**APPENDIX A**

**Smoking Risk Assessment for Inpatient Services**

|  |  |  |
| --- | --- | --- |
| **Question** | **Response** | **Risk Identified** |
| **YES** | **NO** | **NA** |
| Patient Identifier/NHS No. |  |
| Type of tobacco smoked.E.g. pipe, roll ups. Cigarettes, smokeless tobacco |  |  |  |  |
| Ask the 6 questions as outlined in the Fagerstrom Dependency Test (see Appendix 5) |  |  |  |  |
| Where does the Service User/ Patient usually smoke  |  |  |  |  |
| Is there a time of day when they smoke more than at others. |  |  |  |  |
| For the following questions a yes indicates an area of risk for which a management plan will need to be put in place. |  |  |  |  |
| Do they ever smoke in bed? |  |  |  |  |
| Have they ever accidentally started a fire as a result of their smoking? |  |  |  |  |
| If they have had previous inpatient stays is there any record of them having smoked in non-designated areas, or accidently starting a fire. |  |  |  |  |
| Does the Service User / Patient have any identified or suspected memory /capacity problems? |  |  |  |  |

**If any risks have been identified please refer to the flow chart and include the recommended action in care plan.**