PACT
PARTNERSHIP TO ASSIST WITH CESSATION OF TOBACCO

PHARMACY ASSOCIATION OF SASKATCHEWAN

Circle the Appropriate Answer:

1) Have you used tobacco products in the last 30 days? (This includes cigarettes, cigarillos, pipes, cigars, chew tobacco, snus, snuff, waterpipes, and betelnut).

   Yes No

   If no, go to Question 2 and consider completing the pledge form on Slide 2. If yes, continue to Question 3.

2) Have you ever tried even one puff? Or some chew?
   If so, how long ago? _____

3) How many cigarettes per day (or week) do you smoke? _____

   How many times per day (or week) do you chew? _____

On a scale of 1 to 10, where 10 is extremely ready, how ready are you to quit tobacco smoking for good? (circle one)

1 2 3 4 5 6 7 8 9 10

I would like to speak with a PACT Professional about quitting tobacco.

Yes No

I would like to know what my options are.

Yes No