Heart of Texas Region MHMR
Tobacco Use Assessment

Name _____ **ID #** _____ **Date of Birth** _____ **Assessment Date** _____

Do you live with a tobacco user? ☐ Yes ☐ No

Have you ever used tobacco? ☐ Yes ☐ No If No, survey is complete.

Do you currently use tobacco? ☐ Yes ☐ No If No, date last used _____

Complete the following only if a current tobacco user

	None	Daily	Weekly	Monthly	Occasionly	Length of Use	Years	Months
Cigarette use	☐	☐	☐	☐	☐	_____	☐	☐
Pipe use	☐	☐	☐	☐	☐	_____	☐	☐
Cigar use	☐	☐	☐	☐	☐	_____	☐	☐
Smokeless tobacco use	☐	☐	☐	☐	☐	_____	☐	☐
E-cigarettes, vap. use	☐	☐	☐	☐	☐	_____	☐	☐

Have you ever attempted to quit? ☐ Yes ☐ No Approximate date of last attempt _____

How many times have you attempted to quit tobacco? _____

Methods Used to Quit in Previous Attempts

- ☐ Not Applicable
- ☐ Counseling
- ☐ Hypnotherapy
- ☐ Prescription medication
- ☐ Other (please specify)
- ☐ Acupuncture
- ☐ Cognitive Behavioral Therapy
- ☐ Over-the-counter medication
- ☐ Without assistance (aka Cold Turkey)
- ☐ Nicotine Replacement Therapy

If other, please specify: _____

Have you tried HOTRMHMR Tobacco Cessation? ☐ Yes ☐ No

Are you ready to quit? ☐ Not interested in quitting ☐ Thinking about quitting within next 30 days ☐ Ready to quit

Referred to

- ☐ No referral
- ☐ Quit Line
- ☐ Other referral (please specify)
- ☐ HOTRMHMR Tobacco Cessation
- ☐ Scott & White "Enuff of the Puff"

If other, please specify: _____

Materials Provided

- ☐ No materials provided
- ☐ Quit Smoking Brochure
- ☐ Other material (please specify)
- ☐ Quitline Card
- ☐ Secondhand Smoke Brochure

If other, please specify: _____