ACBHCS Tobacco Use Assessment
TUA

Name ____________________________ ID # __________ Birth __________ Date ________

1. Do you live with a Tobacco user?   ☐ Yes ☐ No
2. Have you ever used tobacco?   ☐ Yes ☐ No If No, STOP SURVEY is complete.
3. Do you currently use Tobacco?   ☐ Yes Go to 6. ☐ No If no, go to 4 and 5

4. Quit > 1 year ago end here
5. Quit < 1 year ago. What help do you need to stay quit? __________________________

Complete the following only if a current tobacco user

<table>
<thead>
<tr>
<th>Amount</th>
<th>None</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Occasionally</th>
<th>Age of first Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Cigarette use</td>
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<td>7. Pipe Use</td>
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<td>8. Cigar Use</td>
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<td>9. Smokeless tobacco use</td>
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<td>10. E-Cigarettes, vap. Use</td>
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</tbody>
</table>

10a. Do you smoke menthol? ☐ Yes ☐ No

11. Have you ever attempted to quit? ☐ Yes ☐ No Approximate date of last attempt___________

12. How many times have you attempted to quit tobacco? ________

13. Which of these ways have you tried in the past to quit tobacco?

☐ Nicotine patch ☐ Tobacco cessation group
☐ Nicotine lozenge ☐ Nicotine anonymous
☐ Nicotine Gum ☐ Acupuncture
☐ Nicotine nasal spray or Inhaler ☐ Hypnosis
☐ Zyban ☐ CA Smokers 1 800-No-Butts
☐ Chantix or varenicline ☐ Cold Turkey
☐ Other __________________________
☐ help from local agency _______________

14. Meds with levels decreased by smoking - check those patient takes. May need decrease after 3 weeks quit

☐ Amitriptyline (Elavil) ☐ Fluphenazine (Prolixin)
☐ Notriptyline (Pamelor) ☐ Haloperidol (Haldol)
☐ Imipramine ☐ Olanzapine (Zyprexa)
☐ Clomipramine (Anafranil) ☐ Clozapine (Clozaril)
☐ Fluvoxamine (Luvox) ☐ Chlorpromazine (Thorazine)
☐ Trazodone (Desyrel)

15. Ready to Quit _______ Thinking about quitting within the next 30 days _______ Not interested in quitting _______

16. Referred to
☐ Smokers’ Helpline ☐ Tobacco treatment plan
☐ Nicotine Anonymous ☐ No referral
☐ Other referral (please specify)
If other, please specify: ___________________________________________

17. Materials Provided
☐ No materials provided ☐ Quit line Card
☐ Benefits of Quitting ☐ Secondhand Smoke Flyer ☐ Stop smoking checklist
☐ Benefits of quitting in recovery ☐ Benefits of quitting in mental health recovery
☐ Other material (please specify)
If other, please specify: ___________________________________________