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. _____