



Tobacco Treatment Checklist

	Baseline (prior to treatment)	Currently
Tobacco products patient used/uses:	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Smokeless Tobacco (Snuff or Chew) <input type="checkbox"/> E-cigarette <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Smokeless Tobacco (Snuff or Chew) <input type="checkbox"/> E-cigarette <input type="checkbox"/> Other: _____
How often patient uses the following per day? (1 pack = 20 cigarettes)	# of cigarettes per day: _____ # of smokeless tobacco per day: _____ # of E-cigarette used per day: _____ # of other per day: _____	# of cigarettes per day: _____ # of smokeless tobacco per day: _____ # of E-cigarette used per day: _____ # of other per day: _____
How soon after waking up does patient use tobacco?	<input type="checkbox"/> Within 30 minutes <input type="checkbox"/> After 30 minutes	<input type="checkbox"/> Within 30 minutes <input type="checkbox"/> After 30 minutes
Treatment prescribed	<input type="checkbox"/> Combination Nicotine replacement therapy (NRT) <input type="checkbox"/> Varenicline <input type="checkbox"/> Bupropion in combination with NRT <input type="checkbox"/> Other: _____	Current treatment regimen:
Has patient been referred to behavioral / psychosocial treatment program?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide rationale below)	How many sessions did patient attend? _____ Please provide rationale for discontinuation (if applicable):
Frequency of provider follow-up (Number of times per week / month / etc.)	Face-to-face follow-up: _____ Phone follow-up: _____	Face-to-face follow-up: _____ Phone follow-up: _____

Treatment plan and rationale of continuing current regimen over trial of another treatment modality: