Tobacco Quit Kit Application

Thank you for your interest in a Tobacco Quit Kit. Completing the 'Citizen Registry Number', and 'Citizen Region' information is **mandatory** in order to recieve a kit, but the remaining quit-experience questions are **optional.** If you do wish to complete these questions your responses help your Métis Nation Ministry of Health, Mental Health and Addictions team hear from you directly and inform how we shape future programming and supports related to tobacco cessation. *Maarsii.*

Mandatory Citizen Information:

Citizen Name:_____

Citizen Registry Number:_____

Referred Method of Contact; at least one required

Phone number:_____ Email:_____

Citizen Region:

- ◯ WR1
- ◯ WR1A
- ◯ WR2
- ◯ WR2A
- ◯ WR3
- ◯ ER1
- ◯ ER2
- ◯ ER2A
- ◯ ER3
- ◯ NR1
- ◯ NR2
- ◯ NR3

Pick Up (select a Ma Faamii location if you will be picking up):

- ◯ Saskatoon
- ◯ North Battleford
- ◯ Prince Albert
- ◯ Yorkton
- ◯ Beauval

Mail-out (fill out below if you would like your kit mailed):

Address:_____ City:_____

Province:_____ Postal Code:_____

Optional Citizen Information:

During the last 12 months, how many times have you attempted to quit commercial tobacco use, if at all?

- ◯ I haven't tried to quit over the past 12 months
- ◯ 1-2 times
- ◯ 3-4 times
- ◯ 4+ times

What are the methods you have used to try to quit smoking (check all that apply)

- ◯ I have never tried to quit smoking
- ◯ By making a promise to a family member, relative, friend or partner
- ◯ By reducing the amount of tobacco used each day
- ◯ Nicotine patch
- ◯ Nicotine gum/lozenges
- ◯ Nicotine oral spray
- ◯ Other: _____

Where do you feel you are in your quit journey?

What other supports or resources would you like to see on your quit journey from MN-S?