Postpartum Tobacco Use Screening & Documentation Form

For clients who had a baby in the past year:



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1.1	A.JN	nanem		e me stat	emem ma	i nesi nes	CHDES HIE	an sinoking	Status.

1.) ASK patient to choose the statement that best describes their smoking status:	ioxi, tank of typer durit your may.
A.) I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.	
B.) I stopped smoking BEFORE I found out I was pregnant and am not smoking now.	
C.) I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.	
D.) I stopped smoking during pregnancy, but I am smoking now.	
E.) I smoked during pregnancy, and I am smoking now.	
2.) This question asks about all tobacco products, including e-cigarettes, also known as vapor include JUUL , Puff Bar , Suorin , Smok , Vuse alto , Kandypens and myblu . E-cigarettes are baccontain a nicotine-based liquid that is vaporized and inhaled. You may also know them as emods.	attery powered devices that usually
Please mark how often client uses each tobacco product in the past 12 months and past m	onth.

	Past 12 months			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
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:										

-	each tobacco product that you use, how much do you us bacco? (ex: one JUUL pod a day, 1 pack of cigarettes per		when you are sm	oking, vaping, or						
4.) Do y	ou use menthol products? \square Yes \square No									
5.) List all brands of tobacco products you typically use:										
6.)	Does anyone smoke or vape around you and/or your Does anyone smoke or vape inside your house? Does anyone smoke or vape inside your car? Is smoking or vaping allowed in your workplace?	children?	□ Vape □ Vape □ Vape □ Vape	□ Neither□ Neither□ Neither□ Neither						

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ow many minutes after you	wake up do you	ı smoke your first cigare	tte or use	a tobacco product?	
☐ Immediately	☐ 5-30 minute	es 🗆 3:	1-60 minu	tes	> 60 minutes
o you sometimes wake up a	at night to have	e a cigarette or use tob	acco?		
Yes □ No	-	-	ts/week		
ow many times have you m	ade a serious a	attempt to quit smokin	g or using	g tobacco products?	
		r more			
ell us more about the time	s you have tri	ed to quit in the past:			
	You	ur most recent quit atto	empt	The time when you longest	stayed quit t
How old were you?					
What year was it?					
What did you use to help	you				
(medicine, counseling, e	tc.)?				
How long did you stay qu	uit?				
Why did you return to us tobacco?	sing				
n the past, what medicatio	ns have you us	ed to help you quit?	o I ha	ve never used any me	dications to h
Medications	I used in the	Result	Desci	ribe any side effects	l might us
	past (Yes/No)				now (Yes
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 many side effects	;		
Nicotine Oral Inhaler		o worked well			
(puffer)		o did not work			
		o too many side effects	;		
Nicotine Nasal Spray		o worked well			
, ,		o did not work			
		o too manv side effects	;		
Nicotine Lozenge (Commit)		o worked well			
		o did not work			
		o too many side effects	;		
Zyban / Wellbutrin /	1	o worked well			
bupropion		o did not work			
		o too many side effects	,		
Chantix / varenicline		o worked well			
Chantin / Varenicille		o did not work			
		o too many side effects	,		
	1	p too many side enects)		