TOBACCO SCREENING FORM

Client ID: _____ Date of Birth: _____ / _____ /____
Month Day Year

Date: _____ / _____ /_____
Month Day Year

Race/Ethnicity: _____ Counselor:_____

☐ Initial Screening ☐ Second Screening ☐ Follow-up Screening	CO VALUE _____ PPM _____(date) CO Range: ☐ (a) Low ☐ (b) Medium ☐ (c) High

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. ○(e) Don't know
    - ○ (b) People may only smoke in certain rooms where I live. ○(f) Refuse to say
    - ○ (c) People may smoke anywhere I live.
11. How many of your family and friends are cigarette smokers? (choose only one)
    ○ (a) None ○(b) A few ○(c) Some ○(d) Most