Ask - Survey	Advised - Teach Moment	Assess
Date:_____ initial:_____ # of cigarettes per day: _____ # of years smoked: _____ # of quit attempts: _____ ❑ Smoke / 30 min. of awakening ❑ Relapsed Other Tobacco Use:_____ Smoking Location ❑ In home ❑ Outside home ❑ In car ❑ Other	Discussed: ❑ Relevance ❑ Rewards ❑ Risks ❑ Roadblocks	❑ No Interest ❑ Quit Later ❑ Ready Set quit date: _____ ❑ Maintain > 6 mos ❑ Quit < 6 mos ❑ Prevent Relapse
	Assist - Give	Arrange - Evaluate
	❑ Counsel ❑ Booklet ❑ Support ❑ Pharmacotherapy	❑ Outline ❑ Referral ❑ Follow-up appt. ❑ Quit Date: _____

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