



519 E. Main St., Cut Bank, MT 59427  
(406) 873-5670 (ph) (406) 873-5675 (fax)  
[www.glacierchc.org](http://www.glacierchc.org)

## **Tobacco Use (Standard)**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer according to your personal tobacco use:

### **Tobacco Use:**

- Nonsmoker
- Current Smoker
- Chew Tobacco
- E-Cigarette (Vaping)

When did you start using tobacco? \_\_\_\_\_

How soon after you wake up do you use tobacco?

- Within 5 minutes
- 6-30 minutes
- 31-60 minutes
- 60+ minutes

### **Frequency of Use:**

- Only Some Days
- Light Use (1/4 pack/day)
- Moderate Use (1/2 pack/day)
- Heavy Use (1 pack or more/day)
- Chew Tobacco Daily

### **Are you interested in quitting?**

- Yes
- No