INSTITUT JANTUNG NEGARA
National Heart Institute

PATIENT'S INFORMATION

(Please Stick Label)

QUIT SMOKING ASSESSMENT (DOWNTIME FORM)

HEALTH STATUS

1) Do you have any of these health problems?

☐ Hypertension ☐ Diabetes ☐ IHD / CAD ☐ Cancer

☐ Lung ☐ Operation ☐ Others Remarks

2) Do you have any other health problems?

3) Do you have any history of depression?

4) Do you have any family member who had depression?

5) Are you currently undergoing any stressfull events?

6) Are you on medication ?

VITAL SIGNS

1) Blood Pressure mmHg

2) Pulse Rate /min

3) Weight kg

4) Height cm

5) BMI kg/m2

6) COPPM Analysis

SMOKING HISTORY

1) Smoking initiation age :

2) How did you get your first cigarette

3) Duration of smoking

4) Brand of cigarette

5) Reason for choosing this brand

6) No of cigarette smoked per day

7) Average amount spent on smoking per month

8) Did you ever try to quit smoking

9) Previous attempt to quit

10) What was the longest period you have ever managed to go without cigarettes because you were trying to stop (not because you were ill or hospitalized) ?

11) Reason for wanting to quit : (you may tick more than one)

☐ Pressure ☐ Health Condition ☐ Doctor's Advice ☐ Increase Cost

☐ Restriction ☐ Social Stigma ☐ Religion Others

12) How long was your recent attempt to quit

13) Reason for relapse

14) Preferred method for quitting

☐ Stop totally / straight away (cold turkey)

☐ Gradually :

a) To reduce no. of cigarettes to _____ daily / weekly

b) To stop completely within _____ days/ weeks

c) Quit day : _____

15) Are you determine to quit ? ☐ Yes ☐ No

FAGESTROM TEST

1) How soon after you wake up do you smoke your first cigarette

☐ Within 5 Minutes ☐ 6 - 30 Minutes ☐ 31 - 60 Minutes ☐ After 60 MInutes

2) Do you find it difficult to refrain from smoking in forbidden places?

☐ Yes ☐ No

3) Which cigarette would you hate most to give up?

☐ The first thing in the morning ☐ Other

4) How many cigarette per day do you smoke ?

☐ 10 or less ☐ 11 to 20 ☐ 21 to 30 ☐ 31 or more

5) Do you smoke more frequently during the first hours after wakening than during rest of the day?

☐ Yes ☐ No

6) Do you smoke even if you are so ill that you are in bed most of the day?

☐ Yes ☐ No

Total Score :

TABULATION TABLE		
Total Points	**Outcome**	**Recommendation**
0-2	Very low dependence	Score under 5 : Your level of nicotine depende is still LOW You should act now before your level of dependence increases
3-4	Low dependence	
5	Medium dependence	Score of 5 : Your level of nicotine dependence is MODERATE. If you don't quit sooon, your level of dependence on nicotine will increase until you may be seriously addicted. Act now to end your dependence.
6-7	High dependence	Score over 6 : Your level of nicotine dependence is HIGH. You aren't in control of your smoking. It is in control of you.
8-10	Very high dependence	Make the decision to quit.

Remarks

Name :_____ Signature: _____

Date & Time: _____