

ACBHCS Tobacco Use Assessment TUA

Name _____ ID # _____ Date of Birth _____ Assessment 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

- | | Amount | None | Daily | Weekly | Monthly | Occasionally | Age of first Use |
|----------------------------|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| 6. Cigarette use | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Pipe Use | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Cigar Use | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Smokeless tobacco use | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. E-Cigarettes, vap. Use | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
- 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?**
- | | |
|--|--|
| <input type="checkbox"/> Nicotine patch | <input type="checkbox"/> Tobacco cessation group |
| <input type="checkbox"/> Nicotine lozenge | <input type="checkbox"/> Nicotine anonymous |
| <input type="checkbox"/> Nicotine Gum | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Nicotine nasal spray or Inhaler | <input type="checkbox"/> Hypnosis |
| <input type="checkbox"/> Zyban | <input type="checkbox"/> CA Smokers 1 800-No-Butts |
| <input type="checkbox"/> Chantix or varenicline | <input type="checkbox"/> Cold Turkey |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> help from local agency _____ | |

14.

- Meds with levels decreased by smoking- check those patient takes. May need decrease after 3 weeks quit**
- | | |
|---|---|
| <input type="checkbox"/> Amitriptyline (Elavil) | <input type="checkbox"/> Fluphenazine (Prolixin) |
| <input type="checkbox"/> Nortiptyline (Pamelor) | <input type="checkbox"/> Haloperidol (Haldol) |
| <input type="checkbox"/> Imipramine | <input type="checkbox"/> Olanzipine (Zyprexa) |
| <input type="checkbox"/> Clomipramine (Anafranil) | <input type="checkbox"/> Clozapine (Clozaril) |
| <input type="checkbox"/> Fluvoxamine (Luvox) | <input type="checkbox"/> Chlorpromazine (Thorazine) |
| <input type="checkbox"/> Trazodone (Desyrel) | |

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

16. Referred to

- | | |
|--|---|
| <input type="checkbox"/> Smokers' Helpline | <input type="checkbox"/> Tobacco treatment plan |
| <input type="checkbox"/> Nicotine Anonymous | <input type="checkbox"/> No referral |
| <input type="checkbox"/> Other referral (please specify) | |

If other, please specify: _____

17. Materials Provided

- | | | |
|---|---|---|
| <input type="checkbox"/> No materials provided | <input type="checkbox"/> Quit line Card | |
| <input type="checkbox"/> Benefits of Quitting | <input type="checkbox"/> Secondhand Smoke Flyer | <input type="checkbox"/> Stop smoking checklist |
| <input type="checkbox"/> Benefits of quitting in recovery | <input type="checkbox"/> Benefits of quitting in mental health recovery | |
| <input type="checkbox"/> Other material (please specify) | | |

If other, please specify: _____