



TOBSCRNDT (PI)

Enter the date of the most recent tobacco use screening by an acceptable provider using the National Clinical Reminder for Tobacco Use.

TOBSCRN1 (PI)

Enter the response to Tobacco Use Screening question #1 "Do you smoke cigarettes, or use tobacco every day, some days, or not at all?"

- 1. Every Day
- 2. Some Days
- 3. Not at all

OFFTUCRX2 (PI)

During the past year, was the patient offered FDA approved medications by a provider to assist in tobacco use cessation using the National Clinical Reminder for Tobacco Use?

- 1. Yes
- 2. No

PTREQRX2 (PI)

During the past year, did the provider document the patient was interested in a prescription for tobacco cessation medications?

- 1. Yes, patient is interested in a prescription for tobacco cessation medications
- 2. Yes, "non-prescribing provider" notified prescribing provider of patient's interest in a prescription for tobacco cessation medications
- 3. No, documented patient was not interested in a prescription for tobacco cessation medications
- 99. No documentation if the patient was or was not interested in a prescription for tobacco cessation medications

STDYEND (rcvd on pull list))
Sample study interval end date

TOBRXORD2 (PI)

During the time frame from (computer to display tobscmdt - 90 days to tobscrndt + 14 days) was an FDA approved medication for tobacco cessation ordered/prescribed or dispensed for the patient?

- 1. Yes
- 2. No