

# Brief Tobacco Use Screening Sheet

## Patient Information

Name:

Date:

Date of Birth:

## Tobacco Use Status

- ☐ Current User
- ☐ Former User
- ☐ Never Used

## If Current or Former User:

Types of Tobacco Used:

- ☐ Cigarettes
- ☐ Cigars
- ☐ Smokeless
- ☐ E-Cigarettes
- ☐ Other

Amount per day:

Years of use:

If quit, quit date:

## Ready to Quit?

- ☐ Yes
- ☐ No

Comments/Notes:

