Tobacco Cessation Assessment Tool
For Enrollment in CMATCH
FrameWork Health, Inc.

CODE

Your Tobacco Use History

Age Group: 18-24 years   25-34 years   35-45 years   46-65 years   66+ years

Gender: M   F

Marital status: M   S   D   W

Education: Less than HS   HS   Voc. Tech   Some College   College grad   Post-graduate

Race: ___Caucasian [A person having origins in any of the original peoples of Europe, the Middle East, or N. Africa]
___Black or African American: [Origin in any of the black racial groups of Africa]
___Asian: [Having origins in any of the original peoples of the Far East, SE Asia, or the Indian subcontinent]
___Native Hawaiian or other Pacific Islander: [Incl. Hawaii, Guam, Samoa, Fiji, Tahiti, etc.]
___American Indian or Alaska native
___Hispanic

Age began using tobacco:_____   No. of years using _____

Nicotine method you now use: cigar   pipe   smokeless tobacco   cigarettes   vapes

Number of quit attempts: _____   Method(s) _____

Intensity of cigarette use over last 6 months: <5 cigs/day   (10) 1ppd   (11-20) 1-2 ppd

                                                    21-30/day   31-40/day

Nicotine Dependency - FTQ *For smokers or vapers*

1. How soon after you wake up do you smoke your first cigarette?   (a) within 5 mins.   3 Pts._____
                                                                      (b) 6-30 mins.   2 Pts._____
2. Is it difficult to refrain from smoking in places where it is forbidden? (a) Yes   2 Pts._____
                                                                      (b) No   1 Pt. _____
3. Which cigarette/vape would you hate most to give up?   (a) first one in am   2 Pts._____
                                                                      (b) any others   1 Pt. _____
4. How many cigarettes/day do you smoke?   (a)31 +   4 Pts._____
                                                                      (b) 21-30   3 Pts._____
                                                                      (c) 11-20   2 Pts._____
                                                                      (d) 10 or less   1 Pt. _____
5. Do you smoke more frequently after waking than during the rest of the day?
                                                                      a) Yes   2 Pts._____
                                                                      b) No   1 Pt. _____
6. Do you smoke even if you are so ill that you are in bed most of the day?
                                                                      a) Yes   2 Pts._____
                                                                      b) No   1 Pt. _____

                                                            Subtotal   _____
1-5 Points = Self-Management; 6-9 Points = Self-Management + Support; 10-15 Points = Intensive Care

Nicotine Dependency - (Kawakami, et al) *For General Tobacco Users*　　　(1)　　(0)

1. Have you often had periods of days when you smoked a lot more than you intended to?　　Yes　No
2. Have you ever tried to quit or cut down on tobacco/vape and found you could not?　　Yes　No
3. Did you crave tobacco/vape after you quit or cut down on it?　　Yes　No
4. Did you have any of the following problems when you quit or cut down on tobacco:
irritation, nervousness, restlessness, trouble concentrating, headache, drowsiness,
upset stomach, heart slow down, increased appetite or body weight, hands shaking,
mood depression?　　Yes　No
5. Did you ever start using tobacco/vape again to keep from having such problems?　　Yes　No
6. Have you ever continued to smoke when you had a serious illness that you knew
made it unwise to use tobacco?　　Yes　No
7. Did you continue to use tobacco/vape after you knew that it caused you health problems?　　Yes　No
8. Did you continue to use nicotine after you knew that it caused you mental problems?　　Yes　No
9. Have you ever felt like you were dependent on nicotine?　　Yes　No
10. Have you ever given up work or social activities so you could use tobacco/nicotine?　　Yes　No

Subtotal　　　**_____**

6-10 Points = Significance for group or one-to-one intervention

Reasons for Smoking Scale (12 Points possible for each cluster)

[Cigarette refers to any nicotine-laden product]

	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree
	1	2	3	4

How much are each of the following a characteristic of you?

(Negative Affect Reduction Smoking)　　Cluster 1

When I feel uncomfortable or upset about something, I light up a cigarette.	1	2	3	4
When I feel "blue" or want to take my mind off cares and worries, I smoke.	1	2	3	4
I light up a cigarette/use vape when I feel angry about something.	1	2	3	4

(Automatic Smoking)　　Cluster 2

I smoke automatically without even being aware of it.	1	2	3	4
I light up a cigarette without realizing I still have one burning in the ashtray.	1	2	3	4
I find myself smoking without remembering lighting up.	1	2	3	4

(Addictive Smoking)　　Cluster 3

I get a real gnawing hunger to smoke when I haven't smoked for a while.	1	2	3	4
When I have run out of cigarettes, it is almost unbearable until I can get them.	1	2	3	4
Without a cigarette, I don't know what to do with my hands.	1	2	3	4

(Sensorimotor Smoking)　　Cluster 4

I smoke because I like the smell so much.	1	2	3	4
Part of the enjoyment of smoking is watching the smoke as I blow it out.	1	2	3	4
Part of the enjoyment of smoking comes from the steps I take to light up.	1	2	3	4

(Stimulation Smoking)　　Cluster 5

Smoking helps me think and concentrate.	1	2	3	4
I smoke more when I am rushed and have lots to do.	1	2	3	4
Smoking helps to keep me going when I'm tired.	1	2	3	4

(Indulgent Smoking)   Cluster 6
After meals is one of the times I most enjoy smoking.   1   2   3   4
I like a cigarette best when I am having a quiet rest.   1   2   3   4
I want to smoke most when I am comfortable and relaxed.   1   2   3   4

(Psychosocial Smoking)   Cluster 7
It is easier to talk and associate with other people when smoking.   1   2   3   4
I smoke much more when I am with other people.   1   2   3   4
While smoking I feel more confident with other people.   1   2   3   4
                                    Subtotal   **_____**
Clusters 1 & 3 with high scores are of high concern. Anticipatory Guidance with intervention needed here.

Confidence Level

	Strongly Disagree		Not Sure		Strongly Agree

1. I feel sure that I am able to quit smoking   1   2   3   4   5

2.   Looking back on other attempts I've made to change my life,
I feel certain I can carefully follow a program that is designed for
me to quit   1   2   3   4   5

3. If I know I'm not in this alone, I feel certain I can quit.   1   2   3   4   5

                        Subtotal   **_____**
Low Risk = 10-15 points; Moderate Risk = 6-9 points; High Risk = 1-5 points.

_____

How long do you think you would need help to quit?   1   2   3   6   12   18 months

Thank you.