



## Tobacco Use Assessment Form

Visit #1 \_\_\_\_\_  
dd/mm/yy

Visit #2 \_\_\_\_\_  
dd/mm/yy

Visit #3 \_\_\_\_\_  
dd/mm/yy

### Ask

Tobacco Use: Cigarettes \_\_\_ Cigars \_\_\_ Pipe Tobacco \_\_\_ Chewing Tobacco \_\_\_ # Years Smoked \_\_\_

Dependence Level: (circle number corresponding to visit)

Cigarettes/day:	Visit #	Cigarettes/day	Visit #	First cigarette after waking:	Visit #
< 10 (low)	1 2 3	> 30 (moderate)	1 2 3	> 1 hour (low)	1 2 3
≥ 10-20 (low-mod)	1 2 3	>40 (high)	1 2 3	6-59 minutes (moderate)	1 2 3
> 20 (moderate)	1 2 3				

### Advise

"Have you thought about quitting smoking?"

No Not thinking of quitting (Pre-contemplation)	Yes Thinking of quitting within next 6 months (Contemplation)	Yes Plan to quit within next 30 days (Preparation)	Yes Quit smoking within the Past six months (Action)	Yes Not smoked for more than 6 months (Maintenance)
Visit # 1 2 3	Visit # 1 2 3	Visit # 1 2 3	Visit # 1 2 3	Visit # 1 2 3

"I strongly advise you to quit smoking."

Pre Contemplation	Contemplation	Preparation	Action	Maintenance
"What concerns do you have about your smoking?" "Who would benefit if you quit?"	"What are the good things about your smoking?" "What are the negatives?"	"What do you see as your next steps?" "What do you need to learn to handle quitting smoking?"	"What strategies are you using to cope?" "What kinds of situations are difficult?"	"What might tempt you to resume smoking?" "What would signal that you're at risk for a slip?"

### Assist

**If Not Ready To Quit:** Offer to help when patient ready. Refer to Smoker's Help Line 1-877-513-5333  
Provide Booklet: *For Smokers Who Don't Want To Quit*

**If Ready To Quit:** Set Quit Date: Visit # 1 \_\_\_\_\_ Visit # 2 \_\_\_\_\_ Visit # 3 \_\_\_\_\_  
dd/mm/yy dd/mm/yy dd/mm/yy

### Discuss Pharmacotherapy Support:

Nicotine Replacement Therapies: Patch \_\_\_ Gum \_\_\_ Inhaler \_\_\_  
Bupropion \_\_\_ OR Varenicline \_\_\_  
Provide Resources: Smoker's Help Line 1-877-513-5333 Booklet: *For Smokers Who Want To Quit* \_\_\_

### Arrange

\_\_\_ Follow Up Consultation On: Visit # 1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
\_\_\_ No Follow-Up

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
dd/mm/yy