

## Smoking Cessation Checklist

### Risk Stratification

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Has the patient ever smoked?

☐ Yes ☐ No

**If YES:**

Record patient's smoking status

- ☐ Current smoker  
☐ Former smoker

Record number of pack-years (packs per day x years smoking)

Pack years \_\_\_\_\_

Does the patient currently smoke?

☐ Yes ☐ No

**If YES:**

- ☐ Advise the patient to stop smoking and set quit date within two weeks

Quit date \_\_\_\_\_

- ☐ Refer patient to preferred cessation program

Program selected

- ☐ Freedom From Smoking (ALA)  
☐ Plan My Quit  
☐ Become An Ex  
☐ 1-800-quit-now

### Important Notice

These sample checklists are provided for informational purposes only and should NOT be used in the care of a patient outside of a comprehensive preoperative program such as Strong for Surgery. Patients should not rely on information on this checklist as an alternative to medical advice from a doctor or other professional health care provider. To find out how you can start using the Strong for Surgery checklist in your clinic, please contact us at [qualityresources@facs.org](mailto:qualityresources@facs.org).

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