

Resident Smoking Assessment

Completed by Social Services upon resident admission or re-admission.

	Yes	No
1. Does the resident smoke? (If NOT , skip to NON-SMOKER check box below)		
2. Is resident alert?		
3. Is resident physically capable of holding a cigarette, matches/lighter, and lighting and extinguishing own cigarette without assistance?		
4. Is resident able to extinguish a lit cigarette ash/cigarette which has fallen on his/her person and/or on others?		
5. Is resident able to call for help if lit cigarette ash/cigarette falls on his/her person or on others?		
6. Is resident able to move without assistance to designated smoking area?		
7. Does resident have a past history of poor judgement regarding safety of himself/herself or others?		
8. Does resident have any medical contraindications to smoking (e.g. syncope, TIA, loss of feeling in fingers, arthritis, etc.)?		
9. Has resident been instructed in facility policy regarding safety of himself/herself or others?		
10. Has resident signed the '_____ Resident Smoking Agreement' and 'Smoker Release of Responsibility Form'?		

RESIDENT SMOKING STATUS BASED UPON ABOVE INFORMATION IS:

NON-SMOKER
 SUPERVISED SMOKER
 UNSUPERVISED

 Social Worker Signature Date

INCLUDE IN NURSING CARE PLAN & INTERDISCIPLINARY RESIDENT CARE PLAN

21 Day Assessment: Resident can smoke unsupervised:
 YES NO

 Nurse Signature Date

60 Day Assessment: Resident can smoke unsupervised:
 YES NO

 Nurse Signature Date

90 Day Assessment: Resident can smoke unsupervised:
 YES NO

 Nurse Signature Date

Resident Name:	Room #	Physician:	Medical Rec. #