

TOBACCO CESSATION CLINIC Registration Form (Intake and Follow-Up)

Note: This is the minimum required information for the database. The health care facility is encouraged to maintain a detailed clinical record for each participant.

Only for use by a DCI approved/recognized Dental College/professional body

PART A

TCC Registration No.

STATE/UT/ZONE:

Source of Referral: Medical College/Hospital/Private clinic/ Inter-departmental/Walk in/Others

OPD No. Date: College:

1. Name :

2. Age :

3. Gender : Male Female Transgender

4. Address : _____

5. Email ID (if available) :

6. Aadhaar Number (MANDATORY) :

7. Mobile/Contact Number (MANDATORY) :

8. Level of Education: Literate Illiterate (Numbers of years of formal education)

9. Marital Status: Unmarried Married Widowed Separated/Divorced **Not applicable**

10. Occupation: Professional/Semiprofessional Skilled/Semiskilled/Unskilled worker Retired Housewife
Students Unemployed Others Average Monthly Income: _____

PART B:

Details of Tobacco use history:

Type of Tobacco use	Number of years of tobacco use Ty	Frequency of tobacco use Per day Tf	Method of use	Smokeless tobacco/Bidi/Cigarette years (Numbers of Cigarettes/Bidis/sachets of tobacco used per day X No. of years of regular tobacco use) Ty X Tf	Average numbers of Cigarette/Beedi/Sachets amount of tobacco chewed per day in the last one month
Smokeless (Gutkha, Khaini, Paan, Mawa, Misri, any other)	≤1 >1 but ≤3 >3 but ≤5 >5 but ≤10 >10	≤ 5/day ≥6 but ≤10/day >10 but ≤20 More than 20	a) Chew & spit b) Chew & swallow c) Hold & spit d) Hold & swallow		
Smoking (Cigarette, Beedi, Hookah, Dhumti, any other)	≤1 >1 but ≤3 >3 but ≤5 >5 but ≤10 >10	≤ 5/day ≥6 but ≤10/day ≥10 but ≤20 More than 20	Regular/ Reverse smoker		

Combination					
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11. Tobacco User: Current Former

12. Expense per month on tobacco (Average month last year) Rs. ____

13. Other Habits:

Alcohol use: Daily Drinking Regular Drinking (3 or more/week) Social Drinking (<3 times/week) None

Average units per drinking day (30 ml spirit/60ml wine/1/2 mug beer=1 unit) _____ Units

14. Others Substance use: Yes No If Yes specifies substance with Pattern, Dependence, frequency and duration of use: _____

15. Number of previous 'Quit' attempts with Reason which lasted at least one month _____.

Reasons for quitting: 1. No reason 2. Social pressure 3. Presence of medical complications 4. Awareness of physical hazards 5. Awareness of addiction 6. Lack of productive work 7. Any other (specify)

***Reasons for relapse:** a. No reason b. Social pressure c. Craving d. Cues/triggers e. Withdrawal symptoms f. Lack of productive work g. Psychological stress h. Family tensions i. Financial tensions j. Any physical location/place k. Chronic illness/pain l. Any other (specify)

16. Severity of addiction/Level of Nicotine dependence:

Fagerstrom test for smoking	Modified Fagerstrom test for smokeless tobacco users
1. How soon after you wake up do you smoke your first cigarette/bidi? Within 5 minutes 3 6 to 30 minutes 2 31 to 60 minutes 1 More than 60 minutes 0	1. How soon after you wake up do you use your first dip/chew? Within 5 minutes 3 6 to 30 minutes 2 31 to 60 minutes 1 After 60 minutes 0
2. Do you find it difficult to refrain from Smoking in places where it is forbidden? Yes 1 No 0	2. How often do you intentionally swallow tobacco juice? Always 2 Sometimes 1 Never 0
3. Which cigarette/bidi would you hate to give up most? The first one in the morning 1 All others 0	3. Which tobacco chew would you hate to give up most? The first one in the morning 1 All others 0
4. How many cigarettes/bidis do you smoke per day? 10 or less 0 11-20 1 21-30 2	4. How many Sachet/pouches of tobacco do you use per week? More than 3 2 1-3 1
5. Do you smoke more frequently in the first hours after waking up than during the Rest of the day? Yes 1 No 0	5. Do you chew tobacco more frequently in the first hours after waking up than during the rest of the day? Yes 1 No 0
6. Do you smoke when you are so ill that you are in bed most of the day? Yes 1 No 0	6. Do you chew tobacco when you are so ill that you are in bed most of the day? Yes 1 No 0
Total score:	Total score:

FT SCORE Level of dependence: <input checked="" type="checkbox"/> 6: high <input checked="" type="checkbox"/> 4-6: moderate <input type="checkbox"/> Less than 4 : low	
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17. Tobacco Use in Family Members/Relatives Smoking Smokeless Both None

Family history in first-degree relatives:

a) Tobacco use 1. Yes 2. No b) Substance use 1. Yes 2. No

3. Medical illness 1. Yes 2. No

4. Psychiatric illness 1. Yes 2. No

18. Relevant Medical History & symptoms: Cough / Breathlessness / Chest pain / Loss of Appetite/ Weight loss

Hypertension Diabetes T.B. Coronary Heart Disease Respiratory

Oral/Oropharyngeal/Lung Cancer Others None

Presently under any medical care (if yes specify) :

PART C

19. Physical Examination: Weight _____ Kgs. Height _____ cms. Pulse: Respiratory Rate:

Temperature: BP Systolic _____ Diastolic: _____

23. Clinical Examination of Oral Cavity and Diagnosis:

Leukoedema: Pre-Leukoplakia Leukoplakia: Smoker's Palate: Smoker's Melanosis: Tobacco Pouch

Keratosis: Chewer's Keratosis: Oral Lichenoid Reaction: Erythroplakia: Speckled Leukoplakia:

Oral candidiasis: Oral Submucous Fibrosis (With Grade): Dental Caries:

Staining of Teeth: Gingival Recession: Malignant(?) ulcer/ Growth: Any other:

Describe Number, location, size and appearance of lesion(s) in detail-

Clinical Diagnosis:

24. Co morbidity Yes / No Co morbidity: Diagnosis Treatment Remarks

- Physical Yes / No
- Psychiatric Yes / No
- Substance Yes /No

25. Chair Side/Laboratory Investigations with Inference/Histopathology/Cytology:

- Toluidine Blue Staining:
- Exfoliative Cytology:
- Biopsy:
 Diagnosis

CO Breath Analysis Test 1. Done Breath CO level (in ppm) 2. Not Done

Co levels 0-6N, 7-10N, More than 10N

Serum Cotinine Test: Done _____ **Not Done**

26. Management of Oral Conditions: Conservative Surgical Referral for Treatment of Malignancy:

Dental Treatment (Oral Prophylaxis/Restoration/Odontoplasty etc.)

27. Motivation Stage Assessment: **Pre contemplation/Contemplation/Action/Unwilling**

28. **Planned Intervention:** Cold Turkey Behavioral Counselling Behavioral Counselling+Medication
 Behavioral Counselling + NRT Behavioral Counselling + NRT+ Medication (Describe in detail)

29. Follow up/Outcome

Follow up visit no. and source of information	Date	No Change (or<50% reduction from baseline)	Reduced use (50% or greater reduction from baseline)	Stopped Use	Lost to follow up	Cotinine test (+ve or_ve) or not done	CO breath test done or not	Co level	Treatment/ medication/ NRT
2 weeks									
4 weeks									
6 weeks									
3 months									
6 months									
9 months									
12 months									
Subsequent									

30. Any other

Remarks: _____

Status: 1. No change 2. Reduced use 3. Stopped use 4. Lost-to follow-up 5. Relapse

Source of information: 1. Follow-up 2. Phone call 3. Email 4. Mail

Informed Consent of the Patient: I have been informed about the various aspects of this in depth interview and would cooperate with the doctor to the best of my knowledge. Any treatment initiated would be mutual and after understanding side effects and all other aspects, I am allowed to withdraw from treatment any time after consulting the therapist/doctor.(Consent to be made available in regional language)

Signature/ Thumb impression of the Patient with Date

Signature of the Doctor

Witness:

Signature TCC In- charge

