Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

TOBACCO TREATMENT PROGRAM

Name:
PARIS ID:
DOB:
Age:
PHN:
Gender:
Phone:
Home Address:

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

Breastfeeding

If female, breastfeeding? ☐ YES ☐ NO

Tobacco Usage and Pack History

Tobacco Usage

- ☐ Cigarettes / day
- ☐ Marijuana / day
- ☐ Other / day

(e.g. snuff, cigars, cigarillo, chew/spit tobacco)

Most cigarettes / cigars ever smoked: / day

Calculate Pack History

(# of cigarettes / day) X (# of years smoked) / 20 = pack years

# of years smoked:

Pack years =

Age of start:

Cessation History, Quit Smoking Strategies and Past Relapses

Cessation History

# of past quit attempts:

- ☐ 1 to 5 times
- ☐ 6 to 10 times
- ☐ Greater than 10 times

Longest Quit Time:

- ☐ < 1 week
- ☐ < 1 month
- ☐ 1-6 months
- ☐ 7-12 months
- ☐ > 1 year

Quit Smoking Strategies

- ☐ Cold Turkey
- ☐ Pharmacotherapy *(e.g. NRT, bupropion, varenicline)*
- ☐ Individual or group therapy
- ☐ Hospitilization or incarceration
- ☐ Used other substances *(e.g. alcohol, marijuana, smokeless tobacco)*
- ☐ Other: *(e.g. exercise, meditation, hypnosis)*

What Led to Relapse in Past

- ☐ Withdrawal Symptoms
- ☐ Other smokers in household
- ☐ Stressful life events
- ☐ Social / Situational *(e.g. at a party, in a bar)*
- ☐ Admitted to hospital with Designated Smoking Room
- ☐ Stopped medications
- ☐ Relapse to using another substance
- ☐ Other:

Reasons for Quitting / State of Change

Reasons for Quitting

- ☐ Health
- ☐ Financial
- ☐ Family
- ☐ Other:

At what State of Change are you today with respect to quitting smoking?

- ☐ Precontemplative - not planning to quit in the next 6 months
- ☐ Contemplative - planning to quit within 6 months
- ☐ Preparation - planning to quit in next 30 days
- ☐ Action - already quit within last 6 months

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Name:	**PARIS ID:**

Motivation for Quitting / Current Problems/Stressors

Motivation For Quitting

Scale of 1-10 (1=Low, 10=high)

Importance:

Confidence:

Readiness:

Current Problems or Stressors

- ☐ Financial
- ☐ Unemployment
- ☐ Work
- ☐ Family
- ☐ Housing
- ☐ Substance Use / Addiction
- ☐ Psychiatric Illness
- ☐ Medical Illness
- ☐ No Stressors
- ☐ Other:

Social Support and other Support programs

☐ Family ☐ Partner/Spouse ☐ Friend(s) ☐ None ☐ Other:

Other Support Programs Involved In:

Primary Income Source

- ☐ Disability Benefits
- ☐ Canadian Pension Plan or other pension
- ☐ Earned income / paid work
- ☐ Social assistance / welfare
- ☐ Family support
- ☐ Other:

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Name:	**PARIS ID:**

Previous Cessation Treatment Hx

Previous Single Agent Pharmacotherapy? ☐ Yes ☐ No

If yes, specify:

Single Agent NRT

☐ Patch — Highest daily dose: — # weeks used:

☐ Gum — Side Effects:

☐ Lozenge

☐ Inhaler

Single Agent Oral Medication

☐ Bupropion — Highest daily dose: — # weeks used:

☐ Varenicline — Side Effects:

Previous Combination Pharmacotherapy: ☐ Yes ☐ No

If yes, specify combination:

- Patch - Bupropion - Varenicline	**+ plus**	- Gum - Lozenge - Inhaler

Combo #1: Highest daily dose: (patch/oral med) **+** (NRT)

Combo #2: Highest daily dose: (patch/oral med) **+** (NRT)

weeks used:

Side effects:

Medical History

☐ Hypertension

☐ High cholesterol

☐ Diabetes

☐ Cardiovascular disease (e.g. stroke, PVD, CAD)

☐ Asthma

☐ COPD

☐ Eating Disorder (e.g. bulimia, anorexia)

☐ Seizures

☐ Cognitive impairment (e.g. FASD, head injury)

☐ Obesity

☐ Cancer:

☐ Kidney Disease

☐ HCV

☐ HIV

☐ Other:

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Name:	**PARIS ID:**

Allergies - Current *Content may have been entered/updated after assessment completed.*

Date Entered	Allergen	Category	Source	Reaction	Reaction Details

Psychiatric Disorders History

Current History **Past History**

Past history of self-harm / suicidality? ☐ Yes ☐ No

Substance Use Disorder History

Substance	Used in past month?	Frequency (days in the past month)
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Are you currently in substance use treatment? ☐ Yes ☐ No

For which substance?

Weight And Growth Chart

Date Measured	Age	---- Weight ---- kg %ile	--- Height --- cm %ile	----- BMI ----- %ile	------ Head ------ Circumference cm %ile	---% Birth --- Wgt Lost	-- Wgt for -- Length %ile	--- Waist --- cm	Hip ratio

Carbon Monoxide level

CO Level: ppm Last cigarette: hour(s) ago

Name:	PARIS ID:

Other People Involved

Copies To Be Sent To:

Other Authorizers

Authorization Details

Carried Out By: **Date:**

Closing Authorizer: **Date:**

Notes:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

-- End of Report --