

Smoking Assessment Tool

Applicant Information

Surname	Legal First Name	Preferred/Chosen Name
Date of Birth (dd-mm-yyyy)	Health Card Number	Version Code
		Client Number
Contact Information Present Location Address		Telephone

Assessment

The following questions apply to all smoking types. Including, but not limited to cigarettes/e-cigarettes/cigars/marijuana.

1) Does the applicant currently smoke?

☐ Yes ☐ No If no, date (dd-mm-yyyy) last smoked:

If yes, how long has the applicant smoked?

2) How much does the applicant smoke per day?

Cigarettes	Cigars	e-Cigarettes	Marijuana
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Other

3) Does the applicant intend to smoke after admission to a Long-term care home?

☐ Yes ☐ No ☐ Not applicable

4) Has the applicant stopped smoking recently?

☐ Yes ☐ No

If yes, is the substitute decision maker (SDM)/family supportive and agreeable not to provide cigarettes/e-cigarettes/smoking or lighting material?

☐ Yes ☐ No

5) Has the applicant quit smoking or attempted to quit smoking in the past?

☐ Yes ☐ No

6) Who keeps the applicant's smoking supplies?

☐ Applicant ☐ Others If others, who:

7) Does the applicant have the manual dexterity to safely manage smoking supplies?

☐ Yes ☐ No

If No, explain:

8) Does the applicant use assistive devices that may alter their ability to smoke (e.g., splints/neck collar)?

☐ Yes ☐ No

If Yes, explain:

Last Name

First Name

Health Card Number

9) Where does the applicant currently smoke?

10) Can applicant independently walk and/or move themselves outdoors, at least nine metres from an entrance?

☐ Yes ☐ No ☐ Not applicable

11) Is hoarding of smoking supplies an issue?

☐ Yes ☐ No

12) Have there been any mishaps or accidents related to smoking?

☐ Yes ☐ No

If Yes, explain:

13) Are there burn marks on applicant's clothing, furniture or carpeting?

☐ Yes ☐ No

If Yes, explain:

14) Are there burn marks on applicant's hands/fingernails?

☐ Yes ☐ No

If Yes, explain:

15) Does the applicant wear a smoking apron?

If Yes, is one needed?

☐ Yes ☐ No

☐ Yes ☐ No

16) Has the applicant been assessed to be unsafe to smoke independently?

☐ Yes ☐ No

17) Is the applicant agreeable to quitting smoking?

☐ Yes ☐ No

18) If they can no longer smoke safely or if they are agreeable to quitting smoking, has the applicant been counselled about smoking cessation programs (e.g., nicotine-replacement products like gums or patches)?

☐ Yes ☐ No

19) Has the applicant or SDM been counselled that each long-term care home must follow the *Smoke-Free Ontario Act, 2017*, and they should contact homes directly for further information on their smoking policy and/or ask about the policy when touring the home?

☐ Yes ☐ No

Completed by (System Authenticated Electronic Signature)

Completed Date (dd-mm-yyyy)