

Smoking Cessation Sample Flow Sheet

Initial assessment

Patient:	Date:									
ASK	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes->)		Years Smoking:			# Cigarettes/Day:		Previous quit attempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADVISE	"As your physician, I am concerned about your health and advise you to stop smoking. I can help you." (Make link to relevant medical history)									
ASSIST	Motivational interviewing: On a scale of 1-10 how would you rate your motivation to quit smoking at this time?									
	1	2	3	4	5	6	7	8	9	10
	Not Ready to Change			Unsure		Getting Ready to Change			Trying to Change	
	NOT READY TO QUIT Pre-contemplative/Contemplative Stage <ul style="list-style-type: none">• Ask patient if they would be willing to cut down• Focus on motivating patient• Offer help when patient is ready					READY TO QUIT Preparation/Action Stage <ul style="list-style-type: none">• Set a quit date (try to arrange first counselling session within one week of quit date)• Discuss pharmacotherapy if ready• Offer patient educational material				
Patient's reasons to quit: (Check all that apply)			<input type="checkbox"/> Health <input type="checkbox"/> Children/Spouse <input type="checkbox"/> Financial <input type="checkbox"/> Social <input type="checkbox"/> Other							
Patient's concerns about quitting: (Check all that apply)			<input type="checkbox"/> Weight <input type="checkbox"/> Withdrawal <input type="checkbox"/> Social <input type="checkbox"/> Stress <input type="checkbox"/> Relapse <input type="checkbox"/> Other							

Counselling visit #1

PATTERN OF SMOKING		Date:	
Age started to smoke:		Notes/Comments:	
Time of first cigarette after awakening (e.g. 30 min):			
Date of last quit attempt:			
Duration of quit attempt:			
Reason for relapse (or N/A):			
PREVIOUS MEDICATION USE:	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Bupropion / Varenicline		
Comments:			
QUIT PLAN:	Already quit? <input type="checkbox"/> Yes <input type="checkbox"/> No Ready to set a quit date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Quit Date (if applicable):		
Consider Pharmacotherapy	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Bupropion / Varenicline		
Follow-up – Relapse Prevention	<input type="checkbox"/> Reinforcement	<input type="checkbox"/> Intensive Intervention	<input type="checkbox"/> Withdrawal Symptoms <input type="checkbox"/> Not Required
Referral to Community Smoking Cessation Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Counselling visit #2

PATTERN OF SMOKING:		Date:	
Current smoking status:		Notes/Comments:	
Time of first cigarette after awakening (e.g. 30 min):			
Date of last quit attempt:			
Duration of quit attempt:			
Reason for relapse (or N/A):			
MEDICATION USE DURING QUIT ATTEMPT:	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Bupropion / Varenicline		
Comments:			
QUIT PLAN:	Already quit? <input type="checkbox"/> Yes <input type="checkbox"/> No Ready to set a quit date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Quit Date (if applicable):		
Consider/Reinforce Pharmacotherapy	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Bupropion / Varenicline		
Ongoing Follow-up – Relapse prevention	<input type="checkbox"/> Reinforcement	<input type="checkbox"/> Intensive Intervention	<input type="checkbox"/> Withdrawal Symptoms <input type="checkbox"/> Not Required
Referral to Community Smoking Cessation Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		

