

Assessment of Tobacco Use During Routine Patient Encounters

Patient Name: _____

Patient ID: _____

Provider Name: _____

Date: _____

1. Since your last visit, have you used any tobacco products?

- A. Yes B. No

2. Have you made any attempts to stop smoking since your last visit?

- A. Yes B. No

3. Are you currently using any of the following methods to try to quit using tobacco?

- A. Nicotine patch
- B. Nicotine gum
- C. Nicotine lozenge
- D. Nicotine inhaler
- E. Nicotine nasal spray
- F. Bupropion (Wellbutrin, Zyban)
- G. Varenicline (Chantix)
- H. Quitline
- I. Support groups
- J. Psychotherapy
- K. Online program
- L. E-cigarettes
- M. Hypnosis
- N. Anything else? _____

4. If you haven't stopped smoking yet, are you ready to try now?

- A. Yes B. No

5. Would you like help to stop smoking?

- A. Yes B. No