

# TOBACCO SCREENING FORM

Client ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Race/Ethnicity: \_\_\_\_\_ Counselor: \_\_\_\_\_

<input type="checkbox"/> Initial Screening <input type="checkbox"/> Second Screening <input type="checkbox"/> Follow-up Screening	CO VALUE _____ PPM _____ (date) CO Range: <input type="checkbox"/> (a) Low <input type="checkbox"/> (b) Medium <input type="checkbox"/> (c) High
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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