

Each section (1-7) below requires attestation that the elements have been reviewed with the patient.

1  Patient given "Quitting Tobacco—Your Journey to Freedom" booklet. Booklet given to patient by:  RN  RT  
 RT Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

2  Why Quit (pages 4-6) reviewed with patient, including health, social life, personal appearance, other's health, finances, and time.  
 RT Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

3  Patient Readiness Assessed Patient's Score \_\_\_\_\_

**LiVewell Readiness Ruler**

How ready are you to make a change?

Not ready Unsure Ready

0 1 2 3 4 5 6 7 8 9 10

	P	A	T	R	E	A	D	I	N	E	S	S
	1-2		3-4		5-6		7-8		9-10			
 Possible Provider Dialogue	Can I give you more information about how this may be affecting other aspects of your health?		What might help you feel more ready to get started?		Let's make a plan for where to start. What's one thing you think you could do now?		It's great that you're working so hard at this. What are you doing to make it work for you?		Most people get off track sometimes. What will you do to get back on track?			

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RT Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

4  Getting Ready to Quit-Part 1 (pages 7 & 9) reviewed with patient, including triggers, tapping into your "team," and setting a quit date.  
 RT Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

5  Getting Ready to Quit-Part 2 (page 8) reviewed with patient, including selecting an approach to quitting plan, medications, nicotine replacement therapy, tapering off, quitting "cold turkey," and tobacco cessation programs.  
 RT Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

6  Staying Quit (pages 10-13) reviewed with patient, including dealing with withdrawal, mind game tricks, the "tricks" of big tobacco companies, and other tips such as tracking your journey, revisiting your reasons for quitting, switching substitutes, talking it up, and talking out challenges.  
 RT Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

7  Resources for Helping You Quit (pages 14-15) reviewed with patient, including support services and their website links, phone numbers, and/or other contact information.  
 RT Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

TOBACCO CESSATION PATIENT  
 EDUCATION INPATIENT CHECKLIST

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