

The Market Cross Surgery

The Market Place
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Grantham
Lincs NG33 4NH

Telephone 01476 550056
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Name:

Date of Birth:

Address:

SO, YOU WANT TO STOP SMOKING?

Spending time thinking about the questions below and filling in your answers will help you to plan a positive approach to stopping smoking. Please be honest with your answers which will enable us to be of assistance to you.

Why do I want to stop?

--

What is the major benefit to me?

--

Do I enjoy smoking?

--

When will I stop?

Plan a date within 2 weeks after your first appointment at the Surgery.

Date:

The day I stop, what will I do to prepare?

--

Am I prepared to stop, not cut down?

--

SMOKING HISTORY

Age started.	
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Age became a regular smoker.	
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How many smoked per day.	
eg, Cigarettes	
Cigars	
If a pipe or roll-ups, how many ounces per week	

Number of years smoked.	
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Number of years smoked.	
- 20+ per day	
- More than 2 oz tobacco per week	
- More than 10 cigars per day	

Time after waking before first cigarette of the day.	
- Less than 15 minutes	
- 15 – 30 minutes	
- More than 30 minutes	

Any previous quit attempts ...	(length of time to quit on each occasion)
1 st	
2 nd	
3 rd	
4 th	
More	

What prompted you to quit on those occasions?

What worked for you on those occasions?	
- NRT – which	
- Zyban	
- Willpower alone	

If you had NRT was it prescribed for you?

Did you attend either a group or one to one session?

Which cigarette would you miss most after quitting?	
a) First of the day	
b) After a meal	
c) Socialising	
d) Any other	

Please find attached a smoking diary for you to complete prior to your first appointment and also information on nicotine addiction and withdrawal symptoms.

I look forward to giving you support during your quit attempt. **Please contact the surgery to make a 20 minute appointment with me**, and bring this complete form to that appointment.

Yours sincerely

Chris Day
Practice Nurse

Date completed:

YOUR ACTION PLAN FOR SUCCESS

Congratulations! You have decided that you are ready to stop smoking within the next two weeks. This action plan will help you make sure you are well prepared to stop smoking and stay stopped.

Some quick tips:

1. Get set to STOP

- Choose a date to stop.
- Clean your home and car to get rid of the smell of cigarettes.
- Get a piggy bank to save the money you currently spend on cigarettes.
- Have some low-calorie snacks ready.
- Draw up a contract of commitment, signed and witnessed.

2. STOP

- Keep busy and plan your activities.
- Keep your hands active eg, doodle.
- Change your routine around the times and places you normally smoke.
- Stay in non-smoking areas as much as possible.
- Chew sugar-free gum or suck sugar-free sweets.

3. You can do it!

- Take a brief walk or exercise.
- For cravings, find ways to distract yourself or try deep breathing.
- Don't try 'just one' – it can undo all your hard work.
- Get plenty of rest and eat healthily.
- Have a counsellor or friend you can ring for support.
- Take one day at a time.

4. 'What ifs'

- Plan how you will cope in specific situations.
- If you have tried before and failed, think about the reasons why and what you could do differently this time.

5. Enjoy your time

- Take up a new hobby or activity.
- Visit friends and family.
- Get more involved at work.
- Visit 'no smoking' cinemas, galleries or restaurants.
- Read a book, watch a film or play a game.

6. You can STOP!

- Reward yourself for no longer smoking.
- Record your success in your diary or calendar.
- If you have a lapse, try again. Remember you can still become a non-smoker.
- Keep using any therapies as recommended by your doctor or nurse.
- Write down your personal motivation for stopping smoking overleaf.

NICOTINE ADDICTION AND WITHDRAWAL

- Nicotine is highly addictive.
- Expect to experience unpleasant symptoms of nicotine withdrawal.
- Nicotine replacement therapy blunts these symptoms so behaviour can be changed.
- Smoking within 20 minutes of waking and/or smoking 20 or more cigarettes a day are suggestive that there is a high nicotine dependency.

Withdrawal Symptoms

Withdrawal Symptom	Duration	Proportion of quitters affected
Irritability/Aggression	Less than 4 weeks	50%
Depression	Less than 4 weeks	60%
Restlessness	Less than 4 weeks	60%
Poor Concentration	Less than 2 weeks	60%
Increased Appetite	Greater than 10 weeks	70%
Light Headedness	Less than 48 hours	10%
Night Time Awakenings	Less than 1 week	25%

Contraindications to Nicotine Replacement Therapy (NRT)

- Pregnant women.
- Breast feeding mothers.
- Individuals under 18.
- Patients with history of cardiovascular disease, active peptic ulcer, hypertension or diabetes – will be discussed at your first appointment.