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**Smoking Cessation Support Clinical Checklist**

Pre-Quit Assessment and Quit Date Done ✓

**Welcome and Building Rapport** **□**

* Welcome and introduce yourself
* Ask what has prompted them to make an appointment with you
* Inform about the treatment programme
* Assess current smoking
* Assess past quit attempts
* Assess willingness and motivation to quit (Scaling questions)
* Record details onto IRS form/ record sheet/Computer

**Discuss Medication Options** **□**

* Explain tobacco addiction and assess nicotine dependence
* Explain and conduct CO monitoring test
* Explain choice of medications, and go into detail with type decided
* At quit day make sure enough supplies of meds and understanding of how to use
* Discuss withdrawal symptoms and how to deal with urges to smoke
* Check if pay prescription- discuss prepayment card

**Set Quit Date** **□**

* Discuss preparations
* Discuss changing routines
* Assess any high-risk situations coming up
* Explain importance of abrupt cessation and the not a puff rule
* Prompt a commitment from the client to a quit date (this can be moved)

**Discuss Plans and provide a summary** **□**

* Summarise all you have discussed
* Make another appointment

**Communication skills used throughout all the sessions’** **□**

* Boost motivation and self-efficacy
* Build rapport
* Use reflective listening
* Provide reassurance

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**Smoking Cessation Support Clinical Checklist**

Follow-Up SessionsDone ✓

* Check on client’s progress and quit date **□**
* Measure carbon monoxide (CO) **□**
* Enquire about medication use **□**
	+ Product suitability
	+ Frequency and technique of use
	+ Ensure client has a sufficient supply
* Discuss and withdrawal symptoms and cravings/urges to smoke **□**
	+ What has the client experienced and how they dealt with them

* Discuss any difficult situations experienced and methods of coping **□**
* Address any potential high-risk situations in the coming week **□**
* Confirm the importance of the “not a puff” rule and prompt commitment **□**
* Make another appointment **□**
* Provide a summary **□**