

**Client Assessment Form
Developing a Quit Plan**

Tobacco Use History	
Types of tobacco used	
Age of first daily tobacco use	
Number of cigarettes per day	
How soon after waking does client have first cigarette	
Withdrawal symptoms experienced	
Number of intentional quit attempts	
Longest period of intentional abstinence	
Quit methods used in the past (plus client's perception of whether these were successful)	
Reasons for relapse	
Cessation	
Readiness scale: importance	
Readiness scale: confidence	
Goals	
Reasons for quitting/reducing	
Supports and Stressors	
Current supports	
If client has a partner, describe state of relationship	

Partner's tobacco use	
Other people smoking in the home	
Current stressors, such as financial, personal, work, relationships, etc.	
Triggers	
Triggers to smoke, such as: at breakfast, after a meal, while drinking, after sex, in the car; or when feeling happy, sad, stressed, etc.	
Medical and Psychiatric History	
Mental health issues, past and present	
Physical issues, past and present such as illnesses or injuries, medications, pregnancy, breastfeeding, etc.	
Other substance use, past and present, such as alcohol, caffeine, recreational drugs, etc.	