

Tobacco Counseling Sheet

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|--------------|-------------|-------------|--------------|
| Name: | ID#: | DOB: | Date: |
|--------------|-------------|-------------|--------------|

1. Would it be ok if we spend a few minutes talking about your relationship with cigarettes/tobacco/vaping?
2. Which tobacco products do you use?

ASK about use

| Product | Amount | Age of first use |
|-------------------|--------|------------------|
| Cigarette | | |
| E-cig/vape | | |
| Pipe | | |
| Cigar | | |
| Smokeless tobacco | | |

3. How many times have you tried to quit?

4. What method/s did you use?

| | |
|--|-------------------------|
| 5. Do you smoke menthol? | |
| 6. Do you vape flavored e-liquid? | Flavor? |
| 7. Do you wake at night to smoke/vape? | |
| 8. How soon after waking up do you smoke/vape? | <5 min/5-10 min/11 min+ |

2. ADVISE to quit

Message should be **clear, strong, and personalized**:

CLEAR: *“It is important that you quit smoking now, and I can help you. Occasional or light smoking is still dangerous”*

STRONG: *“As you provider/educator/counsellor, I need you to know that quitting smoking is the most important thing you can do to protect your health, now and in the future. We can help you.”*

PERSONALIZED: Tie use to current health concerns, social/economic cost, impact of tobacco on children or others in household. E.g. *“Continuing to smoke makes your asthma/blood pressure/diabetes worse. Quitting may dramatically improve your health.”*

3. ASSESS readiness to quit

Are you interested in talking & working on a plan to help you quit or reduce?

Ready to quit or
reduce?

Thinking about
quitting

Not interested
in quitting

4. ASSIST to quit/reduce

If ready, start quit plan:

Quit date?

Who can help you?

What are your triggers?

Skills and behaviors you can use:

How will you prepare?

Which medications are you interested in trying?

| | |
|-------------------------------|--|
| Nicotine Gum | |
| Nicotine Patch | |
| Nicotine Lozenge (fruit/mint) | |
| Nicotine Inhaler | |
| Nicotine Nasal Spray | |
| Chantix/Varenicline | |
| Wellbutrin/Zyban/Bupropion | |

Instructions:

If *not yet ready*, explore the following:

What **do** you like about smoking?

What **don't** you like about smoking?

Imagine yourself as a non-smoker. What would NOT be so good about being a non-smoker?

Imagine yourself as a non-smoker. What would be good about being a non-smoker?

If you were to consider quitting, how do you think you would go about doing it?

5.

ARRANGE follow-up

Plan for follow-up:

Date and time for next meeting/conversation:

To-Do items, e.g. pick up medications from pharmacy, start list of triggers and/or coping strategies: