

**RURAL HEALTH CENTER**  
**PERFORMANCE IMPROVEMENT PROGRAM**  
**PHYSICIAN PEER REVIEW**

**TOBACCO USE**

Patient Name:	Age:	Chart #:
Date of Last Visit:	Diagnosis:	
Primary Care Provider:		

1 = Always, 2 = Usually, 3 = Sometimes, 4 = Rarely, 5 = Never = (LEGEND)

**INDICATOR CHECKLIST**

	1	2	3	4	5	N/A
1. Was a complete H & P performed the past year? 1=Yes, 2=No						
2. Identify Tobacco User at every visit? Use Legend						
3. Record Smoking status on Chronic Problem List 1=Yes, 2=No						
4. Current Smoker? 1=Y, 2=N Packs per day						
5. Age started						
6. Evidence documented of trying to quit Use Legend						
7. Relapses Use Legend						
8. Nicotine Replacement Therapy? Discussion - Use Legend / OR 1=Y, 2=N if using						
9. Length of time Nicotine Replacement therapy utilized						
10. Pharmacologic Interventions offered? Use Legend						
11. Length of time utilized						
12. Evidence of Follow-Up counseling? Use Legend						
13. Success in Cessation? When quit Use Legend						
<b>3. Risk Factors Present</b>						
	<b>YES</b>	<b>NO</b>				
• Smoking during Pregnancy						
• Smoking currently using OC's or HRT						
• Smoker's cough						
• Frequent Colds						
• Chronic Bronchitis						
• COPD Emphysema						
• CAD						
• PVD						
• Stroke						
• Cancer (Oral, Larynx, Esophagus, Pulmonary, Pancreas, Cervix, Uterus, Bladder)						
• HTN						
• Gastric Ulcer						
	1	2	3	4	5	N/A
4. Documentation of Benefits of smoking cessation discussed with patient? Use Legend						
5. Was relevant health education regarding tobacco use presented to patient? Use Legend						