**UHID/CR NO.: DATE:**

**TOBACCO CESSATION PROFORMA**

**DEPARTMENT OF PSYCHIATRY, AllMS, KALYANI**

**1**. **Name**: **2**. **S/o/D/o/W/o**/: **3**. **Age**:

**4**. **Residence: 5.Education: 6. Gender:** M☐F☐TG☐

**7.** **Marital status**: Single☐ Married☐ Separated☐Divorced ☐Widowed/Widower☐ **8**. **Occupation**: **9. Locality:** Rural**☐**Urban☐Semi-urban ☐Unclear ☐

**10. Distance from AIIMS: 11. Type of family:**

**11**. **Ref. by**: Self ☐/ Psychiatrist☐ / AIIMS, Kalyani☐\_\_\_\_\_\_\_\_(Dept.) **12**. **Accompanied by:** Self☐/others……. **Patient/Caregiver consent**

**There is no objection from patients behalf or patient’s representative/ caregivers behalf**

* If the patient data is used for research and academic purposes maintaining confidentiality and anonymity as per standard ethical practices
* If myself or my attendant is given telephonic/what’s app/email reminders related to aftercare services/research and other academic reasons at the phone number ………..

Patient Signature/date Caregiver signature /date

**রোগী বা** **রোগী****র** **প্রতিনিধির সম্মতিপত্র**

নিম্নলিখিত শর্তে অনুমতি প্রদানকরা হলো

* যদি সংশ্লিষ্ট আইন সম্পর্কিত বিধান অনুসরণ করে রোগীর বিবরণ রোগী পরিষেবা / গবেষণার উদ্দেশ্যে ব্যবহার করা হয়
* যদি আমার বা আমার প্রতিনিধিকেরোগী পরিষেবা / গবেষণার উদ্দেশ্যে টেলিফোন / হোয়াটসঅ্যাপ / ইমেইল ইত্যাদি মাধ্যমে যোগাযোগ করা হয়

**রোগীর স্বাক্ষর/তারিখ প্রতিনিধির স্বাক্ষর/তারিখ**

**13. Income (per month): Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Family income (per month) Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**14. Chief complaints and Brief History:**

**15. Details of Tobacco use:**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Age of onset | Sachet/cigarette years (No. of cigs/bidis/sachets used par day X No. of years of regular tobacco use) | Average number of cigarettes/ sachets amount of tobacco chewed per day in the last one month |
| Smoking  1.  2.  **FTNDS:** |  |  |  |
| Smokeless  1.  2.  **FTNDS:** |  |  |  |

**16. Expense per month on tobacco (Average month last year)** Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**17. Previous attempt (s) at quitting tobacco:** 1.Yes 2. No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of tobacco smoking/smokeless** | **No. of attempts which lasted for at least 1 month** | **Reasons for**  **quitting** | **Reasons for**  **relapse** | **Remarks** |
| Smoking: |  |  |  |  |
| Smokeless: |  |  |  |  |

**\*Reasons for quitting:** No reason/Social pressure/ Presence of medical complication/ Awareness of physical hazards/Awareness of addiction/Lack of productive work /Any other (specify)

**\*Reasons for relapse:** No reason/ Social pressure /Craving / Cues/triggers/ Withdrawal symptoms /Lack of productive work/Psychological stress /Family tensions/ financial tensions /any physical location/place /Chronic illness/pain/ Any other (specify)

**18. Other substance use** 1.Yes 2.No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Substance used | Pattern of use in the past one year\* | Dependence Yes/No | Average amount/units per day | Remarks |
| 1. Alcohol |  |  |  |  |
| 2. Cannabis |  |  |  |  |
| 3. Benzodiazepines |  |  |  |  |
| 4. Opioids |  |  |  |  |
| 5. Any other |  |  |  |  |

**AUDIT score** (if applicable) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Pattern of use in the past one year** Daily Drinking/ Regular Drinking (3 or more times/week)/Social Drinking (<3 times/week)

**\*Average units (30ml spirit/ 60 ml wine/ 1⁄2 mug beer = 1 Unit)**

**19. Physical health problems:** HTN /Diabetes /Heart attack/ Stroke/Asthma/Bronchitis/Cancer /Sexual dysfunction /History of Covid 19 infection/ History of Seizure

**Oral Cavity**: Leukoplakia/ Erythroplakia /Sub mucous fibrosis/ Dental caries

**20. Family history in first-degree relatives:**

1. Tobacco/Other Substance use: Yes/ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Medical illness 1. Yes 2. No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Psychiatric illness 1. Yes 2. No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**21. Physical examination:**

a. Weight:\_\_\_\_\_\_\_\_\_Kgs b. Height\_\_\_\_\_ cms c. Pulse\_\_\_\_\_\_\_b/m d. BP \_\_\_\_\_\_\_\_\_\_\_\_\_\_mm/Hg

e. Motivation Stage Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f.CO Breath Analysis Test 1. Done. Breath CO level (in ppm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Not Done **\*Co levels - 0-6N, 7-10N, More than 10N**

**22. Co morbidity** 1.Yes 2.No

|  |  |  |  |
| --- | --- | --- | --- |
| **Co morbidity:** | **Diagnosis** | **Treatment** | **Remarks** |
| **1.Physical Yes/ No** |  |  |  |
| **2. Psychiatric Yes/ No** |  |  |  |
| **3. Substance use disorder Yes/No** |  |  |  |

**Diagnosis:** 1. Smoking 2. Smokeless 3. Both \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23. Treatment:**

1. Behavioural Counselling 2. Behavioural Counselling + Medication

3. Behavioural Counselling + NRT 4. Behavioural Counselling + NRT + Medication

**Name of Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treatment:**

(Signatures with stamp of name, date, designation; stamp)