



CANADIAN  
PHARMACISTS  
ASSOCIATION

ASSOCIATION DES  
PHARMACIENS  
DU CANADA

# FOLLOW-UP POST QUIT DAY 3,7,14

PHARMACIST'S INITIALS: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cessation Aid: \_\_\_\_\_

## SECTION 1: SMOKING STATUS

It's been \_\_\_\_\_ days since quit date. Have you had any cigarettes/cigar/chew since we last spoke?  Yes  No

If **no**, congratulate and skip to Section 2.

If **yes**, when you picked up that cigarette/cigar/chew again, what thoughts were going through your mind? Tell me how you were feeling after you had the lapse?

Have you been able to get yourself on track? Tell me how you were able to do this.

If you haven't been able to get yourself on track, let's talk about how we can get you there.

*Offer encouragement and discuss interest in and strategies to continue with the cessation effort.*

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## SECTION 2: NICOTINE REPLACEMENT THERAPY

How confident are you that the cessation aid is working/helping?

Are you experiencing any side effects related to your cessation aid?

Do you have any specific concerns related to the use of your cessation aid?

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**SECTION 3: URGE CONTROL**

How strong was your average urge to smoke in the past few days (no urge = 1 extreme urge = 10)? \_\_\_\_\_

From 1-10, with 10 being the most comfortable and 1 being the most miserable, how troublesome would you rate your withdrawal symptoms, such as cravings, nervousness, difficulty concentrating, agitation..and so on? \_\_\_\_\_

What tips for managing your cravings, if any, did you pick from the information we discussed last time (e.g., drink water with lemon, take slow deep breaths, go for a walk, chew gum, brush your teeth)? Did it work for you?

Are there other things that you are doing to help manage your cravings?

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**SECTION 4: BEHAVIORAL STRATEGIES**

Have you tried any of the relaxation techniques that we spoke about last time?

What are your top 3 strategies (e.g., gum, thought stopping, self-talk, medications) that are helping to keep you tobacco-free?

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**SECTION 5: LOW AND HIGH-RISK PLANNING**

What has been the biggest challenge(s) for you since we last spoke? How have you handled the situation(s)?

What is your plan to deal with high-risk situations? (e.g., holidays, not smoking in the car, going out for a drink with friends, going to a funeral, changing jobs, watching your spouse smoke, dealing with the craving when you wake up....)

What, if anything are you most worried or concerned about related to your cessation efforts?

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DATE OF NEXT CONTACT \_\_\_\_\_

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