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)
Did you experience any 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)
Did you or any friends or family notice any mood changes?	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)
Do you still follow your pharmacotherapy plan?	Yes <input type="radio"/> No <input type="radio"/>
Pharmacotherapy plan adjustment 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
ARRANGE follow-up	Date:.....