

Freedom From Smoking® Documentation

Place Patient Label Here

1. Participant's age: _____

2. Relevant context:

- Pregnant
- COPD diagnosis
- Heart condition diagnosis
- Preparing for surgery
- Children in home
- Considering estrogen therapy*
- Other: _____

3. Tobacco products used by participant (select all that apply):

- Cigarettes _____ packs per day / week (circle one)
- E-cigarettes _____ per day / week (circle one)
- Smokeless (dip, snuff, chew) _____ cans per day / week (circle one)
- Cigars or cigarillos _____ per day / week (circle one)
- Hookah _____ per day / week (circle one)
- Other _____

4. Freedom From Smoking® session attendance:

- Attended session 1 Date: _____
 - Attended session 2 Date: _____
 - Attended session 3 Date: _____
 - Attended session 4 Date: _____
 - Attended session 5 Date: _____
 - Attended session 6 Date: _____
 - Attended session 7 Date: _____
 - Attended session 8 Date: _____
- Medication: _____

5. Certificates:

- Certificate of Quitting Awarded Date: _____
- Certificate of Completion Awarded Date: _____

Facilitator Signature: _____

Authorized Signature: _____

**Why it matters: People who use tobacco products are strongly advised to quit before beginning estrogen therapy. Smoking while on estrogen therapy increases the risk of blood clots, which can lead to a stroke or a heart attack.*
