# TOBACCO SCREENING FORM

Client ID: _______________________

Date of Birth: _____ / _____ / ______

Date: _______ / _______ / _______

Race/Ethnicity: ___________________

Counselor: ______________________

### 1. Which statements best describes your current tobacco use? (choose all that apply)
- [ ] I have never smoked cigarettes. (a) (Mark here if you have only tried smoking) **Skip to Question 9**
- [ ] I stopped smoking within the past year – I am not smoking (b) **Skip to Question 9**
- [ ] I dip, chew or use smokeless tobacco. (c)
- [ ] I smoke e-cigarettes/vapor. (d)
- [ ] I smoke regularly now – (e)

Number of cigarettes I smoked yesterday: □□

### 2. How long have you used tobacco (or nicotine products - say which product and for how long):

### 3. Are there any changes in your use of tobacco (or nicotine products) recently:

### 4. How soon after you wake up do you usually use tobacco? (choose only one)
- (a) 5 minutes or less
- (b) 6 to 30 minutes
- (c) 31 to 59 minutes
- (d) 1 to 2 hours
- (e) Greater than 2 hours

### 5. How many attempts to quit have you made: _______

Date of your most recent quit attempt: __________

How long were you able to stay quit: __________

### 6. If you have tried quitting before what worked to help you:

What have you tried that did not work: ____________________________________________

What were the reasons you went back to smoking: ____________________________________

### 7. Have you ever tried using nicotine replacement products: (a) No (b) Yes

If yes, what product(s) _______________; how much did you use:__________ for how long did you use it:__________

### 8. How ready do you feel now to quit:
- [ ] (a) Not thinking about it
- [ ] (b) Thinking about it, not ready
- [ ] (c) Ready to quit (if ready, how confident do you feel about your ability to quit on 1 – 10 with 1 being low):__________

### 9. How many cigarette smokers live in the same house with you? (choose only one)
- (a) None
- (b) 1
- (c) 2 or more

### 10. How is cigarette smoking handled where you live? (choose only one)
- (a) No one smokes where I live – they smoke outside.
- (b) People may only smoke in certain rooms where I live.
- (c) People may smoke anywhere I live.
- (d) Don’t know
- (e) Refuse to say

### 11. How many of your family and friends are cigarette smokers? (choose only one)
- (a) None
- (b) A few
- (c) Some
- (d) Most