



# TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

## Tobacco Screening Questionnaire (NIDA Quick Screen)

Tuscarawas County Health Department

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female Today's Date: \_\_\_\_\_

*In order to provide you with the best health care and to help improve your health outcomes, please answer the following questions concerning your use of tobacco products such as cigarettes, cigars, pipe tobacco, chewing tobacco, snuff and dipping tobacco. Your answers will be kept confidential. Thank you for your cooperation.*

**Instructions:** Please mark one response for each statement.

	Never	Once or Twice	Monthly	Weekly	Daily or Almost
<b>(SCORING)</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>1. <u>In the past YEAR</u> how often have you used tobacco products?</b>					

**(Score = 1, ask tobacco question #2 regarding past month, i.e. 30-day use.)**

	Never	Once or Twice	Weekly	Daily	Almost Daily
<b>(SCORING)</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>2. <u>In the past MONTH</u> how often have you used tobacco products?</b>					