

Name <i>(last, first)</i>
Birthdate <i>(yyyy-Mon-dd)</i>
Gender
Personal Health Number

## Brief Tobacco Intervention

Inpatient/Residential     Outpatient/Ambulatory

ASK			
Do you currently use tobacco or tobacco-like products? <input type="checkbox"/> No <input type="checkbox"/> Yes  Use in the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete ⇨  Use in the last 30 days? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete ⇨	Type of tobacco/tobacco-like product <i>(check all that apply)</i> <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigar/cigarillo <input type="checkbox"/> Waterpipe <i>(e.g. Hookah)</i> <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless Tobacco <i>(Chew/spit)</i> <input type="checkbox"/> E-cigarettes/Vapes <input type="checkbox"/> Other <i>(specify)</i> _____		
	Amount <i>(e.g. cig/day)</i>	Years of Use	Last Use

ADVISE
<input type="checkbox"/> Advised patient of AHS Tobacco and Smoke-free Environment Policy <input type="checkbox"/> Recent quitters <i>(Less than 1 year)</i> : provided positive reinforcement <input type="checkbox"/> Current tobacco user: advised to quit with personalized message

ASSESS	
On a scale of one to 10 how important is changing your tobacco or tobacco-like product use? (1=not important, 10=very important) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Assess interest in treatment:  Medication to manage nicotine withdrawal <input type="checkbox"/> No <input type="checkbox"/> Yes  Behavioural counselling <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>ASSIST</b>  <input type="checkbox"/> Provided information pamphlets <input type="checkbox"/> Facilitated pharmacotherapy order <input type="checkbox"/> Facilitated on site behavioural counselling <input type="checkbox"/> Other <i>(specify)</i> _____

ARRANGE			
Referral for ongoing support: <input type="checkbox"/> Refused <input type="checkbox"/> Accepted <input type="checkbox"/> Provided information for self-referral <i>(specify)</i> _____ <input type="checkbox"/> Referral to AlbertaQuits Services <input type="checkbox"/> Fax referral form sent <i>(form #09973)</i> <input type="checkbox"/> Referral to CCA Tobacco Treatment and Support Clinic <i>(CancerControl)</i> <input type="checkbox"/> Other, specify <i>(e.g. Primary Care Network)</i> _____			
Provider Name <i>(print)</i>	Signature	Date <i>(yyyy-Mon-dd)</i>	Time <i>(hh:mm)</i>

## **Brief Tobacco Intervention (back page)**

### **Suggested script to guide the brief intervention**

**Note:** Below is a script to help guide the brief tobacco intervention. Modification to fit a specific context may be necessary. Be sure to personalize the advice to the patient/client whenever possible.

#### **Ask**

Have you used any tobacco products in the last year?

#### **Advise**

##### **Current tobacco use**

As this building and the grounds around it are tobacco free areas, we want to help our patients stay tobacco free while they are here.

Research has shown that one of the best things you can do to improve your health, is to stop using tobacco. I (we) cannot stress enough how important it is for you to quit.

##### **Current E-Cigarette/Vaping Use**

At this time, Health Canada has not fully evaluated e-cigarettes for safety, quality and efficacy, and advises Canadians against purchase or use of e-cigarettes/vaping products. Therefore Alberta Health Services recommends the approved and safe cessation/reduction aides available to you.

##### **Currently not using tobacco/tobacco-like products**

That is great! In case you have any visitors I'd like to let you know that this building and its grounds are tobacco/tobacco-like product free.

#### **Assess**

##### **Interest in medication to manage withdrawal**

I can make your stay more comfortable as well as providing a prescription upon discharge. Are you interested in managing nicotine withdrawal?

##### **Readiness to quit**

On a scale of one to 10 how important is changing your tobacco or tobacco-like product use now?

#### **Arrange**

Support from a health professional can double your chances of quitting! I can arrange for someone from a free and confidential service to contact you and provide you with support and information. Would you like me to set this up for you?