



Break the Habit

A Pharmacist's Toolkit for Smoking Cessation Counselling

Smoking Cessation Initial Assessment Form

Date of Assessment: _____

Patient Information

First Name: _____ Last Name: _____

Date of Birth: _____ City/Province: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Primary Care Provider Information

Name: _____ Phone: _____ Fax: _____

Medical History

Allergies and/or intolerances (especially to smoking cessation therapies)? Yes No

Describe: _____

Need for referral to an MD/NP

If any of the following are selected, please refer and do not proceed with form

- Under 18 years of age
- Unstable cardiovascular disease (2 weeks post myocardial infarction, persistent unexplained chest pain)
- Unstable psychiatric illness
- History of suicidal ideation/attempts
- History of an eating disorder (anorexia or bulimia)
- End-stage renal disease
- Signs or symptoms of undiagnosed/inadequately controlled smoking-related disease (e.g., COPD, lung cancer)
- New onset cough, shortness of breath, increased production/change in sputum colour
- Hemoptysis (bloody mucus from coughing)
- Significant unintended weight loss

Chronic medical conditions

- | | |
|---|--|
| <input type="checkbox"/> Heart disease (e.g., arrhythmia, congestive heart failure) | <input type="checkbox"/> Family history of cardiovascular disease |
| <input type="checkbox"/> History of stroke/blood clots | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Lung disease (e.g., COPD, asthma) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Neurological conditions (e.g., history of seizures, epilepsy) |
| <input type="checkbox"/> Dermatological conditions (e.g., eczema, psoriasis) | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Diabetes mellitus (type 1 or 2) | <input type="checkbox"/> Other: _____ |

Concurrent mental health history

- Depression Anxiety Bipolar disorder Schizophrenia Substance use disorder
- Other: _____

Pregnancy/Breastfeeding status

Pregnant? Yes If yes, how many weeks? _____ Trying to become pregnant Breastfeeding

Current Medication History (General)				
	Agent	Strength	Dosing	Indication
Prescription/non-prescription medications or natural health products				
Current Medication History (Specific)				
Benzodiazepines, antipsychotics, antidepressants, antiseizure and/or chronic pain medications				
Hormones (e.g., oral contraceptives, hormone replacement therapy)				

Smoking History and Tobacco Use Habits (Current/Past Year)

What kind of smoker would you describe yourself as? Daily Occasional Social

Number of cigarettes smoked per day

Not sure (*Ask patient to complete smoking diary for 2 weeks*) Less than 10 10-19 20-29 30-39 40 or more

Time to first cigarette after waking up (in minutes): _____

Other types of tobacco use

Cigars/Cigarillos Yes How much and how often? _____ No

Smokeless tobacco (chewing tobacco/snuff/snus)/Hookah/Vape Yes Specify which type used: _____

How much and how often? _____ No

Past Smoking History

Age of onset of smoking (years): _____

Environmental Assessment

Where do you usually smoke? (*check all that apply*) Home Car Leisure activities Work Social gatherings

Other: _____

Who in your immediate circle also smokes? (*check all that apply*)

Partner/spouse Family (household) Family (non-household) Friends Co-workers

Other: _____

Do you use caffeine? Yes No

List all types (i.e., coffee, tea, energy drinks): _____

How much and how often? _____ With tobacco/vape? Yes No

Do you drink alcohol? Yes No How much and how often? _____

With tobacco/vape? Yes No

Do you smoke/vape cannabis? Yes No # of times per day: _____ Do you add tobacco to it? Yes No

Do you use e-cigarettes/vaping (non-cannabis) products? Yes No How much and how often? _____

With nicotine How much nicotine? ___mg/mL or ___% Without nicotine Unsure if with/without nicotine

Past Quit Attempts

Number of past quit attempts (24 hours or more of intentional cessation)

When was your last quit attempt? _____

What is the longest period you have quit smoking? _____

Which instance and method was your most successful attempt? _____

What led you to resume using tobacco products each time? (*check all that apply*)

Withdrawal Negative mood Habit Being with other smokers Stress

Other: _____

Past Methods Used to Quit				
Agent/Method	Dose/Directions	Reason(s) for stopping (did not work, side effects, etc.)	Still using? (Y/N)	Duration used
<input type="checkbox"/> Nicotine patch	<input type="checkbox"/> 7 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 21 mg <input type="checkbox"/> 42 mg Directions:			
<input type="checkbox"/> Nicotine gum	<input type="checkbox"/> 2 mg <input type="checkbox"/> 4 mg Directions:			
<input type="checkbox"/> Nicotine lozenge	<input type="checkbox"/> 1 mg <input type="checkbox"/> 2 mg <input type="checkbox"/> 4 mg Directions:			
<input type="checkbox"/> Nicotine inhaler	<input type="checkbox"/> 4 mg Directions:			
<input type="checkbox"/> Nicotine spray				
<input type="checkbox"/> Bupropion (Zyban)				
<input type="checkbox"/> Varenicline (Champix)				
<input type="checkbox"/> Cold turkey				
<input type="checkbox"/> Cutting back				
<input type="checkbox"/> Other: nortriptyline (Aventyl), clonidine (Catapres), cytisine (Cravv), hypnosis, laser, acupuncture, etc.				

Current Reason(s) for Considering Quitting Smoking

- Health-related benefits (e.g., cardiac, respiratory, cancer)
- Social/family (e.g., feeling ostracized, advice to stop from family/friends)
- Financial: cost of cigarettes \$____ per pack
- Other: _____

Physical Examination

Blood pressure (mm Hg): _____ Height: _____ Weight: _____
Respiratory symptoms (e.g., wheeze, cough, shortness of breath): _____

Insurance

Do you have insurance to assist in paying for the cost of any quit medications?

- Yes (specify type): _____ No I am not sure

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Current Outcome

- Not quitting right now Reduce Reduce to quit

Quit Date

Quit within: 2 weeks 4 weeks Other Anticipated quit date: _____

Method of Smoking Cessation

Consult "Smoking cessation algorithm" to choose the right method of smoking cessation.

Non-pharmacotherapy options

- Reduce to quit Cold turkey Counselling including environmental changes, social support and distraction strategies
(provide counselling handouts to patients, if needed)

Pharmacotherapy options

Quit Medication(s)

- Nicotine patch Dose: _____ mg/day 12hr 16hr 24hr
- Nicotine gum Dose: 2 mg 4 mg _____#/day Scheduled PRN
- Nicotine lozenge Dose: 1 mg 2 mg 4 mg _____#/day Scheduled PRN
- Nicotine inhaler Dose: _____# of cartridges/day Scheduled PRN
- Nicotine spray Dose: _____ # of sprays/day Scheduled PRN
- Bupropion Dose: _____
- Varenicline Dose: _____
- Other (specify name): _____ Dose: _____

See "Pharmacotherapy options," "NRT guidance for patients" and "Non-NRT guidance for patients" for additional pharmacotherapy monitoring information.

Prescription Provided?

- No Yes (attach copy) Date: _____

Provide "NRT guidance for patients" and "Non-NRT guidance for patients," if needed.

Care Plan Details: _____

Follow-Up Plan

Date: _____ Time: _____

Contact Method: In person Phone Email Text Permission to leave message: Yes No

Other: _____

[Insert/Stamp Pharmacy Information Here]

Pharmacist Name: _____ Pharmacist License #: _____

Phone: _____ Fax: _____

Pharmacist Signature: _____

To be filed for documentation and auditing purposes in accordance with provincial legislation.

References

1. Petrasko K, Reeve C. *Smoking cessation* [internet]. May 1, 2018. Available from: <https://cps.pharmacists.ca>. Subscription required.
2. Selby P, DeRuiter W. *Tobacco use disorder: smoking cessation* [internet]. May 12, 2021. Available from: <https://cps.pharmacists.ca>. Subscription required.
3. Pharmacists Manitoba. (2024). *Form 1: readiness to quit* [PDF file]. Available from: https://pharmacistsmb.ca/docs/SIBReadinesstoquitform_FillablePDF.pdf.
4. Pharmacy Association of Nova Scotia. (December 2023). *Initial comprehensive smoking cessation assessment* [PDF file]. Available from: <https://pans.ns.ca/pharmacy-professionals>. Membership required.