

PATIENT ENCOUNTER DOCUMENTATION

Ask (in person or use survey)	Advise	Assess
Date: _____ Initial: _____ # of cigarettes per day: _____ # of years smoked: _____ # of quit attempts: _____ <input type="checkbox"/> Smoke w/in 30 min of wake up <input type="checkbox"/> Relapsed Other tobacco use: _____	<u>Discussed:</u> <input type="checkbox"/> Relevance <input type="checkbox"/> Rewards <input type="checkbox"/> Risks <input type="checkbox"/> Roadblocks Other: _____ _____ _____	<input type="checkbox"/> No interest <input type="checkbox"/> Quit later <input type="checkbox"/> Ready to quit Set quit date: _____ <input type="checkbox"/> Maintain > 6 months <input type="checkbox"/> Quit < 6 months <input type="checkbox"/> Prevent relapse
<u>Smoking Location:</u> <input type="checkbox"/> In home <input type="checkbox"/> Outside home <input type="checkbox"/> In car <input type="checkbox"/> Other	Assist <input type="checkbox"/> Counsel <input type="checkbox"/> Handouts <input type="checkbox"/> Support <input type="checkbox"/> Pharmacotherapy	Arrange <input type="checkbox"/> Outline <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up appointment Quit date: _____

Ask (in person or use survey)	Advise	Assess
Date: _____ Initial: _____ # of cigarettes per day: _____ # of years smoked: _____ # of quit attempts: _____ <input type="checkbox"/> Smoke w/in 30 min of wake up <input type="checkbox"/> Relapsed Other tobacco use: _____	<u>Discussed:</u> <input type="checkbox"/> Relevance <input type="checkbox"/> Rewards <input type="checkbox"/> Risks <input type="checkbox"/> Roadblocks Other: _____ _____ _____	<input type="checkbox"/> No interest <input type="checkbox"/> Quit later <input type="checkbox"/> Ready to quit Set quit date: _____ <input type="checkbox"/> Maintain > 6 months <input type="checkbox"/> Quit < 6 months <input type="checkbox"/> Prevent relapse
<u>Smoking Location:</u> <input type="checkbox"/> In home <input type="checkbox"/> Outside home <input type="checkbox"/> In car <input type="checkbox"/> Other	Assist <input type="checkbox"/> Counsel <input type="checkbox"/> Handouts <input type="checkbox"/> Support <input type="checkbox"/> Pharmacotherapy	Arrange <input type="checkbox"/> Outline <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up appointment Quit date: _____

PATIENT INTAKE SURVEY

1. Have you ever smoked or used any tobacco? Yes _____ No _____
2. Are you currently smoking or using tobacco? Yes _____ No _____
3. Approximately how many cigarettes (or amount of smokeless) do you smoke in a day? Yes _____ No _____
4. How soon after waking do you smoke your first cigarette or use your first tobacco? _____

5. At what age did you start smoking or using tobacco? _____

6. How many years have you smoked/ used tobacco? _____

7. Do you use any other tobacco products? Yes _____ No _____

Check all that apply: Pipe _____ Cigars _____ Chew/Spit Tobacco _____

Water Pipe/Hookah _____ Bidis _____ Other _____

8. On a scale of 1-10 how willing are you to quit smoking (10 is very willing)?

1 2 3 4 5 6 7 8 9 10

9. Have you tried to quit smoking/using tobacco in the past? Yes _____ No _____

About how many times? _____

What did you use to help you quit (Check all that apply)?

Patches _____ Lozenges _____ Nicotine Gum _____

Counseling _____ Pills _____ Other _____ No aids _____

10. Have you been diagnosed with any of the following (check all the apply):

Asthma _____ Emphysema _____ Heart Disease _____

Diabetes _____ Stroke _____ Cancer _____

11. Do other people currently smoke/use tobacco around you? Yes _____ No _____

PREPARING TO QUIT

Reasons I smoke:

Times I usually smoke:

My reasons to quit:

Things I can do instead of smoking:

Family & friends I can count on to help me:

Others who can help me:

Ways to handle others smoking around me:

Ways I can handle "slips":



My Quit Date:



BARRIERS & BENEFITS TO QUITTING

Barrier	Coping Strategies
Negative Mood	<ul style="list-style-type: none">- Take part in some sort of physical activity.- Try deep breathing or another form of relaxation.- Talk to a trusted friend or family member.- Keep a journal.
Being Around Other Smokers	<ul style="list-style-type: none">- Ask others not to smoke around you.- Establish “smoke-free” zones in your home and car.- Walk away from others if they are smoking.- Remind yourself that you are a non-smoker.
Time Pressures	<ul style="list-style-type: none">- Take part in a physical activity to reduce stress in your life.

Remember, the urge to smoke and other withdrawal symptoms will only last a few weeks at most and the benefits will be well worth it!

Benefits like:

- You will be around longer to see children and grandchildren grow up.
- You will have more money that you can spend on other things.
- Your food will taste better.
- You will feel good about yourself and your accomplishment in quitting smoking.
- You will have more energy.
- You will be able to breathe easier.
- Your clothes, hair, home, and car will smell better.
- You won't have any more yellow teeth or fingers.
- You won't have inconvenient cigarette cravings.
- You will be less likely to develop heart disease, stroke, lung cancer, emphysema, and other smoking-related diseases!



PATIENT EDUCATION MATERIALS

A variety of evidence-based patient education materials can be found online at:

AAFP Office Resources and Patient Education Materials

<http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/resources.html>

American Cancer Society: Guide to Quitting Smoking

<http://www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/index>

American Heart Association: Quitting Smoking

<http://tinyurl.com/492x5pj>

HealthFinder.gov: Guide to Quitting Smoking

<http://healthfinder.gov/prevention/ViewTopic.aspx?topicId=24>

MouthHealthy™: Smoking and Tobacco Videos (American Dental Association)

<http://www.mouthhealthy.org/en/az-topics/s/smoking-and-tobacco.aspx>

Use the pull down menu to see different videos.

Resources for Smokers (Smoking Cessation Leadership Center)

<http://smokingcessationleadership.ucsf.edu/FSStopSmoking.htm>

Smokefree.gov

<http://www.smokefree.gov/Default.aspx>

Includes a Quit Guide, a text messaging support program, mobile phone apps, and more tools for patients.

Tobacco Publications Catalog (CDC)

http://apps.nccd.cdc.gov/osh_pub_catalog/PublicationList.aspx

Features free brochures, posters, flyers and other media materials about smoking that can be given to patients or used in an office setting.

Treating Tobacco Use and Dependence: 2008 Update (AHRQ)

<http://www.ahrq.gov/path/tobacco.htm>

Includes brochures that you can print and give to patients.

