

## Tobacco Assessment

Data Field	Person Served Demographic Information Instruction
<b>Person's Name</b>	Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
<b>Record Number</b>	Record your agency's established identification number for the person.
<b>Date of Admission</b>	
<b>Organization/Program Name</b>	Record the organization/program for whom you are delivering the service.
<b>DOB</b>	Record person's date of birth.
<b>Gender</b>	Record the appropriate gender. If checking "Transgender" box, also complete box of current gender designation for insurance purposes.
Data Field	ASK
<b>Systematically identify all tobacco users at every visit</b>	If the person never used tobacco or is a recovering tobacco user, check applicable box and follow prompts on the form. Form is complete for these people. If the person is a current smoker, record amount, type of use and time elapsed upon waking until tobacco use in corresponding sections and check all boxes that apply.
Data Field	ADVISE
<b>Strongly urge all tobacco users to quit</b>	Follow prompt provided (or similar) in encouraging tobacco user to consider quitting and check box.
Data Field	ASSESS
<b>Determine willingness and readiness to make an attempt to quit</b>	Follow prompt questions and check the corresponding box on left as asked and completed. Show person served the 1-10 scale examples on the form as a guide in his/her selection. For people who answer 1-4 for the question "How interested are you in quitting?" complete the question, "What would make you more interested?" For people who answer 1-4, ask "How confident are you that you could successfully quit? And ask "How could the program could help you become more confident." For all person's served complete the question, If you were to quit, what would be some reasons?
<b>Stage of Change</b>	Based upon responses to the previous questions assess and check the person's stage of change related to quitting tobacco use.
<b>If in Preparation, ask</b>	For persons assessed as in the "Preparation" stage, document steps the person has taken toward his/her preparation to quit.
Data Field	ASSIST
<b>Evaluate past quitting experience</b>	Indicate how many attempts the person has made to quit in the past and check box to the left.
<b>Discuss available programs</b>	Review what your program can offer in the way of information and support and check box to the left. Give the person desired materials as available and once again encourage the person to consider quitting and/or to follow-up with information provided.
Data Field	ARRANGE
<b>Schedule Follow-up Contact</b>	Check all boxes that apply indicating whether a referral was offered, will occur as part of regular Individualized planning, and whether the person would like referral or not.
Data Field	Signatures
<b>Person's Signature</b> (Optional, if clinically appropriate)	Signature of the person to be served by the agency indicating his/her understanding and acceptance of the treatment recommendation/assessed needs.
<b>Date</b>	Record the date of the signature.
<b>Parent/ Guardian Signature</b> (if appropriate)	

<b>Date</b>	Record the date of the signature.
<b>Clinician/ Provider- Print Name/ Credential</b>	Legibly print name and credential(s) of person completing the Comprehensive Assessment.
<b>Date</b>	Record the date of the signature.
<b>Supervisor- Print Name/ Credential (if needed)</b>	If the diagnosis is rendered by a clinician other than the clinician printed above, then the clinician rendering the diagnosis must print his/her educational level and highest license level.
<b>Date</b>	Record the date of the signature.
<b>Clinician/ Provider Signature</b>	<b>Legible signature</b> of person completing the Tobacco Assessment.
<b>Date</b>	Record the date of the signature.
<b>Psychiatrist/MD/DO (if required)</b>	
<b>Date</b>	Record the date of the signature.