



# ENCOUNTER CHECKLIST

For Tobacco Users

Name: \_\_\_\_\_

Record Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Encounter Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Visit #      1      2      3      4

**ADVISE smoker to stop:** "As your healthcare provider, I strongly advise you to quit smoking. It's the single most important thing you can do to protect your health, and I can help you."

**ASSESS readiness to quit:**

Ready to quit

Target quit date: (    /    /    )

Thinking about quitting

Brief counseling using 5 R's:

Relevant Reasons: \_\_\_\_\_

Risks: \_\_\_\_\_

Rewards: \_\_\_\_\_

Roadblocks: \_\_\_\_\_

Not ready to quit

Repetition Relapse

**ASSIST smoker to quit:**

Smoking history:      \_\_\_\_ # Cigarettes/Day      \_\_\_\_ # Packs/Day      \_\_\_\_ Years      \_\_\_\_ # Quit Attempts

Household members:      \_\_\_\_ Smokers      \_\_\_\_ Non-smokers      \_\_\_\_ Children

**SYMPTOMS:**

Cough: \_\_\_\_\_

Abnormal Sputum: \_\_\_\_\_

Wheeze: \_\_\_\_\_

Dyspnea: \_\_\_\_\_

Hemoptysis: \_\_\_\_\_

Asthma: \_\_\_\_\_

Withdrawal Symptoms: \_\_\_\_\_

Mood:       Anxiety       Depression      Other: \_\_\_\_\_

**MEDICATIONS:**

Nicotine Replacement Therapy:       Patch       Inhaler       Lozenge

Gum       Nasal Spray

Bupropion SR:       Tablets (Start 7 to 10 days before target quit date.)

Other: \_\_\_\_\_

**ARRANGE follow up:**

"I'll check back with you by (    /    /    )." (Set within first week after target quit date.)

"I'd like to give you some materials."

Proactive telephone counseling: 1-877-YES-QUIT & 1-877-937-7848

www.cancer.org

Practitioner's guide to reimbursement for smoking cessation therapy: www.endsmoking.org

