

Tobacco Use Assessment

1. How soon after you wake up do you have your first cigarette?
 - Within 5 minutes
 - 6-30 minutes
 - 31-60 minutes
 - After 60 minutes
2. How many cigarettes (or other tobacco product) per day do you smoke? _____
3. Please check which kinds of tobacco you use now: Cigarettes Pipe Hookahs Cigars Blunts
Little cigars Chew, Spit or SNUS Bidis E-cigarette/Vaping device Other_____
4. How frequently do you use any tobacco products checked above? _____
5. How old were you when you first tried tobacco? _____
6. How many other tobacco users live with you? _____
7. Are you exposed to secondhand smoke on a regular basis? _____
8. In a typical week, how many nights do you wake up and use tobacco ?_____
9. What was the longest amount of time you were able to go without smoking or using tobacco? _____
When was that? _____
10. When was the last time you tried to quit smoking or using tobacco? _____
11. What tobacco treatment medications have you used in the past to stop smoking or using tobacco?
Please check all that apply:
 - Nicotine patches
 - Nicotine gum
 - Nicotine lozenge
 - Nicotine inhaler
 - Nicotine spray
 - Bupropion (also called Zyban or Wellbutrin)
 - Varenicline (Chantix)
 - Combination of any of these medications (ex: Patch + Lozenge)
 - Other medication _____
12. If you have quit before, what things triggered you to return to smoking or using tobacco?
Please check all that apply:
 - Stress
 - Withdrawal symptoms
 - Urges to smoke
 - A crisis
 - Boredom
 - Being around other smokers
 - Drinking alcohol
 - Other_____
 - Social situations
 - Weight problems
 - I don't know
13. On a typical day, how many caffeinated beverages do you drink (coffee, tea, colas, energy drinks)?_____

[Questions 14-17 are best asked as part of a tobacco counseling conversation]

14. What things do you like about smoking? _____

15. What reasons do you have now for wanting to quit? _____

16. What worries or concerns do you have about quitting? _____

17. Please list any spiritual or cultural issues that you would like us to know about that are important to your smoking or your quitting. _____