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# Tobacco Cessation Performance Improvement Project

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Workbook for Physicians,  
Physician Assistants and  
Nurse Practitioners  
**STAGE A**



**Stage A**

**Learning from current practice performance assessment.**

1. Do you screen all patients for tobacco use? Yes No

2. What percentage (approximately) of your patients do you routinely provide the following tobacco cessation activities?

- A. Ask all your patients at every visit about tobacco use \_\_\_\_\_%
- B. Advise (tobacco users) to quit \_\_\_\_\_%
- C. Assess (tobacco users) willingness to quit \_\_\_\_\_%
- D. Assist (tobacco users) in developing a quit plan \_\_\_\_\_%
- E. Arrange for follow-up contact (for tobacco users) \_\_\_\_\_%

3. Is tobacco use and dependence screening incorporated into your vital sign screening? Yes No

\_\_\_\_\_

4. If tobacco use and dependence is not a part of your vital sign screening, how do you currently document patients for tobacco use? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you currently have a method of documenting tobacco use and dependence in the patient's chart? Please describe. (Where do you note the patient's response in their chart?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are all patients identified as tobacco users advised to quit? Yes No

If no, then under what conditions would they not be advised? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Stage A**

7. Are you aware of the referral resources available to help you assist your patients in quitting smoking?

Yes No

8. What resources have you found to be most effective/ useful? \_\_\_\_\_  
\_\_\_\_\_

9. What resources have you found to be least helpful/ useful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Describe your follow-up on tobacco use at subsequent visits? \_\_\_\_\_  
\_\_\_\_\_

11. What are the barriers in treating patients for tobacco dependence (circle all that apply)?

- |   |  |
|---|--|
| A. Not reimbursed by third party payers | E. Inadequate training                                 |
| B. Not necessary/not needed             | F. Not cost-effective                                  |
| C. Unsubstantiated by research          | G. Patients not willing/motivated                      |
| D. Takes too much time                  | H. Other health issues take priority<br>during a visit |

12. Do you feel your current interventions for tobacco use are effective? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How would you describe your (& staff) educational needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

PLEASE PRINT

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cessation Center Contact \_\_\_\_\_



