

SCRIPT

Initial Tobacco Screening Form

SCRIPT

Declined SCRIPT

Prenatal

Weeks Gestation: _____

CO Value _____

Refused Equipment problem

Postpartum

Child's DOB: _____

Today's date: _____

Mom's DOB: _____

Name: _____

County: _____

Insurance status: Insured _____

Not insured

Education completed: (circle) K-8 High School GED Associate's Bachelor's Master's

1. How ready are you to quit? (choose only one)

Low 1 2 3 4 5 6 7 8 9 10 High

2. How harmful do you feel cigarette smoking or smokeless tobacco is to your unborn baby? (choose only one)

Low 1 2 3 4 5 6 7 8 9 10 High

3. Which statements best describe your tobacco use now? (choose all that apply)

I have **never** smoked cigarettes. (Mark here if you have only tried smoking)

I stopped smoking **BEFORE** I found out I was pregnant. – I am not smoking. **Quit Date:** _____

I stopped smoking **AFTER** I found out I was pregnant. – I am not smoking. **Quit Date:** _____

I dip, chew, or use smokeless tobacco.

I use electronic cigarettes and/or vape.

I smoke regularly now – about the same number as **BEFORE** I became pregnant.

Number of cigarettes I smoke **each day:** _____

I smoke, but I cut down on the number of cigarettes I smoke **AFTER** I became pregnant.

Number of cigarettes I smoke **each day:** _____

I have increased smoking since I found out I was pregnant.

I have started smoking since I found out I was pregnant.

4. How many cigarette smokers live in the same house with you? (choose only one)

0 1 2 or more

5. How is cigarette smoking handled where you live? (choose only one)

No one smokes where I live – they smoke outside.

People may only smoke in certain rooms where I live.

People may smoke anywhere where I live.

6. How many of your family and friends are cigarette smokers? (choose only one)

None A few Some Most

7. How sure are you that you could/can stop smoking for 24 hours? (choose only one)

Low 1 2 3 4 5 6 7 8 9 10 High

8. How harmful do you feel cigarette smoking or smokeless tobacco is to you? (choose only one)

Low 1 2 3 4 5 6 7 8 9 10 High

9. How soon after you wake up do you usually use tobacco? (choose only one)

5 minutes or less 6 to 30 minutes 31 to 59 minutes 1 to 2 hours Greater than 2 hours

10. Have you ever used SCRIPT in the past to help reduce tobacco use? Yes No

11. My health care provider advised me to quit. Yes No

12. I have used the MI Tobacco Quitline. Yes No

Fax form to Holly Joseph 231-723-1477

(Don't forget to complete both sides)

Consent to Share Information

I authorize my SCRIPT Initial Tobacco Screening Form and SCRIPT Follow-Up Screening Forms to be shared with employees at the Health Department of Northwest Michigan or the Benzie-Leelanau District Health Department, who are responsible for data collection and evaluation of the SCRIPT program. I understand that this information will be used for data collection to assess the effectiveness of and client satisfaction with the SCRIPT program and that individual information will not be shared with others.

Signature: _____

Date: _____