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 Usage

Have you ever used tobacco? ☐ Yes ☐ No **If No**, ask next question, then assessment is complete.

Do you live with a tobacco user? ☐ Yes ☐ No **If Yes,** provide information on secondhand smoke.

Do you currently use tobacco? ☐ Yes ☐ No **If No**, indicate date of last use: _____

Which types of tobacco do you currently use? (Read out load options as needed).

☐ Cigarettes (complete **Section 2A**)
☐ Electronic cigarette/vape (complete **Section 2B**)
☐ Smokeless tobacco (complete **Section 2B**)
☐ Other (*Please specify*): _____ (complete **Section 2B**)

2A. For individuals who smoke cigarettes:

i. For daily smokers: On average, how many cigarettes do you smoke **per day:** _____
For how many years have you smoked: _____

ii. For non-daily smokers: 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) week or month?	**i.** Daily users: How much do you use per day?	**ii.** Non-daily users: How much do you use each time you use?	How long have you used this product? *(months and/or years)*
Smokeless tobacco use				
Electronic cigarette/vape				
Other:				

Section 3. Quit Attempts

Have you ever attempted to quit tobacco? Yes When was your last quit attempt? _____ No

Did you use anything to help you quit in previous quit attempts? (*Read out loud options as needed. Check all that apply.)*

☐ No, Cold turkey (quit with no help/guidance/medication)
☐ Counseling/quit group
☐ Nicotine Replacement Therapy: ○ patch ○ gum ○ lozenge ○ inhaler ○ spray
☐ Prescription medication (Chantix/Wellbutrin/Zyban)
☐ Hypnosis/acupuncture
☐ If other, please specify: _____

Do you have a desire to quit using tobacco product(s)? ☐ Yes ☐ No ☐ Unsure
If yes, go to **Section 4A**. If no or unsure, go to **Section 4B**.

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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)

- ○ 21 mg nicotine patch
- ○ 14 mg nicotine patch
- ○ 7 mg nicotine patch
- ○ 4 mg nicotine gum
- ○ 4 mg nicotine lozenge
- ○ inhaler
- ○ 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)*

- ○ secondhand smoke
- ○ smoking and pregnancy
- ○ substance use
- ○ mental health
- ○ electronic cigarettes/vapes
- ○ displaced individuals
- ○ pain/opioid
- ○ physical disabilities

☐ Provided Motivational Interviewing ☐ Agreed to discuss at next visit