Alberta Health Services

Brief Tobacco Intervention (5 A's) #18251

Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

Name *(last, first)*
Birthdate *(yyyy-Mon-dd)*
Gender
PHN#

☐ **Inpatient/Residential** ☐ **Outpatient/Ambulatory**

ASK

Tobacco: Which of the following describes your use of tobacco products (cigarettes, cigars, smokeless tobacco, etc.): ☐ Never Use ☐ Previous Use (Quit over a year ago) ☐ Recent Quit (in last year) ☐ Current Use (in Last 30 days)	**Tobacco-Like**: Which of the following describes your use of tobacco-like products (electronic cigarettes, cannabis, etc.): ☐ Never Use ☐ Previous Use (Quit over a year ago) ☐ Recent Quit (in last year) ☐ Current Use (in Last 30 days)
Tobacco - Describe the type, amount and years of use:	**Tobacco-Like** - Describe the type, amount and years of use:

ADVISE

☐ Patient advised 'Not using/stopping tobacco use is one of the best things you can do for your health/treatment outcomes and we can help you' (personalize to health issue as able)	☐ Patient advised 'Any substance that is smoked or vaped may have harms and therefore is not recommended'. (personalize to health issue as able)

☐ Patient advised 'Exposure to second and third hand smoke/vapour is harmful to adults, children and pets. Moving these activities outside is a great way to protect yourself/your family even if you're not ready to quit.'
(Never or Previous Users STOP. Congratulate them on their healthy choices)

ASSESS

Current user: On a scale of 1-10 how important is it for you to change your tobacco or tobacco-like product use now? *(1=not important, 10=very important)* ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10	Quit in past year: 'Are you concerned about relapse – going back to using tobacco or tobacco-like products?' ☐ Yes ☐ No

Inpatient/Residential: Were you provided with nicotine or cannabis withdrawal comfort at admission?
☐ Yes ⇨ titrate as needed
☐ No ⇨ 'Are you interested in pharmacotherapy for comfort or to help stop tobacco or tobacco-like product use?' If yes, go to Nicotine Replacement Therapy Inpatient Order Set or formulary (Nabilone)

'Are you interested in behavioral counselling to support you with relapse prevention, stopping or reducing use?'
☐ Yes - Go to ASSIST
☐ No

ASSIST

'May I provide some assistance to support you with relapse prevention, stopping or reducing use?'
☐ patient declined
☐ discussed behavioral counselling/support options
☐ provided self-help information/resources
☐ facilitated pharmacotherapy titration/order
☐ other *(specify)*_____

ARRANGE

Inpatient/Residential: 'May I arrange for additional support?'
☐ patient declined
Onsite Support
☐ (*specify- Certified Tobacco Educator, Respiratory, Pharmacy, etc.)*_____
External Referral
☐ AlbertaQuits – online, helpline or group support - complete AlbertaQuits Fax Referral Form 09973
☐ other (*specify*)_____

Completed by/Date: