Tobacco Use Assessment Form for Children or Teens

Name: _____ **Date:**_____

Have you ever smoked cigarettes or used any other tobacco product?

___ No

___ Yes, but just a little experimentation, for example, a few puffs of a cigarette

___ Yes, more than just experimenting. If Yes, please answer the following questions:

Have you smoked at least 100 cigarettes in your life?

___ No

___ Yes

On how many of the past 30 days did you smoke?

_____
(number)

Are you no longer smoking? Date you quit? _____

___ No

___ Yes

Do you think you will try a cigarette or other tobacco product soon?

___ No

___ Yes

Do you have a close friend or brother or sister who smokes or uses other tobacco products?

___ No

___ Yes

Would you smoke a cigarette if a friend offered one?

___ No

___ Yes

Do you think you will be smoking or using other tobacco products one year from now?

___ No

___ Yes

Does anyone you live with or anyone who you are around a lot smoke cigarettes or use other forms of tobacco?

___ No

___ Yes

Reproduced with modifications from: Choi, WS, Pierce, JP, Gilpin, EA, Berry, CC. Which adolescent experimenters progress to established smoking in the United States? *Am J Prev Med*.. 1997; 13(5), 385-391.