

## Assessment Form-Tobacco/Vapor Use

Date: \_\_\_\_\_ Department (Circle One): MCH Health Dept Identifies gender as: \_\_\_\_\_ (fill in the blank)

ASK about tobacco use:

1. Do you use any form of tobacco or vapor products? (please circle one)  
If Yes: ask questions 2-5  
If No: skip to question 5
2. What form of tobacco do you use? (please circle all that apply)  
Cigarettes Cigars Electronic Devices Smokeless
3. Do you smoke inside the house or car? (please circle all that apply)  
House Car
4. Are you interested in quitting? (Please circle one) (all resources listed below are in cessation packet)  
Yes No  
**If yes**, offer resources in the following order (listed below) and **circle** which resource was accepted.  
**If no**, offer secondhand smoke information. (all resources are in cessation packet)
  - Offer the fax to quit form
  - Offer quit card
  - Tobaccofreelivingfdl.com website
  - Information on secondhand smoke exposure
  - MCH Referral for First Breath (pregnant woman)
5. Does someone you live with smoke inside the house/car? Yes/No (please circle)  
If yes, offer secondhand smoke resources and circle all resources that were accepted (In resource packet)
  - Offer Health risks of secondhand smoke
  - Offer Tips to reduce exposure to secondhand smoke



**Public Health**  
Prevent. Promote. Protect.

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