Pregnancy Tobacco Use Screening & Documentation Form

For pregnant clients:



 ASK client to choose the statement that best describes their smoking statu 	ose the stateme	ient to cho	ASK clie	1.)
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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 smoke some now, but have cut down since I found out I am pregnant.
E.) I smoke about the same amount now as I did before I found out I was pregnant.

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.

	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 use on a typic obacco? (ex: one JUUL pod a day, 1 pack of cigarettes per day, 1 can	•	hen you are smo	king, vaping, or
4.) Do y	you 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 children? Does anyone smoke or vape inside your house? Does anyone smoke or vape inside your car? Is smoking or vaping allowed in your workplace?	☐ Smoke ☐ Smoke ☐ Smoke ☐ Smoke	□ Vape □ Vape □ Vape □ Vape	□ Neither□ Neither□ Neither□ Neither

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ow many minutes after you v	vake up do you	ı smoke your first cigarette	or use a tobacco product?	?
\square Immediately	☐ 5-30 minute	es □ 31-6	60 minutes	☐ > 60 minutes
o you sometimes wake up a	_	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		
ell us more about the time	s you have tri	ed to quit in the past:		
	You	ur most recent quit attem	The time when you	ou stayed quit th
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?	ing			
n the past, what medication	ns have you us	ed to help you quit?	o I have never used any r	nedications to he
Medications	I used in the past (Yes/No)	Result	Describe any side effects	s I might us 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 (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 /		o worked well		
bupropion		o did not work o too many side effects		