

Tobacco Assessment

The Tobacco Assessment Form can be completed during the Comprehensive Assessment process or by others who wish to utilize it. It is required for all programs that are funded and/or licensed by the Department of Public Health.

Data Field	Person Served Demographic Information Instruction
Person's Name	Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
Person's Age	Record person's age.
Record Number	Record your agency's established identification number for the person.
Gender	Record the appropriate gender.
Organization Name	Record the organization for whom you are delivering the service.
Data Field	ASK
Tobacco Use / Amount	If the person never used tobacco or is a recovering tobacco user, check applicable box and follow prompts on the form. Form is complete for these people. If the person is a current smoker, record amount, type of use and time elapsed upon waking until tobacco use in corresponding sections and check all boxes that apply.
Data Field	ADVISE
Urge Person to Quit	Follow prompt provided (or similar) in encouraging tobacco user to consider quitting and check box.
Data Field	ASSESS
Determine Person's Willingness to Quit	Follow prompt questions and check the corresponding box on left as asked and completed. Show person served the 1-10 scale examples on the form as a guide in his/her selection. For people who answer 1-4 for the question "How interested are you in quitting?," complete the question, "What would make you more interested?" For people who answer 1-4 to , How confident are you that you could successfully quit?, ask "How could the program could help you become more confident." For all person's served complete the question, If you were to quit, what would be some reasons?
Stage of Change	Based upon responses to the previous questions assess and check the person's stage of change related to quitting tobacco use.
If in Preparation:	For persons assessed as in the "Preparation" stage, document steps the person has taken toward his/her preparation to quit.
Data Field	ASSIST
Past Quitting Attempts	Indicate how many attempts the person has made to quit in the past and check box to the left.
Discuss Program Offerings	Review what your program can offer in the way of information and support and check box to the left. Give the person desired materials as available and once again encourage the person to consider quitting and/or to follow-up with information provided.
Data Field	ARRANGE
Schedule Follow-up Contact / Referrals	Check all boxes that apply indicating whether a referral was offered, will occur as part of regular Individualized planning, and whether the person would like referral or not.
Signature	Record a legible signature of person completing the assessment.