

TOBACCO-DEPENDENCE PRE-TREATMENT CHECKLIST*

Patient Name: _____

Date(s) Completed: _____

Covered?			TOPIC/CATEGORY
Y	±	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biology of Nicotine Addiction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine Receptor Sites
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beneficial Effects of Nicotine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine Withdrawal Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reasons for Wanting to Stop Smoking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with Prior Quit Attempts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barriers/Fears/Concerns to Successfully Stopping Smoking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerned/Prior Problems re Weight Gain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine Medication Dose-Response, Treatment, & Therapeutic Effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicotine Adverse Events
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bupropion Dose-Response, Treatment, & Therapeutic Effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bupropion Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bupropion Adverse Events
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varenicline Dose-Response, Treatment & Therapeutic Effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varenicline Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varenicline Adverse Events
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varenicline Use with Nicotine Medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individualization of Medication Dosing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duration of Medication Treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychological Dependence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yin/Yang (Nicotine Dependence/Psychological Dependence)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse/Significant Other A Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse/Significant Other Supportive? <input type="checkbox"/> YES <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give Patient AAFP CD-Audiobook
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give Patient <i>Biology of Nicotine Addiction</i> DVD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify Trigger Settings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destroy ALL Cigarettes & Tobacco Products in Home, Office, & Car, et al.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate & Plan NOW for Challenges that Will Happen after Your TSD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop Action Plan; Barriers/Fears Addressed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set TSD (Target Stop Date, aka Target Quit Date or TQD)

Y: topic fully covered
±: topic partially covered and/or deferred
N: no need to cover topic

*Originally developed by David P.L. Sachs, MD and may be copied or modified to suit individual practice needs.
 This version is dated 6/14/2009.