

Name: \_\_\_\_\_

***NORTH SUBURBAN PULMONARY AND CRITICAL CARE CONSULTANTS, S.C.***

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***ASSESSMENT OF RISK FACTORS RELATED TO TOBACCO EXPOSURE***

Please complete this assessment tool even if you do not use tobacco. The information you provide to your physician will assist in the evaluation and management of your care and the care of your family members.

**1. I smoke cigarettes, cigars or a pipe**

- \_\_\_\_\_ Never  
\_\_\_\_\_ I quit (How long ago? \_\_\_\_\_ How many years did you smoke? \_\_\_\_\_ How many packs per day? \_\_\_\_\_)  
\_\_\_\_\_ Occasionally  
\_\_\_\_\_ Daily

**2. I use chewing tobacco**

- \_\_\_\_\_ No  
\_\_\_\_\_ Yes

**3. One or more members of my family use tobacco products in the home**

\_\_\_\_\_ No \_\_\_\_\_ Yes. Explain \_\_\_\_\_

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**4. One or more of my coworkers uses tobacco products at work.**

\_\_\_\_\_ No \_\_\_\_\_ Yes. Explain \_\_\_\_\_

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**5. I am regularly exposed to tobacco products in another location.**

\_\_\_\_\_ No \_\_\_\_\_ Yes. Explain \_\_\_\_\_

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**6. I have been diagnosed with asthma, COPD, or other respiratory disease.**

\_\_\_\_\_ No \_\_\_\_\_ Yes. Explain \_\_\_\_\_

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**7. I have never been diagnosed with respiratory disease, but I have respiratory symptoms.**

\_\_\_\_\_ No \_\_\_\_\_ Yes. Explain \_\_\_\_\_

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