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