

TOBACCO USE ASSESSMENT

Completion of this form is voluntary. If not completed, we may not be able to assess your treatment needs appropriately.

Name – Client (Last, First MI)	ID Number	Date - Assessment
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1. Are you currently a tobacco user? (If 'YES' Proceed to Question #2, If 'NO' you do not need to complete the rest of this form.)

Yes No

2. Are you aware of the Smoke and Tobacco Free Policy at our facility?

Yes No

3. Why do you use tobacco? _____

4. How many / much of the following do you use each day?

Cigarettes _____ Cigars _____ Pipes _____ Snuff / Smokeless Tobacco _____
Chewing Tobacco _____ Other (specify) _____

5. Have you ever tried to stop using tobacco?

Yes No

6. How many times have you tried to stop using tobacco? _____

7. When was the last time you tried to stop using tobacco? _____

8. What types of aids have you used to help you stop using tobacco?

9. Which method did you find to be the most effective? _____

10. What was the longest time that you were able to abstain from tobacco? _____

11. Why did you restart smoking / using tobacco? _____

12. How did you feel when you were not using tobacco?

Physically: _____

Emotionally: _____

13. How do you plan to deal with the October 3rd "no tobacco use on campus" policy?

- I plan to quit
 I plan to stop smoking while here and start again when I am released
 Other

14. What kind of help would you like to have provided to help you stop using tobacco?

(Please note that not all options will be available at all facilities)

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> Nicotine patch | <input type="checkbox"/> Individual Counseling | Other Allowable Options |
| <input type="checkbox"/> Snacks (carrots, celery, candy) | <input type="checkbox"/> Cessation Group | <input type="checkbox"/> |
| <input type="checkbox"/> Read Brochures and Materials | <input type="checkbox"/> Staff counselor | <input type="checkbox"/> |
| <input type="checkbox"/> No aids at all ("Cold Turkey") | <input type="checkbox"/> Support Groups | |
| <input type="checkbox"/> Other (Specify PLAN): | | |

Signature – Facility Staff

Signature – Client