Consumer Self-Report Tobacco Assessment

Name: _____ Gender: M F
Date of Birth: _____Age: _____ Today's date:_____

Tobacco Use –

1. Please check the appropriate box for each type of tobacco:

1a CIGARETTES	Never Used	
	Used in the Past	
	Currently Use	
1b E-CIGARETTES/VAPE	Never Used	
	Used in the Past	
	Currently Use	
1b PIPE	Never Used	
	Used in the Past	
	Currently Use	
1c CIGARS	Never Used	
	Used in the Past	
	Currently Use	
1d CHEWING TOBACCO	Never Used	
	Used in the Past	
	Never Used	
	Currently Use	
2. What **age** were you when you **first tried tobacco?**		
3. Age when you started using tobacco on a **regular basis**?		
4. How many cigarettes do you smoke each day?		
5. How often do you use e-cigs/vape each day?		
5. How many minutes after you wake up do you smoke your 1st cigarette (or use other tobacco products)?		
6. Do you sometimes awaken at night to smoke or use other tobacco products?		Yes No

From the Learning about Healthy Living, Tobacco and You Manual. Edited and Revised February 2012. Appendix A. Rutgers, Robert Wood Johnson Medical School, Division of Addiction Psychiatry.

7. Who smokes in your household? Please check all that apply: No One	
Parents	
Brothers/Sisters	
Significant Other	
Roommates	
8. Do you **smoke indoors** at home?	Yes No

9. How **important** is it to you to stop tobacco use now?
Please check one box.

1	2	3	4	5	6	7	8	9	10

Not at All Average Importance Extremely Important

Tobacco-Related Illness

10. Have you in the past or do you now have any of the following? (Check all that apply)

	Arrthymia/ Irregular Heart Beat		Emphysema		Obesity/ Overweight
	Asthma or Chronic Bronchitis		Halitosis/ Bad Breath		Peptic Ulcer
	Cancer (List Type Below)		Heart Attack/ Disease		Pneumonia
	Circulatory Problems		Impotence		Seizures
	Diabetes		Infertility		Stroke
	Early Menopause		Influenza/ Frequent Flu		Wrinkles
	Other illness (describe):				

Desire to Quit

11. Please check the number next to **the one statement that best describes** your current situation:

11a	I currently smoke/use tobacco and I do not want to quit in the next 6 months.	
11b	I am seriously considering quitting in the next 6 months, but not in the next 30 days	
11c	I am interested in drastically reducing the number of cigarettes I currently smoke (reduce by half or more), but am not interested in quitting totally.	
11d	I am interested in quitting smoking/tobacco use in the next month, and I would be interested in any assistance I could get.	

12. How **confident** are you that you will succeed in stopping your tobacco use now? Please check one box.

1	2	3	4	5	6	7	8	9	10

Not at All Average Importance Extremely Important