Tobacco Use Screening & Documentation Form for General Population



1 1	V V K C	lient to	choose the	ctatement	that host	describes	thair smo	king status:
1.	I ASK CI	nent to	choose the	Statement	mai besi	describes	their sinc)KIN2 STATUS:

1.) A	SK client to choose the stateme	ent that	t best desc	ribes the	ir smokir	ıg statu	S:		Text, talk	or type. Quit y	our way.		
A.) I have never smoked or have s	moked l	less than 1	00 cigaret	tes in my	lifetim	е.						
В.) I stopped smoking over a year	ago											
C.) I stopped smoking less than a y	year ago)										
D.) I smoke, but not every day												
E.) I smoke daily												
inclu conta mod	nis question asks about all tobac de JUUL, Puff Bar, Suorin, Smok ain a nicotine-based liquid that i s. se mark how often client uses ea	s, Vuse a s vapori	alto, Kandy ized and in	pens and	l myblu. E u may als	E-cigare o know	ttes are them a	battery po s e-cigs, va	wered de	evices that	usually		
			Pas	t 12 mon	ths		Past 30 days						
	Product	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		
Ci	garettes												
E-	cigarettes												
(ex	gars/Cigarillos/little cigars c: Black & Milds, Swisher Sweets, Dutch asters, White Owl, or Phillies Blunts)												
To (ex	mokeless Tobacco/Chewing obacco/Chew/Snuff c: Copenhagen, Grizzly, Skoal, Levi rrett, Redman, Red Seal, Timberwolf)												
Sr	nus												
Н	ookah												
	ssolvable tobacco as in rips/Sticks/Orbs												
	eated tobacco products x: IQOS, glo, Eclipse)												
	obacco free" nicotine												
	ouches (ex: Zyn)												
0	ther: specify:												
toba	ach tobacco product that you usco? (ex: one JUUL pod a day, 1	pack of		per day, 1		-		rhen you a	re smokin	g, vaping, (or using		
-	Il brands of tobacco products yo												
6.)	Does anyone smoke or vap Does anyone smoke or vap Does anyone smoke or vap Is smoking or vaping allowe	e inside e inside	your hous your car?	se?	children?	□ S	moke moke moke moke	□ Va □ Va □ Va	ape ape	☐ Neitl☐ Neitl☐ Neitl☐ Neitl☐ Neitl	ner ner		

Tobacco Use Screening & Documentation Form

ow many minutes after you v	wake up do you	smoke your first cigarette	or use a tobacco product?	
☐ Immediately ☐ 5-30 mi		es □ 31-6	60 minutes	☐ > 60 minutes
o you sometimes wake up a □Yes □ No	_	e a cigarette or use tobac how often? nights/		
ow many times have you m	ade a serious a	attempt to quit smoking o	or using tobacco products?	?
□ 1 □ 2 □ 3	□ 4 □ 5 o	r more		
Tell us more about the time	s you have tri	ed to quit in the past:		
		ur most recent quit attem	npt The time when yo longest	u stayed quit tl
How old were you?				
What year was it?				
What did you use to help (medicine, counseling, et	•			
How long did you stay qu	uit?			
Why did you return to us tobacco?	sing			
In the past, what medication	ns have you us	ed to help you quit?	o I have never used any m	edications to he
Medications I used in t		Result	Describe any side effects	I might us
Nicotine Patch		o worked well o did not work o too manv side effects		
Nicotine Gum		o worked well o did not work o too manv side effects		
Nicotine Oral Inhaler (puffer)		o worked well o did not work o too many side effects		
Nicotine Nasal Spray		o worked well o did not work o too many side effects		
Nicotine Lozenge (Commit)		o worked well o did not work o too many side effects		
Zyban / Wellbutrin / bupropion		o worked well o did not work o too many side effects		
Chantix / varenicline		o worked well o did not work		