

Sample Tobacco Assessment Questions

For each question below, please check the best answer in the Answer Column.

	Answer Column	Points
1. How soon after you wake up do you smoke your first cigarette?	<input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 6 - 30 minutes <input type="checkbox"/> 31- 60 minutes <input type="checkbox"/> After 60 minutes	3 2 1 0
2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in church, at the library, in cinema, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 0
3. Which cigarette would you hate most to give up?	<input type="checkbox"/> The first one in the morning <input type="checkbox"/> All others	1 0
4. How many cigarettes/day do you smoke?	<input type="checkbox"/> 10 or less <input type="checkbox"/> 11-20 <input type="checkbox"/> 21- 30 <input type="checkbox"/> 31 or more	0 1 2 3
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 0
6. Do you smoke if you are so ill that you are in bed most of the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 0
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1. How old were you when you first tried tobacco? _____
2. How old were you when you started smoking or using chew regularly? _____
3. Please check which kinds of tobacco you use now.

<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Pipe or Hookahs	<input type="checkbox"/> Vaping (electronic)
<input type="checkbox"/> Cigars	<input type="checkbox"/> Chew, Spit or SNUS	
4. How many other tobacco users live with you? (do not include yourself) ____ Who? _____
5. Do you sometimes awaken at night to smoke? Yes ____ No ____
6. How many times have you quit for at least 24 hours? _____
7. a. What was the longest amount of time you were able to go without smoking or using tobacco? _____
 b. When was that? _____
8. When was the last time you tried to quit smoking or using tobacco? _____
9. What things have you done to try to stop smoking or using tobacco in the past?
 Please check all you have tried.

<input type="checkbox"/> Cutting down (Tapering)	<input type="checkbox"/> Hypnosis, acupuncture, laser treatment, other therapy
<input type="checkbox"/> Switching brands to a lower tar/nicotine (Fading)	<input type="checkbox"/> Went to a class or a program
<input type="checkbox"/> Cold turkey	<input type="checkbox"/> Other _____

Below are some thoughts that smokers have about quitting. Check the sentence that most closely reflects how you feel about quitting.

10.	I have quit smoking and I will never smoke again.
9.	I have quit smoking, but I still worry about slipping back so I need to keep working on living smoke-free.
8.	I still smoke, but I have begun to change, like cutting back on the number of cigarettes I smoke. I am ready to set a quit date.
7.	I definitely plan to quit smoking within the next 30 days.
6.	I definitely plan to quit smoking within the next 6 months.
5.	I often think about quitting smoking, but I have no plans to quit.
4.	I sometimes think about quitting smoking, but I have no plans to quit.
3.	I rarely think about quitting smoking, and I have no plans to quit
2.	I never think about quitting smoking, and I have no plans to quit.
1.	I have decided not to quit smoking for my lifetime. I have no interest in quitting.