Person's Name (First MI Last):	**Record #:**	**Date of Admission:**
Organization/Program Name:	**DOB:**	**Gender:** ☐ Male ☐ Female ☐ Transgender

ASK – Systematically identify all tobacco users at every visit.

☐ Never used tobacco	→	Encourage continued abstinence / Proceed to the signature section.	
☐ Recovering tobacco user	→	Do you need any further help at this time?	☐ No, Proceed to the signature section. ☐ Yes - Proceed to the Assist section.

☐ Average number of Cigarettes _____ / Cigars _____ / Pipe Bowls _____ smoked per day?
☐ Average use of Snuff _____ / Chew _____ / Other: _____ - _____ per day?
How soon after waking do you use tobacco? _____

ADVISE – Strongly urge all tobacco users to quit.

☐ This program cares about all aspects of your health and addictions, including nicotine addiction, especially because there are special risks for tobacco users with histories of alcohol and other drug abuse. I encourage you to consider quitting either now or in the future.

ASSESS – Determine willingness and readiness to make an attempt to quit.

1. On a scale of 1-10, with 1 being not at all important and 10 being extremely important, how important would you say it is for you to stop using tobacco?	*Not at all* *Extremely* ☐*1* ☐*2* ☐*3* ☐*4* ☐*5* ☐*6* ☐*7* ☐*8* ☐*9* ☐*10*
2. On the same scale, how interested are you in quitting?	☐*1* ☐*2* ☐*3* ☐*4* ☐*5* ☐*6* ☐*7* ☐*8* ☐*9* ☐*10*
If uninterested, ask: What would make you more interested?	
If you decided to be tobacco free, on a scale of 1-10, how confident are you that you could successfully do it?	*Not at all* *Extremely* ☐*1* ☐*2* ☐*3* ☐*4* ☐*5* ☐*6* ☐*7* ☐*8* ☐*9* ☐*10*
If unconfident, ask: How could the program help you become more confident?	
If you were to quit, what would be some reasons?	

STAGE OF CHANGE

☐ Not considering quitting (*Pre-contemplation*)	☐ Tobacco Free 1 day to 6 months *(Action)*
☐ Thinking about quitting *(Contemplation*)	☐ Tobacco Free 6 mos or more *(Maintenance)*
☐ Ready to quit in next 30 days *(Preparation)*	

If in preparation, ask: What steps have you taken to prepare for your attempt to quit?

ASSIST – Aid the person served in quitting or planning for the future.

☐ Evaluate past quitting experience:
How many times have you tried to quit using tobacco?
What kinds of Nicotine Replacement Therapy (NRT) have you tried? (gum, patches, inhaler, Zyban/Wellbutrin)
☐ Discuss available programs: * Individual counseling and NRT on site * Referral to local tobacco treatment specialist off-site * Support for tapering * Support for going "cold turkey" * Self-help materials * Nicotine Anonymous Information

Give materials and encourage support including the use of telephone counseling at:
Tobacco-Free Helpline 1-800-QUIT-NOW or website www.makesmokinghistory.org

ARRANGE – Schedule follow-up contact.

☐ Offered referral for on-site tobacco treatment:	☐ The person served would like to be referred ☐ The person served does not want to be referred
☐ Will follow-up as part of regular treatment planning.	

Person's Name (First MI Last):			**Record #:**
Person's Signature (Optional, if clinically appropriate)	**Date:**	**Parent/Guardian Signature** (If appropriate):	**Date:**
Clinician/Provider - Print Name/Credential:	**Date:**	**Supervisor - Print Name/Credential** (if needed):	**Date:**
Clinician/Provider Signature:	**Date:**	**Supervisor Signature** (if needed):	**Date:**
Psychiatrist/MD/DO (If required):	**Date:**		