

STANDARD OPERATING PROCEDURES FOR ESTABLISHING AND MANAGING CESSATION SERVICES IN HEALTHCARE FACILITIES

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Health Protection Agency
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Standard Operating Procedures for Establishing and Managing Cessation Services in Healthcare Facilities

Purpose

This Standard Operating Procedure (SOP) establishes a framework for the development, operation, and monitoring of tobacco cessation services in the Maldives. It ensures cessation services are standardized, evidence-based, and aligned with the guidelines provided by the World Health Organization (WHO).

Scope

This SOP applies to all healthcare facilities in the Maldives tasked with providing tobacco cessation services, including tertiary hospitals, regional hospitals, and primary health centers. It outlines the minimum requirements, operational protocols, and monitoring mechanisms necessary for effective clinic functioning.

Goals and Objectives

- Establish a network of tobacco cessation clinics across the Maldives to provide accessible and effective cessation support.
 - To facilitate the creation of a society free from the dangers of tobacco use by promoting awareness, education, and supportive interventions.
 - To encourage and assist individuals who wish to quit tobacco use by providing evidence-based guidance and support.
 - To offer accessible and high-quality cessation services for individuals seeking to quit tobacco, ensuring comprehensive support through counseling, follow-up, and effective treatment options.
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1. Minimum Criteria for Establishing Tobacco Cessation Services

1.1 Dedicated Space

- Must ensure a private and confidential environment for counseling sessions.
- Adequate space should be allocated for the display of educational posters, information, education, and communication (IEC) materials.

- Must prominently display the national Quitline number (1676) in the counseling room.
- Existing doctor consultation rooms / PHU may also be utilized for providing tobacco cessation services, ensuring patient confidentiality and service quality.
- Cessation service / clinic should be in a visible location. The healthcare facility should advertise and promote to increase the visibility of cessation services.

1.2 Trained Personnel

- Must have at least one healthcare professional trained in tobacco cessation. This may include a doctor, nurse, health worker, other public health professional, or counselor with appropriate certification or training in tobacco cessation interventions.

1.3 Service Availability

Tobacco cessation services should be available on a regular basis, on designated days of the week, or as per the operational plan of the health facility.

If a patient seeks tobacco cessation services during non-working hours or on non-clinic days, the health facility must ensure the patient is attended to without delay.

This can be achieved by:

- Arranging on-call services by trained healthcare personnel via National Quitline.
- Providing teleconsultation options to address the immediate needs of the patient and scheduling follow-up visits as required.
- Establishing a mechanism to document and address urgent requests for cessation services outside regular hours.

1.4 Health Facility Focal Point

Each health facility providing tobacco cessation services must designate a focal point responsible for coordinating and overseeing the cessation program.

The focal point will ensure the availability of trained personnel, medication and compliance with guidelines, and proper data management.

1.5 Patient-Centered Counseling and Follow-Up

Individual patient counseling sessions should be scheduled, and appointments must be provided based on patient and provider availability.

In cases where in-person follow-up is not feasible, teleconsultation follow-ups should be planned and implemented to ensure continuity of care.

1.6 Data Management and Reporting

All data generated from the tobacco cessation service must be systematically recorded and maintained in a standardized digital format.

Healthcare facilities should utilize the prescribed data entry template provided in the annex to ensure uniformity and ease of reporting.

2. Service Provision

2.1 Main Components/Activities of the Program

2.1.1 Identifying Tobacco Users and Providing Cessation Support

- Arrangements must be made within hospitals or health center services to identify tobacco users among individuals seeking healthcare services.
- This involves:
 - Asking every individual seeking health services about their tobacco use habits, including the type and quantity of tobacco used.
 - Clarifying and documenting this information.
 - Encouraging those who use tobacco to consider quitting and informing them about the cessation services available.
- Efforts should be made to discourage tobacco use and protect individuals from the dangers of tobacco, especially in healthcare settings.
- Patients who express interest in quitting should be actively encouraged to seek cessation services.

2.1.2 Expanding Access to Cessation Services

- Ensure that arrangements are in place to allow individuals to request cessation services via phone and email.
- Develop a system for responding to remote requests and providing appropriate support.

2.1.3 Arrangements for Medicines and Items Used for Tobacco Cessation

Availability of Medicines and Items

- Medicines and other products to assist with quitting tobacco use should be made available to participants upon a doctor's prescription.

- Information on how to obtain these items should be provided, and assistance should be offered in case they are unavailable.

3. Program Details

3.1 Participants/Health Professionals Involved in Implementing the Program

The following parties will be involved in the implementation of the cessation program:

- **Reception/Memo Preparation/Registration:** Arrangements should be made for identifying individuals seeking to quit tobacco use through the reception and registration process.
- **Doctor Consultations:** Arrangements should be made for consultation services where individuals will be referred to appropriate healthcare providers.
- **Health Screening and Laboratory Testing:** Screening and lab tests will help in identifying any tobacco-related health conditions and will be part of the overall assessment for providing cessation services.
- **Provision of Health Information and Services:** This will take place through clinics such as NCD clinics, antenatal clinics, and other relevant health services.
- Participants wishing to quit should be identified, and relevant information should be documented using a designated form, which will be submitted to the cessation clinic by the respective parties.

3.2 Cessation Clinic Implementation Tasks

- **Public Health Workers/Community Health Workers/Family Health Workers:** These staff members will assist in identifying individuals seeking to quit and will guide them through the process as well as offer cessation advice to clients.
- **Nurses:** Nurses will provide support for tobacco cessation, offering advice and monitoring progress.
- **Doctors:** Medical professionals will oversee the cessation process and prescribe appropriate treatments.
- **Volunteers:** Members of associations or other volunteers dedicated to tobacco control will assist in the implementation of services.

3.3 Referral System

- Mechanisms for referring patients to higher-level facilities or mental health services as necessary.

4. Operational Guidelines

4.1 Establishing Service Across the Three-Tier Healthcare System

4.1.1 Tertiary Care Level:

- **Services Offered:**
 - Comprehensive services including advanced pharmacotherapy, individual, and group counseling.
 - Diagnostic tools such as carbon monoxide (CO) monitors.
- **Role:**
 - Serve as training and referral hubs.
 - Handle complex cases (e.g., co-occurring conditions).
 - Pilot new cessation interventions.

4.1.2 Secondary Care Level (Regional Hospitals):

- **Services Offered:**
 - Intermediate cessation services including individual counseling and basic pharmacotherapy.
- **Role:**
 - Act as intermediary hubs.
 - Organize regional training.
 - Report cessation data to the central monitoring body.

4.1.3 Primary Care Level (Health Centers/Posts):

- **Services Offered:**
 - Basic cessation support using the WHO “5 A’s” framework.
 - Intermediate cessation services including individual counseling and basic pharmacotherapy.
 - Community engagement to promote cessation services.
- **Role:**
 - Serve as the first point of contact.
 - Conduct awareness campaigns.
 - Collect and submit patient data

4.2 Capacity Building and Training

- Conduct regular training sessions, ensuring all tiers are equipped to provide tier-appropriate cessation services
- Staff involved in delivering tobacco cessation services will receive appropriate training to help them understand the program, raise awareness, and carry out their tasks effectively.

- Training will be provided by the Health Protection Agency (HPA) and will be delivered through both online and physical sessions.
- The training will include detailed information on cessation methods, communication skills for working with individuals, and the use of cessation products.

4.3 Integration with Community Services

- Collaborate with community organizations, councils, schools, and NGOs to enhance service accessibility and promote awareness.
-

4.5 Community Engagement

- Partner with local councils, schools, and NGOs to increase awareness.
 - Leverage mass media campaigns to encourage individuals to seek cessation support.
-

5. Referral Mechanisms

To establish clear criteria and procedures for referring patients from tobacco cessation clinics to higher-level facilities or specialized care, ensuring seamless care coordination and optimal patient outcomes.

5.1 Referral Criteria

Patients should be referred to specialized care under the following conditions:

- **Complex Medical Needs:**
 - Patients with severe tobacco-related health conditions (e.g., chronic obstructive pulmonary disease, cardiovascular disease, or cancer) requiring specialist intervention.
- **Co-Occurring Mental Health Disorders:**
 - Individuals presenting with mental health conditions, such as depression, anxiety, or substance use disorders, that complicate cessation efforts.
- **Treatment Resistance:**
 - Patients who have not responded to first-line cessation interventions (e.g., counseling and pharmacotherapy) after multiple attempts.
- **Pregnant Tobacco Users:**
 - Pregnant individuals needing specialized counseling and monitoring for cessation.
- **Youth and Adolescents:**

- Adolescents requiring age-appropriate interventions and counseling.
-

5.2 Referral Procedures

1. Initial Assessment and Documentation:

- Conduct a thorough assessment to determine the need for specialized care.
- Document the patient's medical history, tobacco use history, and any previous cessation attempts.

2. Prepare a Referral Note:

- Provide a detailed referral note, including:
 - Patient's personal and medical information.
 - Summary of the assessment and reasons for referral.
 - Summary of cessation interventions provided to date.

3. Identify Appropriate Referral Facility:

- Based on the patient's needs, identify the nearest or most suitable referral center:

4. Coordinate with the Receiving Facility:

- Communicate directly with the receiving facility to ensure they are prepared to handle the referral.
- Share relevant patient records securely to maintain confidentiality.

5. Provide Patient Guidance:

- Inform the patient and/or their caregiver about the referral process, including the reason for referral and what to expect at the referred facility.
- Assist with appointment scheduling, if required.

6. Follow-Up on Referral:

- Maintain communication with the receiving facility to monitor the patient's progress.
 - Schedule follow-up visits at the originating clinic to provide ongoing support and ensure continuity of care.
-

6. Guidelines, Standards, and Procedures for Program Implementation

6.1 Program Guidelines and Standards

- The cessation clinic will operate based on guidelines and standards provided by the Health Protection Agency (HPA).
 - These guidelines will ensure that the program maintains high standards of care and that individuals seeking to quit tobacco use receive the most effective support available.
-

7. Monitoring and Evaluation

7.1 Key Performance Indicators (KPIs)

- Number of patients enrolled in cessation clinics.
- Quit rates at 1 month, 3 months, and 6 months post-enrollment.
- Proportion of patients receiving pharmacotherapy and counseling.
- Rates of relapse and follow-up compliance.

7.2 Reporting and Documentation

- Establish a national patient registry to track individual progress and clinic performance.
- Clinics must submit monthly reports to the Ministry of Health detailing patient statistics and outcomes.

7.3 Annual Review

- Conduct an annual review of all clinics to identify gaps, evaluate progress, and refine operational protocols.

8. Alignment with WHO Guidelines

This SOP adheres to:

1. **FCTC Article 14:** Guidelines for integrating cessation support into healthcare systems.
2. **MPOWER Strategy:** Focus on “Offer help to quit tobacco use.”
3. **WHO Toolkit for Cessation Interventions:** Best practices for counseling, pharmacotherapy, and program implementation

Annex 1: Patient Flow Chart for Tobacco Cessation Clinics

1. Registration

- Patients register at the clinic by providing basic demographic information and completing the necessary intake forms.

2. Assessment

- A trained healthcare provider conducts an initial assessment to determine the patient’s level of tobacco dependence and readiness to quit.

- Use standardized assessment tools, including:
 - Tobacco use history.
 - Dependence level evaluation.
 - Identification of co-occurring conditions (if any).

3. Counseling and Intervention

- Offer tailored cessation support based on the assessment:
 - **Counseling:** Provide individual or group counseling sessions using evidence-based approaches such as motivational interviewing or cognitive behavioral therapy (CBT).
 - **Pharmacotherapy:** Prescribe and provide nicotine replacement therapy (NRT) or non-nicotine medications as per WHO guidelines.

4. Follow-Up

- Schedule regular follow-up appointments to monitor progress, address challenges, and reinforce cessation strategies.
 - First follow-up: Within one week of the initial session.
 - Subsequent follow-ups: At 1 month, 3 months, and 6 months post-enrollment, or as needed.
- Use follow-up visits to:
 - Track patient progress.
 - Adjust treatment plans if required.
 - Offer continued motivation and relapse prevention support.

Annex 2: Standardized Forms and Templates

2.1 Tobacco Cessation Clinic Check List

TOBACCO CESSATION CLINIC

CHECK LIST

Assessment.....	<input type="checkbox"/>
Doctor consultation.....	<input type="checkbox"/>
Health Education.....	<input type="checkbox"/>
Benefits of smoking and quitting exercise.....	<input type="checkbox"/>
Setting a quit date.....	<input type="checkbox"/>
Identifying my reason to quit exercise.....	<input type="checkbox"/>
Why I smoke test.....	<input type="checkbox"/>
Information on Cravings.....	<input type="checkbox"/>
Information on Withdrawal symptoms.....	<input type="checkbox"/>
Triggers exercise.....	<input type="checkbox"/>
Coping strategies for the triggers and withdrawal symptoms.....	<input type="checkbox"/>
Making a plan for the quit day.....	<input type="checkbox"/>
Self-help book.....	<input type="checkbox"/>
Helpful websites.....	<input type="checkbox"/>

2.2 Fagerstrom scale _Smokeless Tobacco_Bilingual

FTND for Nicotine dependency		سەرچاھێ سەرێر ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ (بە سەرچاھێ / ھەڵسەنگێ)	
	تێکێ	تێکێ (✓) on most appropriate answers . تێکێ (✓) تێکێ (✓) تێکێ (✓) تێکێ (✓) تێکێ (✓)	
Within 5 minutes	3□	تێکێ 5 ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	How soon after you wake up to do you place your first dip?
Within 5-30 minutes	2□	تێکێ 5-30 ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	
Within 31-60 minutes	1□	تێکێ 31-60 ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	
After 60 minutes	0□	تێکێ 60 ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	
1 sachet or pouch tobacco	0□	1 ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	How many cans/pouches per week do you use?
2-3 sachets or pouches	1□	2-3 ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	
> 3 sachets or pouches	2□	3 ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	
Always	2□	ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	How often do you intentionally swallow tobacco juice?
Sometimes	1□	ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	
Never	0□	ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	
The first one in the morning	1□	تێکێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ ھەڵسەنگێ	

[illegible]

FTND for Nicotine dependency		مەن ئۇچۇرلارنىڭ تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش (بىر سەھىپە / ۋەقە)	
	تەبىئەتلىك	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش (بىر سەھىپە / ۋەقە)	
Within 5 minutes	3□	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش؟
Within 5-30 minutes	2□	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	How soon after you waking do you vape your first e cigarette?
Within 31-60 minutes	1□	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	
After 60 minutes	0□	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	
Less than 10 times	0□	10 تېرىپ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	قانچىنە كېيىنكى ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش / ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش؟
between 11-20	1□	11- 20 تېرىپ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	
between 21-30	2□	21- 30 تېرىپ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	
More than 31	3□	31 تېرىپ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	
Yes	1□	ئەلەم	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش / ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش؟
No	0□	تەبىئەتلىك	
The first one in the morning	1□	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	قانچىنە كېيىنكى ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش / ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش؟
Any other / no difference based on time	0□	تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	
Yes	1□	ئەلەم	قانچىنە كېيىنكى ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش / ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش؟
No	0□	تەبىئەتلىك	
Yes	1□	ئەلەم	قانچىنە كېيىنكى ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش / ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش؟
No	0□	تەبىئەتلىك	
		Total Score : مەن ئۇچۇرلارنىڭ تەبىئەتلىك ۋەقەسىنىڭ ئۆزىگە ئىگە ئىكەنلىكىنى بىلىش	

Mild	1- 2	سرتاچسارنر مکرسو دسرونر : نای / نای نای	Nicotine dependence based on scores
mild to moderate	3- 4	سرتاچسارنر مکرسو دسرونر : نای نای - دسرتاچسارنر	
Moderate	5- 7	سرتاچسارنر مکرسو دسرونر : دسرتاچسارنر	
Severe	+ 8	سرتاچسارنر مکرسو دسرونر : دسرتاچسارنر / دسرتاچسارنر	

2.4 Assessment on Tobacco cessation client assessment and follow-up form

Tobacco cessation assessment form -

سرتاچسارنر (Name): سرتاچسارنر (NID): سرتاچسارنر (Mob):
سرتاچسارنر (Date):

1.
Do you take medication for any illness currently or in the past?
☐ Yes / ☐ No
if yes specify

2.
Do you have any of the following conditions currently (mostly caused by tobacco)? Please (✓) if any

Heart disease	سرتاچسارنر مکرسو	Asthma	سرتاچسارنر مکرسو
Stroke	سرتاچسارنر مکرسو	Long term cough	سرتاچسارنر مکرسو / سرتاچسارنر مکرسو
Cancer	سرتاچسارنر مکرسو	COPD	سرتاچسارنر مکرسو
Diabetes	سرتاچسارنر مکرسو	Other respiratory illness	سرتاچسارنر مکرسو / سرتاچسارنر مکرسو
Kidney disease	سرتاچسارنر مکرسو	Chest pain /dyspnea on exertion	سرتاچسارنر مکرسو / سرتاچسارنر مکرسو
Other NCDs	سرتاچسارنر مکرسو	Gastritis / GERD	سرتاچسارنر مکرسو / سرتاچسارنر مکرسو
Hoarseness of voice	سرتاچسارنر مکرسو	Sinusitis	سرتاچسارنر مکرسو / سرتاچسارنر مکرسو
Others	سرتاچسارنر مکرسو	Ear infection	سرتاچسارنر مکرسو

3.
Are you allergic to any medication?
☐ Yes / ☐ No
If yes name of the drugs and issues occurred:

4.
(Assessing Readiness to quit)

1.
Do you want or would you like to be a non-tobacco user?
Y/US/N:

2.
Do you think you have chance of quitting successfully?
Y/US/N:

Question 1	Yes	Unsure	No
Question 2	Yes	Unsure	No

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			Do you smoke more frequently during the first hours after waking than during the rest of the day?
Yes	1 <input type="checkbox"/>	آري	Do you smoke when you are so ill that you are in the bed most of the day?
No	0 <input type="checkbox"/>	نا	
	<input type="text"/>	Total Score : چونکه څه ځواب ښودل شوي	
Mild	1- 2	سړتيا پورتنۍ ډېر لږه ده : 1 / 2	Nicotine dependence based on scores
mild to moderate	3- 4	سړتيا پورتنۍ ډېر لږه ده : 3 - 4	
Moderate	5- 7	سړتيا پورتنۍ ډېر لږه ده : 5 - 7	
Severe	+ 8	سړتيا پورتنۍ ډېر لږه ده : 8 +	

Experience of Previous Quit attempts			8. زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده
Have you ever tried to quit tobacco before? <input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes	9. زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده ؟ <input type="checkbox"/> آري <input type="checkbox"/> نا	
How many times have you tried to quit?		زه څو ځله ډېر لږه ده / ډېر لږه ده ؟	
Last quit date (approximate):		زه څو ځله ډېر لږه ده / ډېر لږه ده ؟	
Longest duration of abstinence:		زه څو ځله ډېر لږه ده / ډېر لږه ده ؟	
Things you did maintain as a successful quitter:		زه څو ځله ډېر لږه ده / ډېر لږه ده ؟	
Barriers to quit:		زه څو ځله ډېر لږه ده / ډېر لږه ده ؟	
Reason/s for relapse:		زه څو ځله ډېر لږه ده / ډېر لږه ده ؟	

10. زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده ؟ <input type="checkbox"/> آري <input type="checkbox"/> نا		
Do you have family members who use tobacco? <input type="checkbox"/> Yes / <input type="checkbox"/> No. if Yes Who is he/she?		
Close family member (spouse/parents/siblings/ grand parents /children/)		زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده ؟
Extended family member (Aunts/ uncles/ cousins)		زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده ؟
11. زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده ؟ <input type="checkbox"/> آري <input type="checkbox"/> نا		
Do you have friends who use tobacco? <input type="checkbox"/> Yes / <input type="checkbox"/> No. if Yes Who is he/she?		
Close friends / classmates		زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده ؟
Coworkers		زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده ؟
Someone living together		زه پخوا څو ځله ډېر لږه ده / ډېر لږه ده ؟

12. قىزىقىچى قىزىقۇچى ئۇرۇنۇشۇش (ئۇرۇنۇشۇش/ئۇرۇنۇشۇش) نىڭ قىزىقۇچى؟ ☐ ئۇرۇنۇشۇش ☐ قىزىقۇچى. ئۇرۇنۇشۇش سىز ئۇرۇنۇشۇش:

Do you have anyone (family member or friend) who can help you to quit? ☐ Yes / ☐ No. if Yes Who is he/she?

Close family member (spouse/parents/siblings/ grand parents and children/ partner)		ئۇرۇنۇشۇش (ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش)
Extended family member (Aunts/ uncles/ cousins/etc)		ئۇرۇنۇشۇش (ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش)
Close friends / classmates		ئۇرۇنۇشۇش (ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش)
Coworkers		ئۇرۇنۇشۇش (ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش)
Someone living together		ئۇرۇنۇشۇش (ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش/ئۇرۇنۇشۇش)

13. Tips given for Quitting

Tips given	(✓)	Specific tips/alternatives selected by client
START		
4Ds / other alternatives for dealing with cravings		
Withdrawals and how to deal		
Alternative behavior after meals		
Alternative behavior early morning		
Alternative behavior at other difficult times (specify)		
Avoid coffee / areca nuts / unhealthy things		
Avoiding other triggers:		
Make home and workplace smoke-free (including balcony, toilet, etc.)		
Choose places where people don't smoke for leisure (restaurants, places to walk/relax, etc.)		
Tell people not to smoke near you (actively)		
Other Remarks		







14. **Re-assessing Readiness to Quit** (to be repeated at end of interview if not ready or low confidence at start of interview)

[illegible]

(Reassessing Readiness to quit) تَاسْتَعِيْذُكَ اَللّٰهُمَّ بِرَحْمَتِكَ وَرَوْحِكَ الْبَرِّ الْوَدِيعِ

❖ سوال: Y/US/N: Do you want or would you like to be a non-tobacco user؟

Y/US/N: Do you think you have chance of quitting successfully? 2. ❖

Question 1	Yes 	Unsure 	No 
Question 2	Yes 	Unsure 	No 

[illegible]

How confident are you now that you can quit tobacco use on a scale of 0-10?

Not confident at all	لَا أَتَوَقَّعُ	1	2	3	4	5	6	7	8	9	10	Very confident	أَتَوَقَّعُ
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Counselling given by:

Planned Quit Date:

.....

Prescription: Y / N; Date:

Given by: Dr.

.....

Medicines prescribed:

☐ Nicotine patchmg/day forwks

☐ Nicotine chewing gummg, 1/1-2 gums SOS for cravings, maxtimes/day,
no. of pieces.....

Plan for NRT by doctor (see prescription):

Given / sent to patient:

- ☐ Prescription
- ☐ START tips flier
- ☐ QuitStart or other Quit smoking App link
- ☐ My Reasons for Quitting Smoking Reminder card (for those who need additional encouragement)
- ☐ Pros and cons of quitting smoking table (for those not ready to quit yet)

Follow-up Schedule & Notes

Next Follow-up date	Attended by	Follow-up notes/ Remarks (Note: Quit or not/Actual quit date/Challenges/withdrawals/frequency of cravings: Suggested specific behavioral methods, medicines with doses, management Plan if any changes)

2.5 Tobacco Cessation Program Register

[illegible]

Annex 3: Pharmacotherapy

3.1 Sample NRT Prescription

Complaints:

Working on quitting smoking. Smokes >20 cigs/day, early morning smoking+. Ready to quit. Planned Quit date:

Diagnoses: (Medical diagnoses + Z72.0

- Tobacco use (Remarks: for aiding tobacco cessation)

Medication/Treatment:

☐ Nicotine patches -

21mg one patch LA per day for 4 weeks. Apply patch on waking up in the morning. Next morning remove and apply new patch onto a different site.

☐ Nicotine chewing gum.

4mg gum/ 2mg gum – 1-2 chewing gum PRN when urge /cravings occur, after first trying behavioural methods. Max 12/day for 2 weeks - 168 pieces

Advice:

Start all medicines and stop smoking on planned Quit date. Throw all cigarettes, lighter and ashtrays, and any souvenirs with brand logos before Quit date. For cravings, first trying behavioural methods as an alternative to smoking, such as Delaying, Drinking water, Deep breathing, Exercise, Calling someone supportive, prayer, etc. If cravings cannot be controlled, only then take chewing gum.

Plan:

Nicotine patches:

- 21 mg one patch LA per day for 4 weeks.
- > then 14mg patch, 1 patch per day for 2 weeks,
- > then 7mg patch, 1 patch per day for 2 weeks,
- then stop.

Nicotine chewing gum: SOS for cravings, taper as cravings reduce.

REVIEW: 1 week after quitting, then monthly, to assess progress / any need for adjusting medication or behavioural methods. Review SOS earlier if about to relapse.

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Dr.