

1. Do you have friends who have used any tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco) in the past year?  
 Yes    No
2. In the past year, have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?  
 Yes    No
3. In the past 30 days, on how many days have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?  
\_\_\_\_\_
4. In the past 90 days, on how many days have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?  
\_\_\_\_\_
5. In the past year, on how many days have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?  
\_\_\_\_\_

### Suggested Provider Action

- ➔ For adolescents who do not report using tobacco products (no risk), reinforce healthy choices or give positive reinforcement for abstinence screening.
- ➔ For adolescents who report more frequency of use (high risk), a brief discussion or intervention by the practitioner is warranted.

### Suggested Member Action

Share the results of this questionnaire with your behavioral health provider, primary care physician, or other healthcare professional.

*Questions and suggested actions derived from the [Brief Screening Instrument for Adolescent Tobacco, Alcohol, and Drug Use \(BSTAD\)](#).*