

## Assessment of Tobacco Use History

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Current Tobacco Use Assessment

1. Have you smoked at least 100 cigarettes in your entire life?  
A. Yes      B. No
2. How often do you currently smoke cigarettes?  
A. Every day    B. Some days    C. Never
3. Do people in your household other than you smoke in the home?  
A. Yes (if yes, how many? \_\_\_\_ )    B. No
4. Is smoking allowed in your workplace?  
A. Yes      B. No

If [1=A & 2=A or B or 3=A]—Current Tobacco Users

If [1=A & 2=C & 3=A or B]—Former Tobacco User

If [1=B & 2=C & 3=B]—Never Tobacco User

### If the patient is a **CURRENT** tobacco user, ask...

1. At what age did you start smoking/using tobacco?  
\_\_\_\_ (years) *[To calculate duration for current smokers, subtract age at initiation from current age.]*
2. On average, how many cigarettes have you smoked per day over this time?  
\_\_\_\_ cigarettes per day
3. How soon after you wake up in the morning do you smoke your first cigarette?  
A. Within 30 minutes    B. After 30 minutes
4. Have you ever tried to stop smoking?  
A. Yes      B. No
5. Do you currently use any other tobacco products such as cigars, pipes, chewing tobacco, snuff, dip, clove cigarettes, kreteks, bidis, waterpipe, or e-cigarette?  
A. Yes      B. No

### If the patient is a **FORMER** tobacco user, ask...

1. How long has it been since you last smoked regularly (i.e., every day or some days)?  
A. Within the past month (0-1 month ago)      F. Within the past 15 years (5-15 years ago)  
B. Within the past three months (1-3 months ago)      G. 15 or more years ago  
C. Within the past six months (3-6 months ago)      *[Code as: Long-term Former Smokers]*  
D. Within the past year (6-12 months ago)      H. Don't know/Not sure  
*[Code as: Recent Former Smoker]*      I. Never smoked regularly  
E. With the past five years (1-5 years ago)
2. At what age did you start smoking/using tobacco?  
\_\_\_\_ (years) *[To calculate duration for current smokers, subtract age at initiation from current age.]*
3. When you were smoking regularly, how many cigarettes did you smoke per day, on average?  
\_\_\_\_ cigarettes per day
4. Do you currently use any other tobacco products such as cigars, pipes, chewing tobacco, snuff, dip, clove cigarettes, kreteks, bidis, waterpipe, or e-cigarette?  
A. Yes      B. No