Patient’s Name: ________________________________ Date: ______________

Ask every patient about tobacco use (1 minute):

☐ Patient does not smoke.  ☐ Patient is a former smoker.
☐ Patient recently quit smoking in the last 30 days.
☐ Patient is a light smoker (fewer than 10 cigarettes per day).
☐ Patient is moderate smoker (10 to 20 cigarettes per day).
☐ Patient is a heavy smoker (21 or more cigarettes per day).

Advise all smokers/tobacco users of the consequences of tobacco use (1 minute):

☐ Encourage recent quitters to continue abstinence.
☐ Present strong, compelling evidence that is relevant to the patient about the importance of quitting.

Coughing • Shortness of breath • Premature signs of aging • Respiratory disease • Cardiovascular disease • Women who smoke have a higher risk of never becoming pregnant • Women who smoke during pregnancy have a greater chance of complications.

Assess tobacco user’s willingness to make a quit attempt (1 minute):

☐ Is the patient willing to quit within the next 30 days.
☐ If the patient is willing to attempt to quit using tobacco, move on to the Assist step.
☐ If the patient is not willing to quit, address the patient’s concerns about trying to quit.

Assist with treatment and referrals (3+ minutes):

☐ If applicable, review strategies that helped during previous quit attempts.
☐ Develop approaches to manage withdrawal symptoms.
☐ Discuss proper use of pharmacotherapy. Pharmacotherapy perscribed: ________________________________
☐ Remove all tobacco products from the home.
☐ Help the patient identify a support network.
☐ Discuss what to do in situations when the patient would normally smoke.
☐ Document the extent of the intervention for assessment of the quit attempt at the next visit.

__________________________________________________________

Arrange follow-up (1 minute):

☐ Assess smoking status at every visit.  ☐ Ask patient about the quitting process.  ☐ Express willingness to help.
☐ Reinforce the steps the patient is taking to quit.  ☐ Referred to the Oklahoma Tobacco Helpline.

End Time: __________ Provider Signature: ________________________________ Credentials: ______________

Providers are encouraged to refer patients to the Oklahoma Tobacco Helpline at:

I-800-QUIT-NOW or okhelpline.com