STEP 1: Bronze/Bronze Plus

Name: _____ **Date:** _____

Phone Number(s): _____

Email: _____ **Health Services Number:** _____

1. Are you willing to briefly discuss your smoking/tobacco use?

- ❑ Yes
- ❑ No

2. What are your thoughts on quitting:

- ❑ I am not interested, please don't ask me again. (pre-contemplation)
- ❑ I am thinking about it, but not ready at this time. You can check with me later. (contemplation)
- ❑ I am thinking about it and would like to know a bit more about options/ help for quitting. (preparation)
- ❑ I want to quit and know more about my options to help increase my chances of success. (action)
- ❑ I have recently obtained a prescription (Champix®,Wellbutrin®) or nicotine replacement (gum, patch etc.) (action)
- ❑ I have quit before, have relapsed and struggle to stay tobacco-free. (maintenance)

3. On a scale of 1-10 how important is it for you to quit? (conviction)

Not Important ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 *Very Important*

4. On a scale of 1-10, how confident are you that you can quit? (confidence)

Not Confident ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10 *Very Confident*

5. Please check which statement best applies to you:

I am interested in:

- ❑ attending a free group session about effective strategies and medications for quitting.
- ❑ obtaining free private counseling to increase my chances of quitting successfully.
- ❑ quitting, but do not want any help.

- ❑ I am currently trying to quit and would be interested in receiving tips, supportive calls and/or texts to assist me.

I am not interested in quitting:

- ❑ at all, please do not ask me again.
- ❑ right now, but you can ask me again later. Comments: _____

Pharmacist Use Only

Notes:

❑ **Bronze** ❑ **Bronze Plus** ❑ **Service Billed** **Pharmacist:** _____ **Date of Next Contact:**_____