

**Betty Hardwick Center**

**Tobacco Use Assessment**

Client Age:  Age 13 or older  Age 12 or under

Cigarette smoking status:

- Current every day smoker
- Current some days smoker
- Former smoker
- Never smoker
- Smoker, current status unknown
- Unknown if ever smoked

Do you live with tobacco user(s)?  Yes  No

Any tobacco use status:

- Current user  Past user  Never used  Currently use cigarettes  Currently use pipe
- Currently use cigars  Currently use smokeless  Currently use other-e-cig/vap, etc.
- Previously used cigarettes  Previously used pipe  Previously used cigars
- Previously used smokeless  Previously used other-e-cg/vap, etc.

If other, please specify:

How many years?

Type/amount of tobacco used per day:

Have you ever attempted to quit?  Yes  No Approximate Date of last quit attempt:

How many times have you attempted to quit tobacco?

- Methods used in previous quit attempts:
- Acupuncture  Counseling  Cognitive Behavioral Therapy
  - Hypnotherapy  Over the Counter Medication
  - Prescription Medication  Without Assistance (aka Cold Turkey)
  - N/A  If other, please specify:

Have you ever used BHC supplied Nicotine Replacement Therapy products?  Yes  No

Readiness to quit:

- Not interested in quitting  Thinking about quitting within next 30 days  Ready to quit
- Referred to: BHC Tobacco Cessation  Referred to: Quit Line  Other Referral
- No Referral  Provided Quitline Card  Provided Quit Smoking Brochure
- Provided Secondhand Smoke Brochure  Nothing Provided

Other: Please Specify:

Past Users Only:

Approximate quit date:

I attest that a Tobacco Use Assessment was completed for this person face-to-face.