

As part of our efforts to improve your health, we are asking all our patients who smoke to fill out this form at every visit. With this procedure, we hope to help patients who are ready to quit using tobacco. We understand that you may not be ready to quit at this time, but hope you will take a minute to complete this short questionnaire. There are many new methods to help you quit using tobacco, so please be sure to ask the physician or nurse practitioner you see today about them.

What kind of tobacco product(s) do you use?

- ☐ Cigarettes ☐ Cigars ☐ Snuff ☐ Chewing tobacco ☐ Other (describe): _____

On average, how many cigarettes/cigars **per day** do you smoke?

- ☐ None ever ☐ I smoke but not everyday ☐ 1-10 ☐ 11-20 ☐ 21-30 ☐ More than 30

If you use a form of tobacco other than cigarettes or cigars, **how many times per day** do you use it?

- ☐ Never ☐ I don't use everyday ☐ 1-10 ☐ 11-20 ☐ 21-30 ☐ More than 30

4. In the past year, how many times have you quit smoking/using for at least 24 hours? ____

5. Are you seriously considering quitting smoking/using?

- ☐ Yes, within the next 30 days ☐ Yes, at some point, but not now
☐ Yes, within the next 6 months ☐ No, not thinking of quitting

6. How **important** is it to you to quit smoking/using?

- ☐ Not Important ☐ A little ☐ Very Important

7. How **confident** are you that you can quit smoking/using?

- ☐ Not Confident ☐ Somewhat Confident ☐ Very confident

8. Do you currently live with someone who smokes?

- ☐ No ☐ Yes

Stop Here. Please give this form to the physician or nurse practitioner you see today.

Please do not fill out information listed below this line. To be completed by clinician.

Action Steps Completed

☐ **Not Ready to Quit** (*check all that apply*)

- ☐ Advised patient to quit
☐ Asked patient what would motivate them to quit
☐ Provided educational pamphlet
☐ Provided Quit Line No. 1-877-270-STOP

☐ **Ready to Quit** (*check all that apply*)

- ☐ Advised patient to quit
☐ Counseled patient – discussed barriers to quitting and lessons learned from prior quit attempts
☐ Set quit date: ____ / ____ / ____
☐ Prescribed medication: _____
☐ Arranged follow-up: ____ / ____ / ____
☐ Referred to smoking cessation program
☐ Provided educational pamphlet