**Tobacco Quit Card Data Collection Tool**

Client Surname

First Name

Date of Birth

Gender

MFR

PHIN

Postal Code:

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 to the cost of NRT?***

**Quit Cards Provided to the Participant:**

❑ Card #1: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): SDO prefix \_\_\_\_\_ \_\_\_ MS

(Please ensure the correct **5 letters** and **3 numbers** are entered)

❑ Card #2: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): SDO prefix \_\_\_\_\_ \_\_\_ MS

(Please ensure the correct **5 letters** and **3 numbers** are entered)

❑ Card #3: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): SDO prefix \_\_\_\_\_ \_\_\_ MS

(Please ensure the correct **5 letters** and **3 numbers** are entered)

Additional Quit Cards (Cards 4 &5) can be issued based on professional discretion and/or consultation with clinical leads and/or the Primary Care Provider

---------------------------------------------------------------------------------------------------------------------

❑ Card #4: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): SDO prefix \_\_\_\_\_ \_\_\_ MS

(Please ensure the correct **5 letters** and **3 numbers** are entered)

❑ Card #5: Date Issued: YYYY-MMM-DD Quit Card Number (15-digit): SDO prefix \_\_\_\_\_ \_\_\_ 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: ❑ Private Practice ❑ Regional Clinic ❑ Community Health Agency

❑ No Home Clinic ❑ Home Clinic is in a Different RHA

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

Check of all that apply:

❑ Cigarettes: \_\_\_\_\_\_\_\_ per ❑ day ❑ week ❑ Spit/chew:\_\_\_\_\_\_\_ per ❑ day ❑ week

❑ Cigar/pipe: \_\_\_\_\_\_\_\_ per ❑ day ❑ week ❑ E-Cigarette:\_\_\_\_\_\_\_ cartridges per ❑ day ❑ week

***If using e-cigarette, does it contain nicotine?*** ❑ Yes ❑ No Dose: \_\_\_\_\_ mg/cartridge Dose unknown ❑

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

Date of 1-Month Counselling Session: YYYY-MMM-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)*?**

❑ Yes ❑ No/Unsure

***If not, have they reduced (by 10% or more)?*** ❑ Yes ❑ No/Unsure

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

Date of 6-Month Counselling Session: YYYY-MMM-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)*?** ❑ Yes ❑ No/Unsure

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

❑ Yes ❑ No/Unsure

***If not, have they reduced (by 10% or more)?*** ❑ Yes ❑ No/unsure