APPENDIX L: TOBACCO USE ASSESSMENT (TUA)

Tobacco Use Assessment
TUA

Date of   Assessment
Name _____ ID # _____ Birth _____ Date _____

1. Do you live with a Tobacco user?   ☐ Yes   ☐ No
2. Have you ever used tobacco?   ☐ Yes   ☐ No   **If No, STOP SURVEY is complete.**
3. Do you currently use Tobacco?   ☐ Yes   Go to 6.   ☐ No   If no, go to **4 and 5**

4. Quit > 1 year ago end here
5. Quit < 1 year ago. What help do you need to stay quit? _____

Complete the following only if a current tobacco user

	Amount	None	Daily	Weekly	Monthly	Occasionally	Age of first Use
6. Cigarette use	――――	☐	☐	☐	☐	☐	_____
7. Pipe Use	――――	☐	☐	☐	☐	☐	_____
8. Cigar Use	――――	☐	☐	☐	☐	☐	_____
9. Smokeless tobacco use	――――	☐	☐	☐	☐	☐	_____
10. E-Cigarettes, vap. Use	――――	☐	☐	☐	☐	☐	_____

10a. Do you smoke menthol? ☐ **Yes** ☐ **No**
11. Have you ever attempted to quit? ☐ Yes   ☐ No   Approximate date of last attempt_____
12. How many times have you attempted to quit tobacco? _____

13.

14.

Which of these ways have you tried in the past to quit tobacco?		Meds with levels decreased by smoking- check those patient takes. May need decrease after 3 weeks quit
☐ Nicotine patch	☐ Nicotine anonymous	
☐ Nicotine lozenge	☐ Acupuncture	☐ Amitryptyline (Elavil) ☐ Fluphenazine (Prolixin)
☐ Nicotine Gum	☐ CA Smokers 1 800-No-Butts	☐ Notriptyline (Pamelor) ☐ Haloperidol (Haldol)
☐ Nicotine nasal spray or Inhalor	☐ Cold Turkey	☐ Imipramine ☐ Olanzipine (Zyprexa)
☐ Zyban		☐ Clomipramine (Anafranil) ☐ Chlorpromazine (Thorazine)
☐ Chantix or varenicline		☐ Fluvoxamine (Luvox)
☐ Other_____		☐ Trazodone (Desyrel)
☐ help from local agency _____		
☐ Tobacco cessation group		

15. Ready to Quit _____   Thinking about quitting within the next 30 days_____   Not interested in quitting _____

16. Referred to
☐ Smokers' Helpline   ☐ Tobacco treatment plan
☐ Nicotine Anonymous   ☐ No referral
☐ Other referral (please specify)
If other, please specify: _____

17. Materials Provided
☐ No materials provided   ☐ Quit line Card
☐ Benefits of Quitting   ☐ Secondhand Smoke Flyer   ☐ Stop smoking checklist
☐ Benefits of quitting in recovery   ☐ Benefits of quitting in mental health recovery
☐ Other material (please specify)

If other, please specify: _____