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. Which of these ways have you tried in the past to quit tobacco?

☐ Nicotine patch
☐ Nicotine lozenge
☐ Nicotine Gum
☐ Nicotine nasal spray or Inhaler
☐ Zyban
☐ Chantix or varenicline
☐ Other _____
☐ help from local agency _____
☐ Tobacco cessation group
☐ Nicotine anonymous
☐ Acupuncture
☐ Hypnosis
☐ CA Smokers 1 800-No-Butts
☐ Cold Turkey

14. Meds with levels decreased by smoking- check those patient takes. May need decrease after 3 weeks quit

☐ Amitryptyline (Elavil)
☐ Nortriptyline (Pamelor)
☐ Imipramine
☐ Clomipramine (Anafranil)
☐ Fluvoxamine (Luvox)
☐ Trazodone (Desyrel)
☐ Fluphenazine (Prolixin)
☐ Haloperidol (Haldol)
☐ Olanzipine (Zyprexa)
☐ Chlorpromazine (Thorazine)
☐ Clozapine (Clozaril)

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: _____