INSTITUT JANTUNG NEGARA
National Heart Institute

PATIENT'S INFORMATION

(Please Stick Label)

QUIT SMOKING ASSESSMENT FOLLOW UP (DOWNTIME FORM)

Date of First Visit

Able to quit completly? ☐ Yes ☐ No

No. of Cigarettes consumed /day

Trigger for smoking again

Unpleasant Symptoms ? ☐ Yes ☐ No

Symptoms Details (if any)

Blood Pressure (mmHg)

Pulse Rate (/min)

Weight (kg)

COPPM Analysis

Early Sypmtoms

- ☐ Giddiness
- ☐ Lightheadedness
- ☐ Peripheral Numbness
- ☐ Tremors
- ☐ Cough (different from before)
- ☐ Appetite (Increase / Decreased)
- ☐ Ulcers in the Mouth
- ☐ Change of taste sensation
- ☐ Constipation

Withdrawal Effect

- ☐ Irratiblity, restlessness
- ☐ Drowsiness
- ☐ Difficulty concentrating
- ☐ Impaired task perfomance
- ☐ Anxiety
- ☐ Anger
- ☐ Weight Gain
- ☐ Sleep Disturbance

Remarks

Counselling Given

Name :_____ Signature: _____

Date & Time: _____