

Tobacco Use Assessment Form

Date of Assessment: _____

Note: For the purposes of this assessment, the term "tobacco" refers generally to any product that contains tobacco or nicotine, including cigarettes, cigars, smokeless tobacco, e-cigarettes, hookah, etc.

Section 1. Personal Information					
Name				Age	
Section 2. Tobacco Use History					
Do you currently use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No, skip to Section 5					
Which types of tobacco do you currently use? <i>(Read out loud options as needed.)</i>					
<input type="checkbox"/> Cigarettes (complete Section 2A)		<input type="checkbox"/> Electronic cigarette/vape (complete Section 2B)			
<input type="checkbox"/> Smokeless tobacco (complete Section 2B)		<input type="checkbox"/> Other <i>(Please specify)</i> : _____ (complete Section 2B)			
2A. For individuals who smoke cigarettes:					
i. For <u>daily smokers</u> : On average, how many cigarettes do you smoke per day : _____			Calculate Pack-Year History: _____ cigarettes per day ÷ 20 = _____ packs/day _____ years X _____ packs/day = _____ Pack-Year History		
For how many years have you smoked: _____					
ii. For <u>non-daily smokers</u> : On average, how many cigarettes do you smoke per month ?					
2B. For individuals who selected non-cigarette tobacco use (complete applicable row/s):					
	How many days do you use per (circle one) <u>week</u> or <u>month</u> ?	i. <u>Daily users</u> : How much do you use per day?	ii. <u>Non-daily users</u> : How much do you use each time you use?	How long have you used this product? <i>(months and/or years)</i>	
Smokeless Tobacco					
Electronic Cigarette/Vape					
Other: _____					
Section 3. Quit Attempts					
Have you ever attempted to quit tobacco? <input type="checkbox"/> Yes When was your last quit attempt? _____ <input type="checkbox"/> No					
Did you use anything to help you quit in previous quit attempts? <i>(Read out loud options as needed. Check all that apply.)</i>					
<input type="checkbox"/> No, cold turkey (quit with no help/guidance/medication)					
<input type="checkbox"/> Nicotine Replacement Therapy: <input type="radio"/> patch <input type="radio"/> gum <input type="radio"/> lozenge <input type="radio"/> inhaler <input type="radio"/> spray					
<input type="checkbox"/> Prescription medication (Chantix/ Wellbutrin/ Zyban) <input type="checkbox"/> Hypnosis/Acupuncture					
<input type="checkbox"/> If other, please specify _____					
Do you have a desire to quit using tobacco product(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
If yes, go to Section 4A . If no or unsure, go to Section 4B .					

Section 4. Services or Intervention Provided Today

4A. Complete following only if ready to quit:

What services were provided to assist the person to quit using tobacco products?

- Distributed NRT Product (check which were provided)
- | | | |
|--|---|---|
| <input type="radio"/> 21 mg nicotine patch | <input type="radio"/> 14 mg nicotine patch | <input type="radio"/> 7 mg nicotine patch |
| <input type="radio"/> 4 mg nicotine gum | <input type="radio"/> 4 mg nicotine lozenge | <input type="radio"/> inhaler <input type="radio"/> spray |
- Prescribed prescription medication (circle medication used: Chantix/ Wellbutrin/ Zyban)
- Referral to call the Texas Quitline Other service provided (*specify*): _____

4B. Complete following only if not ready to quit (or unsure):

What Intervention was provided to the person? (Check all that apply)

- Advised person to quit tobacco Provided card to Texas Quitline Discussed 5Rs
- Rack card provided (*check which were provided*)
- | | | | |
|---|---|-------------------------------------|---|
| <input type="radio"/> secondhand smoke | <input type="radio"/> smoking and pregnancy | <input type="radio"/> substance use | <input type="radio"/> mental health |
| <input type="radio"/> electronic cigarettes/vapes | <input type="radio"/> displaced individuals | <input type="radio"/> pain/opioid | <input type="radio"/> physical disabilities |
- Provided Motivational Interviewing Agreed to discuss at next visit

Section 5. Screen for Past Tobacco Use / Exposure

(Skip and go to Section 6 if a current tobacco user)

Do you live with a tobacco user? Yes No **If Yes**, provide secondhand smoke rack card.

Have you ever used tobacco? Yes No **If No**, the assessment is complete.

When you used tobacco, did you smoke cigarettes? Yes No **If No**, the assessment is complete.

5A. For individuals who smoked cigarettes in the past:

How many years has it been since you quit smoking cigarettes? _____	Calculate Pack-Year History = _____cigarettes per day ÷ 20 = _____packs/day _____years X _____packs/day = _____ Pack-Year History
On average, how many cigarettes did you smoke per day ? _____	
For how many years did you smoke? _____	

Section 6. Lung Cancer Screening Eligibility

To be completed for anyone aged 50-80 who currently smokes cigarettes OR smoked cigarettes in the past.

For **current** cigarette smokers...

- Has smoked for at least 15 years
- Has pack-year history of 20 or greater
- If both boxes above are checked, they might be eligible for lung cancer screening.*

For **past** cigarette smokers...

- Quit within the last 15 years
- Has pack-year history of 20 or greater
- If both boxes above are checked, they might be eligible for lung cancer screening.*

Services Provided to Eligible/Potentially Eligible Individuals:

- Referral to lung cancer screening
- Lung cancer screening rack card
- Encouraged them to discuss their eligibility with their physician