

Tobacco Quit Card Data Collection Tool

Eligibility (client is eligible if all boxes are checked):

Is the Individual:

- Ready to start a quit attempt in the next 30 days?
- A permanent or temporary Manitoba resident (or receive primary care in MB)?
- Without insurance to cover nicotine replacement therapy (NRT), OR unable to access insurance at this time?
- Unable to afford the cost of NRT?

Client Surname	PatLastName
First Name	PatFirstName
Date of Birth	2025-Mar-20
Gender	M
MFR	123456
PHIN	9123456780
Postal Code:	V1PL3M
EMR File #	33-877883

Quit Cards Provided to the Participant:

Card #1: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): **SOUTH** **MS**
(Please ensure the correct **5 letters** and **3 numbers** are entered)

Card #2: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): **SOUTH** **MS**
(Please ensure the correct **5 letters** and **3 numbers** are entered)

Card #3: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): **SOUTH** **MS**
(Please ensure the correct **5 letters** and **3 numbers** are entered)

*Click for instructions

Card #4: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): **SOUTH** **MS**
(Please ensure the correct **5 letters** and **3 numbers** are entered)

Card #5: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): **SOUTH** **MS**
(Please ensure the correct **5 letters** and **3 numbers** are entered)

Initial Counselling Session – Tobacco Quit Card Issued (First Card)

Date: YYYY-MMM-DD Completed By (Tobacco Educator Name): _____

My Health Team OR Area Name providing TQCC: --

Primary Care Home Clinic Type (of participant): --

Form of tobacco used and how often per day or week (please only indicate per week if not a daily user)?

Check all that apply:

- Cigarettes: _____ per --
- Spit/chew: _____ per --
- Cigar/pipe: _____ per --
- E-Cigarette: _____ cartridges per --

If using e-cigarette, does it contain nicotine? -- Dose: mg/cartridge Dose Unknown

1-Month Counselling Session (1-Month after being given first Quit Card)

Date of 1-Month Counselling Session: YYYY-MM-DD Completed By (Tobacco Educator Name): _____

Unable to reach (after minimum of 2 attempts):

Has participant stopped using tobacco, not even a puff/chew, for 7 days or more (regardless of whether you're vaping)? --

If not, have they reduced (by 10% or more)? --

6-Month Counselling Session (6-Months after being given first Quit Card)

Date of 6-Month Counselling Session: YYYY-MM-DD Completed By (Tobacco Educator Name): _____

Unable to reach (after minimum of 2 attempts):

Has participant stopped using tobacco, not even a puff/chew, for 7 days or more (regardless of whether still vaping)?

--

Has participant stopped using tobacco, not even a puff/chew, for 30 days or more (regardless of whether still vaping)?

--

If not, have they reduced (by 10% or more)? --