PACT
PARTNERSHIP TO ASSIST WITH CESSATION OF TOBACCO

PHARMACY ASSOCIATION OF SASKATCHEWAN

Bank of follow up questions

1. Did you record your smoking over the last week?
2. Have you had any slips since we last spoke? Or, have your smoked cigarettes, cigars, or used chewing tobacco since we last spoke?
3. If so, were you able to get yourself back on track? If no, let's talk about getting back on track. If yes, congratulations! How were you able to get yourself back on track?
4. Are you experiencing any side effects related to your quitting aid?
5. Are your using your quitting aid as directed?
6. How confident are you that the medication is helping?
7. How do you feel about the day when you no longer have medication?
8. How strong was the average urge to smoke in the past few days (no urge = 1 extreme urge = 10)?
9. 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?
10. What is an example of a success you've had keeping smoking or tobacco-free since we last spoke?
11. What is an example of a challenge that you've had keeping smoke or tobacco-free (e.g. party at friends, having a drink, driving in the car)?
12. What has been the biggest challenge(s) for you since we last spoke? How did you handle the situation?
13. Have you tried any of the relaxation techniques that we spoke about last time?
14. Have you tried exercise or physical activity as a way to cope during this time?
15. Who would you say are your main supporters?
16. What is your number one strategy (e.g., gum, thought stopping, self-talk, mediations) that is helping to keep you tobacco-free?
17. What, if anything, are you most worried about?
18. What is the most challenging part of your day in terms of remaining tobacco-free?
19. What is the most challenging part of your week (weekdays vs. weekends) in terms of remaining smoke-free?
20. With 10 being extremely motivated and 1 being completely

unmotivated, how motivated are you to quit smoking/chew for good?

21. With 10 being the most confident and 1 being the least confident, how confident are you that you will remain tobacco-free for the next month… 24hrs/week/month?
22. What is your plan to deal with this high risk situation? (e.g., not smoking in the car, going out for a drink with a friend, going to a funeral, changing jobs, watching your spouse smoke, dealing with the craving when you wake up…)
23. What is the #1 lesson from the last time you attempted to quit?
24. Tell me what you think about this statement “I’m only one puff away from a pack a day.”
25. What craving management strategy 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?
26. When you picked up the cigarette, cigar, or chew again, what thoughts were going through your mind?