

Smoking, Quitting & Dental Care Conversation Planner

Use this sheet to prepare for a conversation with your dental team. Fill in what you feel ready to discuss, whether you currently smoke or have quit.

Name / date / dental office:

1. Information I want to share

Current or past tobacco use / type / amount / how long:

Recent changes / when I stopped, if applicable:

Vaping or other nicotine products I use, if any:

2. My dental concerns

Mouth or gum changes / when they began:

Planned dental treatment / procedure date, if known:

3. Questions for my dental team

- What did you find about my gum health?
- How might my smoking history affect treatment or healing?
- What care and follow-up do you recommend?
- What changes should prompt a call to your office?

My additional question:

Support & Next Steps Conversation Planner

4. The support I would like

- ☐ Learn about options before deciding on a next step.
- ☐ Make a plan to quit or get help with another attempt.
- ☐ Get support to stay smoke-free.

My reasons / concerns / what has helped before:

5. Questions for a clinician or counselor

Ask: What support fits my preferences? Which cessation options should I discuss with my clinician? How can I handle difficult situations or a slip?

Recommendations received / who provided them / date:

My next step / when I plan to do it:

Support person or service / contact:

Dental follow-up / office phone:

Free quitting support in the United States

1-800-QUIT-NOW (1-800-784-8669) connects you to your state quitline.
Learn more: [Smokefree.gov](https://www.smokefree.gov). This planner does not replace professional care.