

Tobacco Counseling Sheet

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: