

Dear **MISTER**, thanks for completing your smoking health assessment! This is your personalized report. This information will help you talk with your provider and help you reach your personal goals.

Based on *your* answers...

- You smoke an average of 10 cigarettes per day.
- You have been a smoker for 23 years.
- You may be interested in quitting.

Why quitting is important to *you*...

- Smoking bothers your family and friends
- People look down on smokers
- You can't smoke inside anymore
- Cigarettes are expensive
- You don't like the smell or taste

Quitting would be more important if...

- If you had a medical problem from smoking
- If your child developed a medical problem because of your smoking
- If you knew you would get cancer or had a cancer scare
- If you lost your job or had financial problems

Things that have gotten in the way...

- Not knowing how to get started
- Not knowing or having the right tools
- Not sure you can avoid temptation or craving
- Too much stress in your life

Disadvantages of smoking...

- Bad taste
- House or car smell bad
- Don't like having a habit or being addicted
- Clothes, hands, or hair smell
- Bad for your health

Benefits of Quitting...

For patients who quit smoking, including men aged 52, good changes can happen right away:

- Your chance of having a heart attack or stroke decreases.
- You could lower your blood pressure.
- You could save \$812 per year.

Your next steps...

We know quitting smoking can be hard, but there are many things that can help you get ready:

- Keep a smoking diary or track your cigarettes with a smartphone app: QuitSTART or QuitGuide
- Talk with friends and family about smoking, and about quitting
- Call 1-800 NO BUTTS or 1-800-QUIT-NOW
- Look at a few quit smoking websites (ex. smokefree.gov) or read some handouts about quitting
- Schedule a follow-up visit with your provider to talk about quitting.

Your next appointment is: ___/___/___

This is a summary of your responses and is not meant to be a substitute for clinical care.
Please talk with your doctor about the information on this form.

I have reviewed and support these next steps: _____
Provider Signature