

1. In the past year, have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?

Yes No

2. In the past 30 days, on how many days have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?

3. In the past year, on how many days have you used tobacco products (e.g., cigarettes, electronic cigarettes, vapes, smokeless tobacco)?

Suggested Provider Action

Follow CBH's [clinical practice guidelines for tobacco use disorder](#).

Suggested Member Action

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