



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)

<i>Not Important</i>	1	2	3	4	5	6	7	8	9	10	<i>Very Important</i>
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4. On a scale of 1-10, how confident are you that you can quit? (confidence)

<i>Not Confident</i>	1	2	3	4	5	6	7	8	9	10	<i>Very Confident</i>
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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: _____