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 individual's 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 individual's 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 individual's 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Time of day</th>
<th>Activity</th>
<th>Need</th>
<th>Mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>S=strong</td>
<td>sad, happy</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>M=moderate</td>
<td>angry, stressed</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>L= light</td>
<td>relaxed</td>
</tr>
<tr>
<td>etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 / phammo / rewards)
Social support (friends / coworkers / family)
Referral: Give list of community quit tobacco programs and phone helplines
Give phammo options: Nicotine gum / lozenge / patch / spray / inhaler / Zyban / Chantix
Quit date (if ready) ________  and  follow-up

Contact Record

<table>
<thead>
<tr>
<th>Quit Date</th>
<th>Date</th>
<th>Intervention</th>
<th>Follow-up</th>
</tr>
</thead>
</table>

2
Motivation and Self-Efficacy Questionnaire

Use the scale below to answer the following 4 questions.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely</td>
</tr>
</tbody>
</table>

a. How motivated are you to become tobacco-free at this time? 

b. How confident are you in your ability to become tobacco-free at this time? 

c. How effective do you believe your skills are for becoming tobacco-free? 

d. How much effort are you willing to put into becoming tobacco-free at this time? 

Benefits

What are some reasons for you to quit using tobacco?

___ Health
___ Cost
___ Good role model
___ I don’t like being addicted
___ Doctor’s advice
___ Other ________________________________
___ Family health
___ It’s a bad habit
___ Social pressure
___ My family wants me to quit
___ I have no reason to quit

Barriers

What do you think are your barriers to quitting tobacco use right now?

___ I don’t believe I can do it.
___ I enjoy tobacco use too much.
___ I have too many friends/ family who use tobacco.
___ I don’t believe using tobacco will hurt me.
___ I have too much stress in my life to quit now and I won’t be able to deal with it without using tobacco.
___ If I quit I will gain weight.
___ Using tobacco is the least of my problems right now.
___ Quitting might hurt my recovery from alcohol or other drugs.
___ I will miss or crave tobacco too much.
___ I will become too nervous or anxious or tense when I quit.
___ Other ________________________________
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:

<table>
<thead>
<tr>
<th>Always</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Good things about smoking</th>
<th>Not so good things about smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not so good things about quitting smoking</th>
<th>Good things about quitting smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons for staying the same</th>
<th>Reasons for making a change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>