

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No , ask next question, then assessment is complete.		
Do you live with a tobacco user?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes , provide information on secondhand smoke.		
Do you currently use tobacco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No , indicate date of last use: _____		
Which types of tobacco do you currently use? (Read out loud options as needed).					
<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 ? _____					
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 <u>week</u> or <u>month</u> ? (circle one).	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? (<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"/> Counseling/quit group			
<input type="checkbox"/> Nicotine Replacement Therapy: o patch o gum		o lozenge o inhaler o 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 .					

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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