

Tobacco Use Screening & Documentation Form

1.) ASK client to choose the statement that best describes their smoking status:

A.) I have never smoked or have smoked less than 100 cigarettes in my lifetime.

B.) I stopped smoking over a year ago

C.) I stopped smoking less than a year ago

D.) I smoke, but not every day

E.) I smoke daily

2.) This question asks about all tobacco products, including e-cigarettes, also known as vapes. Brand examples of e-cigarettes include **JUUL, Puff Bar, Suorin, Smok, Vuse alto, Kandypens and myblu**. E-cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as e-cigs, vape-pens, e-hookahs, or mods.

Please mark how often client uses each tobacco product in the past 12 months and past month.

Product	Past 12 months					Past 30 days				
	Not used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Cigarettes										
E-cigarettes										
Cigars/Cigarillos/little cigars (ex: Black & Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts)										
Smokeless Tobacco/Chewing Tobacco/Chew/Snuff (ex: Copenhagen, Grizzly, Skoal, Levi Garrett, Redman, Red Seal, Timberwolf)										
Snus										
Hookah										
Dissolvable tobacco as in Strips/Sticks/Orbs										
Heated tobacco products (ex: IQOS, glo, Eclipse)										
“Tobacco free” nicotine pouches (ex: Zyn)										
Other: specify:										

For each tobacco product that you use, how much do you use on a typical day or week when you are smoking, vaping, or using tobacco? (ex: one JUUL pod a day, 1 pack of cigarettes per day, 1 can of dip a week)

Do you use menthol products? Yes No

List all brands of tobacco products you typically use:

- 6.) Does anyone smoke or vape around you and/or your children? Smoke Vape Neither
- Does anyone smoke or vape inside your house? Smoke Vape Neither
- Does anyone smoke or vape inside your car? Smoke Vape Neither
- Is smoking or vaping allowed in your workplace? Smoke Vape Neither

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7.) How many minutes after you wake up do you smoke your first cigarette?

- Immediately 5-30 minutes 31-60 minutes > 60 minutes

8.) Do you sometimes wake up at night to have a cigarette or use tobacco?

- Yes No If yes, how often? nights/week

9.) How many times have you made a serious attempt to quit smoking or using tobacco products?

- 0 1 2 3 4 5 or more

10.) Tell us more about the times you have tried to quit in the past:

	Your most recent quit attempt	The time when you stayed quit the longest
How old were you?		
What year was it?		
What did you use to help you (medicine, counseling, etc.)?		
How long did you stay quit?		
Why did you return to using tobacco?		

11.) In the past, what medications have you used to help you quit? o I have never used any medications to help

Medications	I used in the past (Yes/No)	Result	Describe any side effects	I might use now (Yes/No)
Nicotine Patch		<input type="radio"/> worked well <input type="radio"/> did not work <input type="radio"/> too many side effects		
Nicotine Gum		<input type="radio"/> worked well <input type="radio"/> did not work <input type="radio"/> too many side effects		
Nicotine Oral Inhaler (puffer)		<input type="radio"/> worked well <input type="radio"/> did not work <input type="radio"/> too many side effects		
Nicotine Nasal Spray		<input type="radio"/> worked well <input type="radio"/> did not work <input type="radio"/> too many side effects		
Nicotine Lozenge (Commit)		<input type="radio"/> worked well <input type="radio"/> did not work <input type="radio"/> too many side effects		
Zyban / Wellbutrin / bupropion		<input type="radio"/> worked well <input type="radio"/> did not work <input type="radio"/> too many side effects		
Chantix / varenicline		<input type="radio"/> worked well <input type="radio"/> did not work <input type="radio"/> too many side effects		