

Community Services Referral to Quitline

Name: Mr/Mrs/Ms _____

Address: _____ Postcode: _____

Ph Home: _____ Work: _____ Mobile: _____

(please provide telephone numbers likely to get you at time of requested call below)

PLEASE INDICATE A SPECIFIC TIME FOR YOUR FIRST CALL (ALLOW UP TO 30 MINS)

Please call me on: Day: _____ Date: _____

(Please indicate a specific day when you are available)

Quitline counsellors are available:

830am - 8pm Monday to Friday,

2pm - 5pm Saturday or Sunday

Best day to call: _____

Best time to call: AM (830am-1pm) PM (1pm-5pm) Evening (5pm-8pm)

In compliance with the 2001 Privacy Bill, Quit SA is required to ask the following agreement:

May our evaluation unit call you for quality control purposes Yes No

"I consent to the Quitline to call me as arranged and to record notes about quitting on the Quit SA database."

Sign here (client):

(Confidentiality is assured and information will only be used to assist you in quitting smoking)

Referred by:

Name: _____

Organisation: _____

Position: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please print, fill out & fax this referral to Quitline 8291 4280 (For queries ph 8291 4282)



Give lower portion to client

REMINDER!

Quitline will call on: / /

Day:

Time: 8.30 am – 1pm Mon to Fri

1pm – 5pm Mon to Fri

5pm – 8pm Mon to Fri

2pm - 5pm Sat / Sun

What is the Quitline?

The **Quitline 13 7848** is a free, confidential, expert counselling and advisory service with a proven record of success in helping smokers quit. The 12-week Quitline program provides a schedule of calls to people who have made the decision to quit. Once part of the program, we will contact you by phone to arrange convenient times to help you through your quitting. You are free to withdraw from the program at any time.

Fagerstrom Test for determining Nicotine dependence

Circle the answer, calculate corresponding score to obtain estimated Nicotine Dependence Level.

Questions	Answers	Points
How soon after waking do you smoke your first cigarette?	Within 5mins	3
	6-30 mins	2
	31-60mins	1
Do you find it difficult to not smoke when you don't get a break (ie work, movies?)	Yes	2
	No	1
Which cigarette would you find harest to give up?	1 st one in the morn	1
	Any other	0
How many cigarettes a day do you smoke?	10 or less	0
	11-20	1
	21-30	2
	31 or more	3
Do you smoke more frequently in the morning than the rest of the day?	Yes	1
	No	0
Do you smoke even if you are sick in bed for most of the day?	Yes	1
	No	0
Total Score:		

Fagerstrom assessment, using the total score from above:

Dependence Level	Treatment
High to Very High Dependence (8+)	Prescription Medication Combination Therapy Patch (top strength) Lozenge or Gum (4mg) Inhaler (10mg)
Medium to High Dependence (5-7)	Patch (top strength) Lozenge or Gum (4mg) Inhaler (10mg)
Low to Medium Dependence (3-4)	Microtab (2mg) Patch (midstrength) Lozenge or Gum (2mg)
Low Dependence (1-2)	NRT is not generally recommended

Source: Frecher RC & Fagerstrom KO (1991) The Fagerstrom Test for nicotine dependence: a revision of the Fagerstrom Tolerance Questionnaire, British Journal of Addiction, 86 pp 1119 - 1127