

ACBH Tobacco Use Assessment

Beneficiary Name: _____ ID#: _____

The assessment identifies tobacco users and increases their access to treatment, including counseling and medication. People with mental illness or substance use disorder may need to be supported through multiple quit attempts before they are successful.

The client was advised that Smoking cessation interventions provided during drug additions treatment are associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drug. Yes

Assessment

Do you currently use tobacco products?

This includes cigarettes, cigarillos, chewing tobacco, or vaping devices.

Yes No If no, stop the assessment

How soon after waking do you smoke or use tobacco?

Anything less than 30 minutes signifies high dependence on tobacco

≤ 5 minutes (high dependence) 6-30 minutes (moderate dependence)

31-60 minutes (low to moderate dependence) After 60 minutes (low dependence)

How many cigarettes are you currently smoking per day?

≤ 10 11-20 21 to 30 ≥ 31

Treatment

Which ways have you tried to quit?

Cold turkey Counseling Nicotine replacement therapy (lozenge, patch, gum)

Wellbutrin (bupropion) Chantix (varenicline) N/A

How ready are you to quit?

Ready to quit Thinking about quitting within the next 30 days Not interested in quitting

Would you be interested in receiving medications for your smoking/ vaping/ chewing tobacco use?

Tobacco treatment medication can help increase your chances of quitting

Referred to a medical provider Declined meds

Would you be interested in being referred to any of the following resources?

Counseling and support groups can help you increase your chances of quitting

Nicotine Anonymous On-site Counselor

Kick It California (Hotline with coaches to help you quit)

[Kick It California Website](#) | Text "Quit Smoking" to 66819 | Text "Quit Vaping" to 66819

Treatment Plan

The client was advised to get tobacco treatment. Provided referral for medication

Direct counseling Declined counseling

Referral to Kick it California Other, please specify:

Additional Notes:

Completed by: _____

Printed name

Signature

Date