



## Cancer Care Program TOBACCO SCREENING QUESTIONNAIRE

To help us plan your care and know your concerns please answer these questions. If you are not sure how to answer a question, leave it blank. All of your answers will be kept private and will not be shared outside of your health care team. A nurse will review your form with you and may ask you some more questions.

### This area to be used by Health Care Provider:

#### Cigarette Smoking

Please note: The following questions do not refer to tobacco for traditional purposes (e.g. ceremonies)

Have you used any form of tobacco in the last 6 months?

- Yes
- No
- Stopped date (YYYY/MON/DD): \_\_\_\_\_

If yes, what tobacco products have you used? (Check all that apply)

- Cigarettes / cigars       Smokeless tobacco (chew)
- Other (e-cigarettes / vaping)

For how many years did you use tobacco? \_\_\_\_\_

About how much tobacco did you or do you use a day (number of cigarettes smoked or other)? \_\_\_\_\_

Continuing to use tobacco after a cancer diagnosis may lower your response to treatment, increase your risk of problems from treatment, slow healing and may impact your overall survival. Stopping tobacco use is one of the best things you can do for yourself and your family.

**It is our best practice to refer you to support to stop or reduce your tobacco use.**

#### Fill in box for all that apply:

- No intervention required
- Reviewed advice and benefits of quitting
- Referral form **signed by patient** and sent to Tobacco Free Nova Scotia
- Referred to Nova Scotia Health cessation support
- Referred to Mental Health and Addictions (MHA) Cessation Support
- Written cessation information provided (brochure, other)
- Referred to MHA

#### Site collected (fill in the box)

- QEII Cancer Centre
- Valley Regional
- Yarmouth Regional
- South Shore Regional
- Colchester East Hants Health Centre
- Aberdeen
- Cape Breton Regional
- Inverness Memorial
- St. Martha's Regional

